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American Society of Anesthesiologists®

Volume 88 ■ Number 12 ■ December 2024
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ASA Monitor®

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Anesthesiologists' Duty of Care and Questions of Conscience

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The conflict between an individual physician's duty to treat versus their personal issues of conscience and moral integrity has become more complex in recent years (Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine. 8th edition, 2015). The loss of physician autonomy due to recent societal pressures, changes in practice models, and ever-changing legal landscapes has potentially placed additional strain on the relationship between one's professional duty to care and one's conscience, values, and beliefs. Respect for a patient's right of self-determination is in accordance with Principles I, II, IV, and VIII of the American Medical Association (AMA) Principles of Medical Ethics, as well as sections I.1. and I.2 of the ASA Guidelines for the Ethical Practice of Anesthesiology (asamonitor.pub/3XKmV6D; asamonitor.pub/4eiWSca; *J Healthc Leadersh* 2023;15:153-60). The physician's duty to treat is not absolute, except in cases of emergency. The above documents emphasize the importance of physicians acting in accordance with their conscience while balancing professional responsibilities to patients. They stress the need for physicians to uphold ethical standards, provide care in emergencies, respect patient autonomy, and not discriminate. They also address the duty to inform patients of services that cannot be provided due to personal beliefs before establishing a patient-physician relationship. Additionally, the documents discuss moral complicity, factors influencing it, the duty to inform patients about treatment options, and the duty to refer patients to other providers when necessary.

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Shared Perspectives: How ABA Supports ASA's Anesthesia Education Efforts

David P. Martin, MD, PhD, FASA
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ASA and the American Board of Anesthesiology (ABA) are separate organizations with separate missions. Together, our work is important to the practice of anesthesia and the profession of anesthesiology. The education, assessment, and certification of anesthesiologists are upheld and delivered through the efforts of these organizations. This edition of Shared Perspectives examines how ABA supports ASA's efforts to educate, demonstrate how ASA and ABA collaborate, and consider what the future may bring.

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AIRS Case 2024-12: Managing Anomalies

A 3-month-old infant with an unspecified mitochondrial/metabolic disorder underwent general anesthesia for cardiac catheterization for VSD. The anesthetic administered was 200 mcg/kg/min of propofol for three hours. The child subsequently developed severe metabolic acidosis, circulatory collapse, myoglobinuria, and renal failure concerning for propofol infusion syndrome (PRIS) vs. metabolic crisis. Unfortunately, he progressed to multiorgan failure and death.

Dealing with rare diseases in the OR or the interventional and imaging suite is perhaps a more common occurrence in pediatric anesthesia, as these children often require anesthesia for multiple procedures, including those for which adults can tolerate sedation, local anesthesia, or being awake. Even the most experienced pediatric anesthesiologist cannot be intimately familiar with the thousands of conditions that potentially affect the conduct of an anesthetic. Mitochondrial disorders, often thought to be exceedingly rare, may, especially in their less profound expressions, be more common than generally suspected. These alternations in cellular energetic pathways have profound

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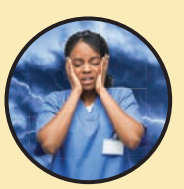

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Shared Perspectives: Supporting Anesthesia Education

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Benjamin Franklin's oft-quoted maxim about change declares, "When you're finished changing, you're finished." It's a reminder that times change, and we must change with them. For anesthesiologists, keeping pace with health care's shifting landscape carries extra weight. To give patients the optimal care they deserve, and to achieve the clinical excellence anesthesiologists strive for, evolving along with new technologies, clinical practices, and scientific findings is a must. Lifelong learning is the key.

Complementary goals of ASA and ABA

ASA and ABA both aim to advance the specialty and equip anesthesiologists to deliver exceptional patient care, supporting the specialty and its subspecialties. Together, ASA and ABA help anesthesiologists attain

"Our frequent meetings and ongoing conversations set the stage to listen to and learn from each other. Meetings with leaders from both organizations, in-person and online, create frequent opportunities to discuss how aggregate data might be shared, where learning gaps exist, and how we might partner to provide even better, richer, more dynamic learning opportunities. It's all about educating clinicians. Both ASA and the ABA hold tight to that objective."

and continue excellence in the field. Education and assessment are central to this effort. Expectations are high, the learning is rigorous, and assessments are demanding. But with an objective as important as ensuring that patients get the best care possible, the effort is crucial. And while both organizations aim to keep anesthesiologists up to date with advances in the specialty, ASA and ABA take different paths, working together when and where it benefits clinicians. In short, ASA educates and advocates while the ABA certifies and helps keep knowledge current. Once residents pass the ABA's Basic, Advanced, and Applied exams to become board certified, the paths to continue certification are served by both organizations: ASA helps anesthesiologists stay abreast of current, evolving information and earn CME credits, while ABA continually tests that knowledge, reaffirming continuing certification.

