

## Collaboration, Advocacy, and the ARC

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Science and innovation are the foundations of the practice of anesthesiology. Simultaneously, collaboration and advocacy serve as vital supports to these foundations. These principles are deeply woven into the Anesthesia Research Council (ARC). Formed and jointly funded by ASA, the International Anesthesia Research Society (IARS), and the Foundation for Anesthesia Education and Research (FAER), the ARC also receives crucial input from the Association of University Anesthesiologists (AUA), Early-Stage Anesthesiology Scholars (eSAS), and the Academy of Research Mentors in Anesthesiology (ARMA). This collaborative undertaking represents an ongoing process to identify and address problems facing not only anesthesiology, perioperative, and pain medicine (academic or otherwise), but also medicine as a whole.

A critical aspect of the ARC's mission will focus on advocacy in the form of educating stakeholders. Each year, the ARC convenes a working group of industry experts from a broad range of backgrounds and perspectives around a significant barrier facing anesthesiology research. The ARC's first working group is focused on the physician-scientist in anesthesiology pipeline. With the topic identified, the steering committee provides the working group a series of pertinent questions to address. This year, the questions center around the status, challenges, and approaches to improving this pipeline for those entering and developing in anesthesiology research. The working group then amasses data to address said questions and identify areas for future inquiry, benchmarking their findings against other medical specialties. In so doing, the ARC highlights both where anesthesiology is comparatively successful as well as where we appear to be lacking. The working group's findings are then compiled into a white paper, to be presented to an external group for further input toward the end of the process.

A reliable influx of new, diverse investigators is paramount to the continuing growth and success of anesthesiology, perioperative, and pain medicine research, to say nothing of these specialties as a whole. In assembling the first white paper, the working group will also iden-



Yifan Xu, MD, PhD, 2019 FAER Research Fellowship Grant (RFG) Awardee. Dr. Xu's RFG focuses on the modulation of microvascular blood flow and stroke outcome via GPR39.



tify opportunities or areas to offer new programs and forms of support to keep up-and-coming investigators on the path to becoming physician-scientists in anesthesiology. The white paper will provide an entry point for pan-specialty discussions surrounding the hurdles facing the physician-scientist in anesthesiology pipeline: inter-organizational discussions going beyond the ARC's founding organizations to include additional groups on an international scale. Simultaneously, with the completed white paper in hand, we can begin using these findings for advocacy.

The ARC's intent is not to approach stakeholders with a checklist of direct actions we'd like them to take. Rather, by using the white paper, we can present anesthesiology's story to stakeholders. We can retake ownership of our narrative while also informing on critical needs faced by anesthesiology research and the patients we serve. Stakeholders may be aware of a few specific roles that anesthesiologists fulfill but not necessarily be familiar with the whole story. The ARC will allow us to paint a more complete picture of the value anesthesiologists represent, along with the sciences of anesthesia, perioperative, and pain medicine. By telling our story, we can provide greater tangibility to what we can do. This is a story the ARC is particularly well situated to tell, with the various involved organizations coming together as

a unified voice to speak on behalf of anesthesiology and research.

There is tremendous value in advocating to legislators on The Hill. However, these are not the only stakeholders the ARC aims to educate. As we strive to convey the full story of anesthesiology and our research, the ARC will direct advocacy efforts at stakeholders operating on myriad levels, including: NIH officials and institute directors, deans, departmental leadership within medical institutions, anesthesiologists

less familiar with the scientific side of our specialty, and more. The results of our advocacy may vary, but the goal of raising greater public awareness will not. Centering our advocacy efforts around educating stakeholders should increase support — financial or otherwise. If we call out the barriers faced by anesthesiology, pain, and perioperative medicine and highlight the value to medicine and society from potential solutions, our stakeholders will be more likely to speak on our behalf.

In the words of Dr. Prakash: "A spider is effective in its web because it has track of every aspect of its web. Just like with a spider, anesthesia and perioperative medicine have multiple arms to them, and being aware of what each arm is doing is important." With the multitude of groups operating in and around anesthesiology, perioperative, and pain medicine, the idea of working in silos is not a new one. There is an opportunity for the ARC to become a clearinghouse of sorts for these groups. Bringing together and becoming a home for the information, activities, and resources of all those it touches, as well as what is still needed in these areas. The more we can account for what is happening in each sphere, the more each sphere can inform upon and benefit those around it.

For anesthesiology to maintain the reward we've garnered through the value



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we bring to medicine, we must continue to advance the care we provide. It is the spirit of innovation that will sustain anesthesiology as a specialty. The ARC is remarkably well positioned to support us in this. It's true that, in isolation, the ARC is still a nascent, relatively unknown entity. However, drawing on the resources of the long-standing, well-established IARS, ASA, and FAER will allow the ARC to propel the specialty forward. Momentum which is further built upon by the weight of ARC serving as the unified voice for these pillars of the anesthesiology world. All of this is reliant on these organizations working in tandem.

There is much to say on the Anesthesia Research Council, whether on what it is doing now, what it can do in the future, or what it represents. We are truly proud to be a part of this important undertaking, to see it act as a rallying point for FAER, IARS, ASA, AUA, eSAS, and ARMA. We look forward to the first working group presenting their findings at ANESTHESIOLOGY® 2021 and are excited to see all that will come from the ARC in the future. ■