# Anesthesiology Voices From Around The World: What Is Your Most Pressing Need?

Elizabeth T. Drum, MD, FAAP, FCPP, FASA

The World Federation of Societies of Anaesthesiologists (WFSA) is the foremost global alliance of anesthesiologists with 141 member societies representing anesthesiologists from 150 countries. The WFSA's mission is universal access to safe anesthesia, and its vision is uniting and empowering anesthesiologists around the world to improve patient care.

ASA is one of the largest member societies of the WFSA, and ASA members serve on the Board, Council and committees. Adrian Gelb, MBChB, FRCPC, who received the 2024 ASA Nicholas Greene, MD Award for Outstanding Humanitarian Contribution, is a Past President.

The 18th World Congress of Anaesthesiologists (WCA) in Singapore this year was the first meeting of its kind since 2016 and allowed face-to-face conversations. This successful in-person meeting promoted community, the sharing of ideas, stimulating research collaboration, and the unification of the worldwide anesthesiology community toward common goals. The 19th WCA will be held in Morocco on April 15-19, 2026.

In order to promote this worldwide community, we asked WFSA Council representatives to answer this question: *What do you think is the most important issue to address in your region of the world over the next four years?*

We are pleased to present four editorials in this month's *ASA Monitor* from leaders from Africa, Europe, Korea, and the Middle East. We'll hear from further WFSA Council members in part two of this series next month.

## Africa

**Professor Mohamed Adnane Berdai (Morocco)**
**Professor Elizabeth Ogboli Nwasor (Nigeria)**
WFSA Council Members and Regional Representatives for the Middle East and Africa

The most important issue to address in Africa over the next four years is the large deficit of anesthesia professionals. Meanwhile, efforts must focus on promoting a well-trained, properly equipped, and adequately resourced anesthesia workforce.

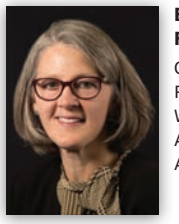
The WFSA determined that there should be a minimum of five physician anesthesia practitioners (PAPs) per 100,000 citizens (*Anesth Analg* 2017;125:981-90). The last Global Anesthesia Workforce Survey led by WFSA showed a density in Africa of 0.6 PAPs per 100,000, compared to 21 in Europe. Even if we include nonphysicians, this density remains very low at two per 100,000 (*Anesth Analg* 2024;139:15-24). More worrying, there was a decrease in 165 PAPs, or 0.1 change, from the previous survey (*Anesth Analg* 2017;125:981-90).

The main solution to increase the anesthesia workforce is that more PAPs should be trained in Africa. Making this a reality is challenging, however, and there are some key issues that we believe must be addressed to achieve this objective:

- As there are many competing priorities in health care, there is often insufficient funding for surgical and anesthesia care (*Anesth Analg* 2018;126:2047-55). Access to safe surgical and anesthesia care should be recognized by the local health ministry as an indispensable part of health care, as investment in this area saves lives and promotes economic growth (*Anesth Analg* 2015;121:841-2). Such awareness will allow anesthesia departments to have adequate financial and academic capacity and ensure that trainees and faculty are sufficiently reimbursed.
- National anesthesiology societies should influence health authorities to recognize the deficit in PAPs and the ensuing impact on surgical care; the goal is to ensure better quality of anesthesia care and acceptable standard training. For that, they should develop their own standards of practice or at least rely on the WHO-WFSA standards (*Anesth Analg* 2018;126:2047-55). These efforts should aim to maximize the capacity of existing training programs and initiate new ones.
- Task-sharing and delegation are considered viable options to deliver universal access to surgical and anesthesia care (*Lancet Glob Health* 2016;4:e597-8). Health authorities, professional councils, and scientific associations should work together to develop appropriate task-sharing and interprofessional collaboration. These should be evidence-based, effective, and cost-effective interventions to delegate service delivery tasks to other cadres of health workers (*World Health Organization* 2016:1-64).
- Partnership with institutions: One example concerns the support from a Norwegian university hospital to an anesthesia-training program in Ethiopia. Local specialists organized the program, while the external support allowed establishment of a sustainable training initiative. This permits building a self-sustainable workforce of anesthesiologists across the country (*Acta Anaesthesiol Scand* 2022;66:1016-23).
- As the availability of teachers to train new PAPs is reduced, integrating non-university-based training programs to complement existing residency programs may support an increased output. The College of Anaesthesiologists of East, Central, and Southern Africa (CANECSA) has coordinated a program primarily situated in nonteaching hospitals utilizing a standardized curriculum shared across countries, leading to unified certification (*Anesth Analg* 2023;136:230-7).

Strategies to expand the anesthesia workforce in Africa are required and must focus on increasing local training, while simultaneously advocating for the importance of anesthesia in health systems and encouraging partnerships with international institutions.

The WFSA Council. Photo courtesy of Dr. J. Balavenkata Subramanian, WFSA Secretary.



