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The Private Practicing Anesthesiologist and the Four-legged Stool

To the Editor:

As always, I read this month's publication of ANESTHESIOLOGY with my usual enthusiasm and interest. The inclusion of a dedicated section devoted to education is a welcomed addition. As Dr. Schwartz states in his editorial, education is one of anesthesia's "four key activities" with patient care, practice administration, and research the three other legs needed to build a sturdy "four-legged stool" for anesthesiology to use.¹

Unfortunately, these four legs are missing an important joint, the private practicing anesthesiologist. Private practitioners attend to more patients and have more clinical practice administration experience than most other anesthesiologists. Yet, despite comprising a majority of anesthesiologists, this group has been essentially precluded from research because of several situations. They encounter a lack of support from the hospitals in which they practice; they must understand and comply with onerous, yet important, requirements of Investigational Review Boards; they are not provided resources needed for research such as statistical or secretarial assistance; and they are faced with an unacknowledged, yet possibly occurring, discouragement from anesthesia journals by reviewers and editors. (How many articles in journals of anesthesiology are written by anesthesiologists in private practice?)

One example of the exclusion of private practitioners from the "four-legged stool" is The Foundation for Anesthesia Education and Research and its Pediatric Research Council.

* Foundation for Anesthesia Education and Research, Pediatric Research Council letter seeking research funding applications. May 22, 2006. http://www.pedsanesthesia.org/faer_rfp.iphtml. Accessed April 27, 2010.

In order to receive funding for any of their four grant divisions, academic appointments or academic affiliations are required. In addition, a letter sent by the Pediatric Research Council of The Foundation for Anesthesia Education and Research "seeking research funding applications . . ." is only addressed to the Society for Academic Chairs and Academic Anesthesia Program Directors.* There are no invitations for nonacademic private practicing researchers.

As recognized, it is time for education to be a dedicated section of Anesthesiology, but it is also time for the encouragement and support of private practicing anesthesiologists to be more a part of the four key activities encompassing anesthesia. If anesthesia is to have a stable and sturdy stool to stand on, it must be big enough for all anesthesiologists.

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In Reply:

A gem sparkles because it is multifaceted. Anesthesiology is a gem as it is truly multifaceted, that is, our specialty includes individuals who are facile clinicians, inspiring educators, inquisitive scientists, and practice management experts. Today's reality and complexities of patient care, education, research, and administration make it virtually impossible to be all things that encompass our specialty. The fact that there are many anesthesiologists with great facility in each of these areas tells us to select our strengths and passions and sit on the anesthesiology four-legged stool on equitable and firm footing.¹

Dr. Serlin expresses disappointment about what he describes as being precluded from sitting at the table on a stable stool. He is, however, a rightful and important participant. He is a member of a group of private clinician practitioners. Their contribution to the strength and stability of the anesthesiology stool is quite reassuring as they provide anesthesia patient care and facilitate operating room and hospital clinical practice. Dr. Serlin laments what he perceives as research activity he would like private practitioners to be able to do were it not for lack of support from hospitals, the burdens of Investigational Review Board requirements, and discouragement from anesthesia journals. He calls on our specialty to support private practicing anesthesiologists to be more a part of the research component of our four-legged stool.

I agree with Dr. Serlin's assertion, ". . . it is [always] time for the encouragement and support of private practicing anesthesiologists to be a part of the four key activities encompassing anesthesia." Anesthesiology is a specialty with options. Anesthesiologists are lucky to have choices for how they devote their professional time. Private practitioners are