

Be Able, Available, and Especially *Affable* if You Want Team Success

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ANESTHESIOLOGY education is filled with vital teachable concepts. An essential concept is learning that great anesthesiologists subscribe to the 3-As. What are the 3-As, you ask?

Able, available, and affable!

Recognizing that the best anesthesiologists display outstanding clinical traits; (not in order of priority) being *able* (knowledgeable, skilled, *i.e.*, competent) and *available* (whenever anesthesia patient care is required) are obvious. What about *affable*? Do we mean being able to tell the best quips? Hardly! What do we mean by affable and why is this a trait that anesthesiologists must internalize and actualize in their daily activities?

A first cut at the answer to the question, “Do anesthesiologists need to be affable?” is the obvious acknowledgment that we need to get along with our surgical colleagues. Robert Dunning Dripps, M.D. (1911–1973, Professor and Chair, Department of Anesthesia, The University of Pennsylvania, Philadelphia, Pennsylvania), the first Chair of Anesthesia at The University of Pennsylvania knew how important it was to have a positive relationship with these colleagues when, in 1943, an Anesthesiology Department, separate from control by the Surgery Faculty, came into existence with the support of surgeon Isadore S. Ravdin, M.D. (1894–1972, Surgeon-in-Chief at the Hospital of The University of Pennsylvania and the John Rhea Barton Professor of Surgery, Philadelphia, Pennsylvania).^{*} Dripps was successful because he was affable with surgeons like Ravdin.

Edwards and Waisel in their Special Article, “49 Mathoura Road: Geoffrey Kaye’s Letters to Paul Wood, 1939–1955”¹ provide a second and perhaps less obvious answer to the question, “Do anesthesiologists need to be affable?” In this



“Edwards and Waisel [tell us] loud and clear [to] study the experiences of history... to be effective stewards of anesthesiology now and in the future.”

recounting of the influence Geoffrey Kaye, M.B.B.S., had on the development of Anesthesiology in Australia, Edwards and Waisel offer primary source documentation of Kaye’s unfortunate failure and eventual alienation from those he wished most to help.

Intent on developing an educational resource center, Kaye singlehandedly planned and implemented 49 Mathoura Road, intending it to become the focal point for his anesthesiology colleagues to meet, discuss, learn, and grow their newly emerging specialty as a distinct physician discipline with clinical, scientific, and educational bases. Reading Kaye’s letters reveals that he went all in on his idea, investing his personal fortune to accomplish his vision.

What he discovered, however, was that he was not only out in front, but when he turned around and looked, his Australian anesthetic colleagues were not behind him; he was all by himself. Although Kaye was well regarded by the American and European anesthesiology peers with whom he visited and corresponded and whose accomplishments he sought to emulate, he did not find Australian contemporaries sharing his vision.

Kaye’s failure is in stark contrast to others’ successes. Paul Wood, M.D. (1894–1963, Founder, Wood Library-Museum of Anesthesiology), Kaye’s correspondent described by Edwards and Waisel, immediately comes to mind. Other mentors and professional colleagues of Kaye’s, Ralph Waters, M.D. (1883–1979, Professor and Chair, Department of Anesthesiology, University of Wisconsin, Madison, Wisconsin), Francis H. McMechan, M.D. (1879–1939, Founder of *Current Researches in Anesthesia and Analgesia*, which eventually became *Anesthesia & Analgesia*), and Elmer I. McKesson, M.D. (1881–1935, Inventor of Anesthesia Equipment and Authority on Nitrous

Image: Anesthetists’ Travel Club, Rochester, Minnesota, October 12–13, 1938. Courtesy of the Geoffrey Kaye Museum of Anaesthetic History, Melbourne, Australia.

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^{*} History of the Department of Anesthesia at Penn. Available at: <http://www.ups.upenn.edu/dripps/about/history.html>. Accessed August 17, 2014.

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Oxide)² in the United States, and Robert Macintosh, M.D. (1897–1989, Professor and Chairman, Nuffield Department of Anaesthetics, Oxford University, Oxford, United Kingdom and Inventor of the Macintosh Laryngoscope Blade), in Britain, have giant reputations in anesthesia for collaborating with Kaye and doing just what he was attempting, that is, establishing anesthesiology as a medical specialty, enhancing its scientific basis and securing the professional standing of physician anesthesiologists. Wood, Waters, McMecham, McKesson, and Macintosh had what it took to do the job; Kaye apparently did not. They possessed good social skills, surrounded themselves with collaborators, were able to build consensus and engage peers; they were *affable*. Like Dripps with Ravdin, Waters had an ally in Erwin R. Schmidt, M.D. (1890–1961, Professor of Surgery, The University of Wisconsin, Madison, Wisconsin)^{3,4}; Macintosh had the backing of Lord Nuffield (1877–1963), founder of the Morris Motor Company and benefactor whose gift established the Nuffield Department of Anaesthetics at Oxford University.⁵

Waters knew the “affable lesson” himself and shared it with other anesthesiologists. Waters mentored Emery A. Rovenstine, M.D. (1895–1960, Chair, Department of Anesthesia, Bellevue Hospital and Professor of Anesthesia, New York University, New York, New York), for example, that success for anesthesiology at Bellevue would come by taking it slow, avoiding bad outcomes, making what he did attractive to the housestaff and not biting off more than one could easily chew.⁶ Kaye did not have a strong ally in Australia, he was off on his own without a local mentor or others with whom to collaborate and build a team.

Kaye’s ideas eventually came to fruition, but years later. When anesthesiologists around the world point to the focal point of anesthesiology history, it is the Wood Library they mention first and foremost, not “49.” The new Wood Library-Museum opened in June 2014.† Housed within the new headquarters of The American Society of Anesthesiologists,

† Newly Expanded Wood Library-Museum (WLM) of Anesthesiology Opens in Breathtaking New Schaumburg, IL Headquarters. Available at: <http://www.woodlibrarymuseum.org/page/newly-expanded-woodlibrary-museum-wlm-of-anesthesiology-opens-in-breathtaking-newschaumburg-il-headquarters>. Accessed August 18, 2014.

these facilities are what Kaye envisioned; they serve as the focal point for anesthesiology colleagues to meet, discuss, learn, and grow their ever-evolving specialty, a distinct physician discipline with clinical, scientific, and educational bases.

Financial planners always caution that past performance does not predict future results. We think they say this as poor students of history. The in-depth study of past performance provides many lessons about how one acted, what were the consequences, and how future similar scenarios might be handled. Education is affirmation of or change in behavior based on experiences. The message from Edwards and Waisel is loud and clear; study the experiences of history. Knowing and understanding the experiences of the past and the actions and decisions of our professional predecessors can be very helpful in learning the key concepts necessary to be effective stewards of anesthesiology now and in the future.

Competing Interests

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