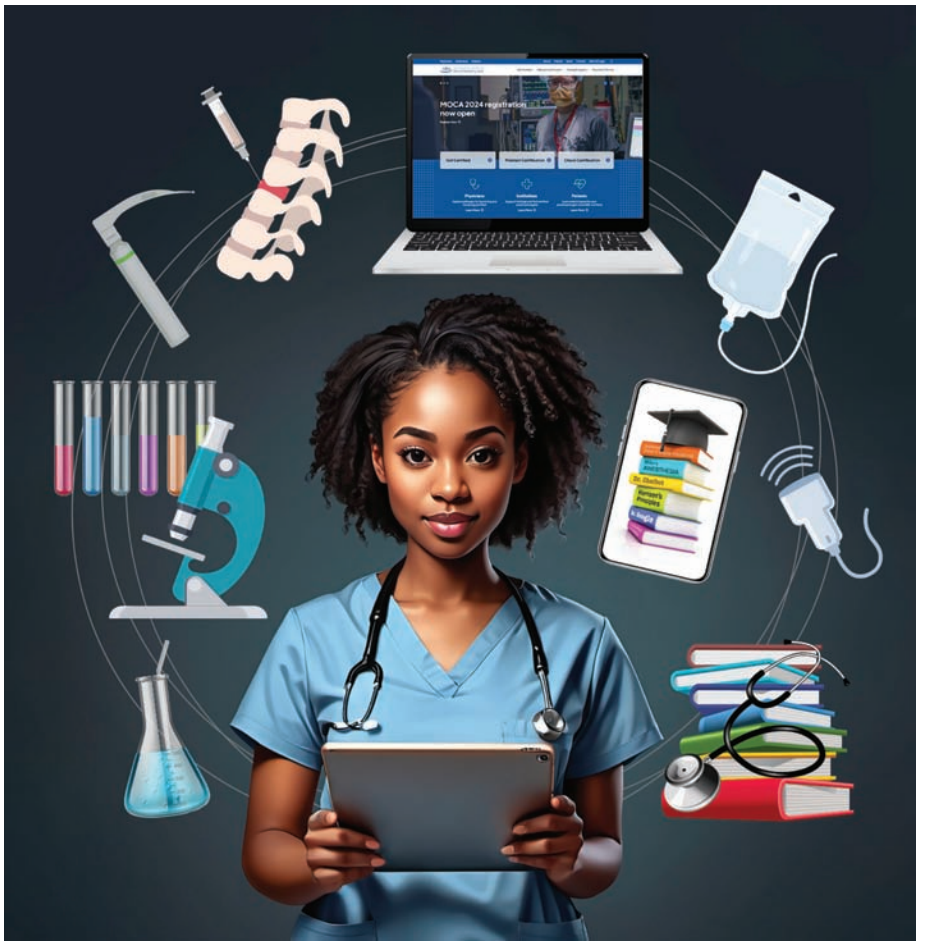

Image created by OpenArt.ai. Prompt used: *Photo art of young doctor in scrubs holding iPad.*

ASA's approach to lifelong learning and CME

ASA's approach to education is deep and broad. The society, of course, educates around new advances in medical science and clinical practice, but ASA also keeps anesthesiologists informed of practice management changes, advocacy efforts, professional development trends, and more. ASA education touches every aspect of the specialty, including the clinical and beyond. When it comes to clinical education, ASA takes a wide view, working to address the full scope of practice and support the lifecycle of learners. From residency to retirement, ASA offers a range of right-fit learning opportunities crafted in collaboration with anesthesiologists, leveraging the expertise of leaders in the field.

While ASA offers abundant non-CME learning opportunities, CME education is distinctive, with its own set of regulations and responsibilities. ASA is a certifying agency, which means the society provides education credits. Uniquely, ASA's CME accreditation comes with commendation from the Accreditation Council for Graduate Medical Education (ACGME). ASA's well-earned ACGME accommodation is a high honor, recognizing the excellence of our educational offerings.