**Elizabeth T. Drum, MD, FAAP, FCPP, FASA**
Council Member and Regional Representative for North America, World Federation of Societies of Anaesthesiologists, and Chair, ASA Committee on Global Health.

## Europe

**Professor Hilal Ayoğlu (Turkey)**
**Dr. Else-Marie Ringvold (Norway)**
WFSA Council Members and Regional Representatives for Europe

There are more than 50 countries with different cultures, policies, and economies in the WFSA's Europe Region, accounting for approximately 11% of the world's population. Importantly, the percentage of elderly people is increasing due to demographic transformation. There are great inequalities between different European countries, both regarding demographics and quantity, but also regarding the training of health care personnel. The education and training of anesthesiologists varies. Efforts continue to align and compensate for this fact – for example, the European Diploma in Anaesthesiology and Intensive Care and harmonization of training standards in the European Union. There is still a long way to go.

Such alignment has both advantages and disadvantages. On one side, there is a wish to encourage work mobility throughout Europe. On the other side, this mobility can lead to a migration of health care professionals to countries with higher salaries and higher standards of living, which, again, can lead to a lack of personnel in some areas. As in other regions, there is a growing concern about workforce welfare and working conditions, and there is great need for standardization between the countries.

The expected personnel shortage may partly be compensated by new solutions within the fields of artificial intelligence (AI) and monitoring. In addition to stimulating issues such as increasing patient safety with AI-assisted remote control, matters such as cybersecurity will also be on the agenda in these discussions. In light of the increase in the elderly population, efforts will be made to create guidelines on monitoring methods, drug preference, and anesthesia management to protect the brain. In addition to the development of regional blocks for pain management, monitoring techniques and new drugs are needed.

All medical professionals face the dilemma of balancing what is technically

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possible with what is truly beneficial to the patient and for society overall. Practical experience shows that when health care professionals, including anesthesiologists, take the time to consider what is truly best for the patient, the result is an increase in patient satisfaction. This determination raises the important question discussed today: How can we ensure that we provide personalized care and only operate on patients for whom surgery is truly the best option? Anesthesiologists are uniquely positioned to contribute to this decision-making process.

Another issue that will surely attract attention in the coming years is sustainable anesthesia management, which helps protect the natural world and our global resources. Europe has the third largest health care carbon footprint worldwide. Considering this, medical professionals are increasingly embracing both sustainable energy solutions and eco-friendly practices within their day-to-day activities. These behaviors must also extend to anesthesiology, yet training on sustainability in anesthesiology and intensive care is currently scarce. To act on this matter, in June 2023, the European Society of Anaesthesiology and Intensive Care (ESAIC) adopted the "Glasgow Declaration on Environmental Sustainability" as a commitment to taking urgent action. ESAIC has since presented a consensus document on perioperative sustainability, providing recommendations on environmentally friendly practices for anesthesiologists in four key areas: direct emissions, energy, supply chain and waste management, and psychological and self-care of health professionals.

## Korea

*"There is no future in a society that does not respect experts."*

**Professor Il-Ok Lee (Korea)**
WFSA Council Member and Regional Representative for Asia

On February 6, 2024, the Korean government announced that it would increase the number of admissions to medical schools by 2,000 in 2025. In response, residents at a major university hospital in Korea protested for a review of the size of the increase. After discussion and disagreement, they submitted their resignations and suspended their work beginning February 20. Currently, the number of admissions to medical schools in Korea is 3,058 per year. The government's idea is that the number of doctors will be 22,000 short by 2050, and it cannot be delayed any longer. However, the medical community is insisting on a review because the announcement was one-sided without sufficient consultation on the size of the increase.

The issues of the medical community and the government can be thought of as essential medical care, regional inequality, and quality of education. Essential medical care is a medical item directly related to life, but it is a subject often avoided due to its high risk. The reality of medical care in Korea is that there are more applicants in the non-insurance covered, beauty related medical care sector than in essential medical care. Although the regional distribution of domestic medical schools is evenly located, students are moving to the metropolitan areas to support their majors and find specialist jobs for a stable economic income and success after graduation. Since medical staff with excellent experience and skills are concentrated in metropolitan areas, the education quality will inevitably decline even if the number of medical school students in the region is expanded. It is the opinion of the medical community that simply increasing the number of medical school admissions will not solve the problem.

The government announced measures such as expanding manpower, strengthening local medical care, easing the burden of lawsuits for medical accidents, increasing the number of essential medical care staff, and suppressing non-insurance coverage payment beauty care. The medical community argues that the government's claim that ignoring these various interests is not reasonable. Medical professionals say that expanding manpower and raising fees increase the burden on the public, forcing local medical personnel to work only in their region. Patient groups are opposed to easing the burden of litigation. And many feel that suppressing non-insurance coverage payment items and beauty-related medical care cannot be justified in the democratic economic system.

