

Editorial Views

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Twenty-five Years Hence

FROM TIME TO TIME, ANESTHESIOLOGY has published reports entitled "News from the American Board of Anesthesiology."^{1,2} The purpose of these reports has been to inform program directors, residents in training, and other interested physicians about changes in examination procedures and specific qualifications for entry into the examination process. However, the ABA has also evidenced interest in conceptual issues that have less immediate or direct relevance to the process of specialty certification. Concerned about the competency of its applicants for certification, the ABA on one occasion provided a definition of Anesthesiology as a specialty and the criteria upon which its judgment of competence was to be made.³ In this issue of ANESTHESIOLOGY the ABA expands on the earlier theme, but from a different focus.⁴ Rather than refining the prior definition, the ABA polishes up its crystal ball and offers its projections for the future. What will the practice of Anesthesiology be like at the start of the second millennium? The ABA tackles this question by defining what quality anesthesia care should be and then makes some projections about how that might be accomplished.

ANESTHESIOLOGY is pleased to publish this special communication for several reasons. First, these are the collective views of those whose responsibility it is to define what specialty certification means and to design and implement the system for determining when this has been achieved. They propose changes in the practice of anesthesia that will modify the types of professional skills required of its providers and

thereby the kinds of education that must be available and the criteria for competence that will ultimately be used to assess performance. Second, by doing so, the concepts contained therein will receive wide dissemination and, hence, opportunity for critical evaluation and comment by the broadest segment of medicine having an interest in the future of Anesthesiology. Relevant communication is welcomed and may be directed either to the ABA* or to ANESTHESIOLOGY. Third, publication in ANESTHESIOLOGY provides both an archival and a retrieval service that would not otherwise be possible. This is essential for periodic reassessment of the goal and the rate and extent of progress toward its accomplishment.

What will Anesthesiology be like 25 years hence? Only by continual scrutiny of existing practices and creative planning is the goal of quality anesthesia care for all patients realizable.

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References

1. News from the American Board of Anesthesiology: Changes in regulations. ANESTHESIOLOGY 32:172-175, 1970
2. News from the American Board of Anesthesiology: Changes in regulations. ANESTHESIOLOGY 34:205-209, 1971
3. A statement by the American Board of Anesthesiology. ANESTHESIOLOGY 27:522, 1966
4. Quality anesthesia care: A model of future practice of anesthesiology. ANESTHESIOLOGY 47:488-489, 1977

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