Change is a constant with CME, too. Learners' expectations have evolved – few still rely on cassette tapes and in-person meetings alone to earn their CME credits. New learners look for gamification and virtual experiences, less impressed by the static and didactic learning modules many late-career anesthesiologists were once limited to. With many new and novel ways to deliver information, learners expect opportunities to read, listen, watch – even touch – as they take in information. In other words, CME is a dynamic landscape. ASA is at the forefront of the movement toward diversifying educational offerings. The society works hard to proffer top-notch education across multiple, compelling platforms. ASA courses are taught by leaders in the field and expressly designed for the specialty. From ACE and SEE to POCUS workshops, online education, and live events, ASA employs the latest in adult learning theory, applying best practices to learners across the generations and offering activities that check several boxes simultaneously, giving clinicians a way to fulfill multiple requirements with a single activity.

As education shifts toward dynamic, interactive, micro-level learning, ASA is adding more personalization to our offerings, meeting learners where they want to be met. This is where ABA's support truly enhances ASA's efforts. When it comes to personalizing CME education, the richest and most robust opportunities flow from ASA's relationship with the ABA. Because ABA shares aggregate data with the society, ASA understands where learning gaps exist so the society can build educational offerings to fill those gaps. For learners who opt to allow ASA and ABA to share data, opportunities to personalize the information learners encounter, based on their performance on ABA assessments, is rife with potential.

ASA and ABA collaborate to drive advancements

While ASA and the ABA drive in different lanes, working together, we can go further, faster, and do it better. ASA is able to offer more salient information to learners because of its reciprocal work with the ABA, which means ASA has a greater grasp on learners' needs, and learners have opportunities to access what they need most. When common deficiencies show up in MOCA Minute® results, for example, ASA can take that information from the ABA and create education to fulfill the needs of learners.

Fostering a relationship that enables this kind of knowledge sharing takes effort. But here, too, our shared goals pay off. The collaboration between ASA and ABA is strong and beneficial because both organizations genuinely care about keeping the other partner informed. We both want our organizations to work well

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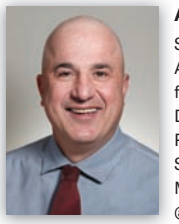

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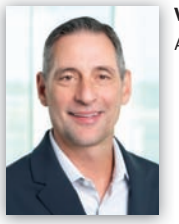

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ASA Chief Learning Officer.

together so we can ensure anesthesiologists are best equipped to care for patients. It's no exaggeration to say the relationship between the society and the Board sets the standard for other specialties follow.

How do we accomplish this? With great intention. Our frequent meetings and ongoing conversations set the stage to listen to and learn from each other. Meetings with leaders from both organizations, in-person and online, create frequent opportunities to discuss how aggregate data might be shared, where learning gaps exist, and how we might partner to provide even better, richer, more dynamic learning opportunities. It's all about educating clinicians. Both ASA and the ABA hold tight to that objective. The commitment reminds us of the value collaboration holds, for the society, the Board, and, above all, the anesthesiologists we serve.

It is not, however, without some of the give and take found in most healthy relationships. At times, our distinct lanes merge. ABA's MOCA Minute, for example, doesn't merely test anesthesiologists' knowledge – it also explains answers, educating test-takers so they learn from the test. Though the learning occurs on an ABA platform, ASA provides the CME credit for this learning. That merging of lanes is the exception, and these rare cases share the same aim, not only to educate anesthesiologists but to maximize all opportunities to do so, to make learning more efficient and convenient.

The future holds promise ... and personalization

One thing we know about education is that most learners have blind spots – they don't know what they don't know. And because learners are human, most prioritize topics they already know something about because those are the topics they're most comfortable with. For learners who want the benefits that come with ASA and the ABA sharing data, the idea of personalizing curricula further, targeting learning needs more precisely, holds appeal. Rather than identifying gaps through aggregate data, the future may bring more customized solutions. A learner's performance on MOCA Minute, for example, might one day generate a customized curriculum. If a learner stumbles on knowledge of a specific drug, a pertinent video or infographic might be delivered right to the learner, information tailored to their unique needs and preferences. This is aspirational but realistic. ASA members can already receive CME credit for MOCA activities if they opt to do so. Personalization simply means delivering the most relevant information to the right person in the best format at the most opportune time. It's a goal worth striving for, and it hints at a bright future for the partnership.

Together, ASA's strength in medical education combined with the ABA's skill at assessment create a powerful combination. ASA brings a wide library of educational opportunities designed to help anesthesiologists stay current, and the ABA contributes a rigorous board-certification process, requiring anesthesiologists to demonstrate knowledge, judgement, and skills. Both organizations lean on data, aiming to tie education to clinical outcomes when possible. Working together, the society and Board serve the anesthesiology community, delivering the education and assessments needed to keep the specialty strong and our patients safe. And with the ABA's support, ASA will continue to advance medical education and ensure anesthesiologists are empowered to excel. ■