According to the principles set by Korean medical law and the Medical School Evaluation Committee, the refusal of medical school students to attend classes and the refusal of medical residents to train made it impossible for them to be promoted in 2024, so it is unknown what will happen to the legal relief even if they return to schools and hospitals in 2025. In addition, in university hospitals currently, professors are suffering from on-call work to handle emergency patients and essential medical care, and the people are enduring the aftermath.

I think the government should set the principle of increasing the number of medical schools and reach a phased agreement with the medical community on the size of the increase. The medical community should present solutions to essential medical care and balanced regional medical development to the government.

Public opinion on policy comes first. Public opinion is crucial in democratic countries. However, a majority vote cannot address health care reform. In Korea, all citizens and all medical service providers subscribe to a single designated health insurance policy, and the government monopolizes pricing rights for medical practices. As a result, this issue must be discussed to find a fundamental solution, because the government has strong control over health care.

Second, it is necessary to clarify the subject of discussion. The agenda should not be limited to a very narrow issue of how many medical schools or how many students will be allocated. It is necessary to set a goal of fundamentally discussing how to change the overall medical system.

Third, it is necessary to create a new framework for consultation. I think the Medical Supply and Demand Subcommittee can be a good model. I think it is desirable if more than 70% of the members of this subcommittee are mainly prestigious doctors with extensive experience in clinical or medical administration or doctors who have already retired from the field.

Good medical care is never free. Even if you can't see it right now, someone is bound to bear the cost. We should try to clarify that part as much as possible and inform the public of the exact cost. After all, the main response that experts should have is to re-emphasize expertise. In other words, we will continue to explain to the people again and again. We must be patient and constantly and repeatedly explain what the facts are, what the reality is, and why the conclusion we foresee is inevitable.

## Middle East

**Professor Patricia Yazbeck, MD, MHM (Lebanon)**
WFSA Council Member and Regional Representative for the Middle East and Africa

**Vanda Yazbeck Karam Abi Raad, MD, MHPE, EMBA (Lebanon)**
WFSA Education Committee Member

Medical care in the Middle East is highly influenced by the diversity of countries within the region. Countries in the Gulf, such as Saudi Arabia, the United Arab Emirates, and Qatar, exhibit high-end medical services and up-to-date equipment and medical facilities. Meanwhile, countries like Syria, Yemen, Iraq, Lebanon, Palestine, and Libya face significant challenges to their health care systems and failure to provide minimum health care services, owing to the local socio-political unrest and ongoing multiple conflicts.

The practice of anesthesiology is affected by these disparities, which vary from country to country. These challenges include lower advanced education opportunities, hindered access to medical resources and equipment, underperforming anesthesia machines, and shortages of monitoring devices and essential medications (*BMJ Open* 2023;13:e064851; *Afri J Emerg Med* 2017;7:47-50; *Cureus* 2022;14:e25367; *Front Public Health* 2023;10:1045300). A critical issue is the patient safety and quality of care delivered under the aforementioned circumstances. Additionally, health care regulations are not properly enforced in countries with conflict, resulting in health care service chaos and increased medicolegal concerns. Altogether, these issues impact the mental health and well-being of anesthesiologists. As a result, burnout, system drainage, and inadequate compensation prevail, leading to anesthesiologists leaving their countries for more stable environments and creating a workforce shortage (*Anesth Analg* 2024;139:15-24; *Front Public Health* 2023;10:1045300; *Scientific Reports* 2022;12:12615). Young anesthesiologists are particularly affected due to their lack of experience and resilience.

A comprehensive plan with multiple strategies should be implemented over the next four years to help retain young anesthesiologists. First, education and advanced training on the latest technologies and techniques are our foremost needs. This mainly includes enhancing residency programs and continuous medical education for anesthesiologists. Second, resource allocation efforts to minimize struggles and secure reliable supply chains are crucial aspects of this plan. Third, to combat threats to patient safety, standardized protocols for patient care under crisis and proper communication (i.e., nonpunitive error reporting systems for encouraging a culture of transparency to minimize complications) should be integrated. Fourth, to avoid medicolegal concerns, meticulous documentation standards and robust informed consent processes must be developed per international standards. Fifth, recruitment and retention strategies, workload management, and advocacy actions for fair remuneration and better insurance coverage for anesthesiologists should be established. Sixth, programs to promote research, collaboration, and policy development must be fostered. Last but not least, initiatives to support mental health by providing free counseling services to maintain a resilient community of anesthesiologists will need to be planned. Furthermore, public awareness and education through patient education and awareness campaigns should be implemented to familiarize patients with the role of anesthesiologists and the significance of anesthesia care in surgical and nonsurgical procedures.

This plan requires coordinated and collective efforts by national anesthesiology societies, as well as regional and international organizations. National societies play essential roles in setting standards, providing training, and advocating for the profession. Regional bodies facilitate collaboration and aid in sharing resources. Meanwhile, the WFSA could offer global support to promote best practices and help integrate the Middle East region into the broader international anesthesiology community (*Anesth Analg* 2017;125:981-90). ■