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First Cuba-U.S.A. Anesthesiology Symposium. Havana, Cuba. November 11-13, 1999.

The First Cuba-U.S.A. Anesthesiology Symposium was held in Havana, Cuba, with a didactic session at the Centro de Investigaciones Medico-Quirurgicas (CIMEQ) and visits to several other major hospitals in Havana.

The first day of the program was the didactic portion, hosted by the Department of Anesthesiology at CIMEQ. The program was organized and cochaired by John M. Freedman, M.D. (Kaiser-Permanente Medical Center, Santa Rosa, CA), and Jose Santos Gracia, M.D. (Cardiac Surgery Institute, Havana, Cuba). All United States anesthesiologists participating in this program were licensed to do so by the United States Department of Treasury under the "Support for the Cuban People" section of the Helms-Burton Act of 1996.

The didactic symposium began with a welcome by Dr. Omar Lopez Cruz (Chief of Anesthesiology, CIMEQ), followed by opening remarks from Dr. Gracia and Dr. Freedman, both of whom emphasized the desirability of further developing and maintaining academic contact between the anesthesiology communities of our neighboring countries. The audience was composed of more than 200 Cuban anesthesiologists, many of whom were in training. (There are approximately 1,300 anesthesiologists in Cuba, caring for a total population of 11,000,000 people—a ratio roughly equivalent to that of the U.S.A.).

The day's first lecture was given by Dr. Neil Feinglass (Mayo Clinic, Jacksonville, FL). Dr. Feinglass reviewed new developments in intraoperative echocardiography and discussed the technical advances that have led to the powerful diagnostic capability of this technology in cardiac surgery. Several videotapes were shown of dynamic intraoperative situations in which definitive transesophageal echocardiographic data augmented, or, in some cases, led to major revision of, anatomic diagnoses and surgical approach. The second lecturer was Dr. Bryan Andrews (San Francisco General Hospital, San Francisco, CA). Dr. Andrews, a trauma specialist, reviewed newer approaches to the special challenges associated with massive transfusion. He discussed the theoretical basis for blood product administration decisions and provided algorithms for managing extreme situations, such as assessing subsequent blood product compatibility in patients who have been administered large volumes of O-negative blood initially. The next lecture was given by Dr. Keith Ruskin (Yale University School of Medicine, New Haven, CT), founder of GASNet. Dr. Ruskin reviewed the current status of the vast array of communication and information resources on the Internet with respect to what they offer to the specialty of anesthesiology. He also explored the exciting potential of new Internet-based technologies, such as real-time streaming video, as tools to facilitate research and clinical care in the near future. Dr. Ruskin was followed by Dr. Brian Bevacqua (Veteran's Administration Hospital, Cleveland, OH). Dr. Bevacqua discussed newer regional anesthesia techniques, with a focus on the renaissance of spinal microcatheter techniques utilizing rational drug infusion regimens designed to avoid neurotoxic effects. This was followed by a lecture by Dr. Freedman about current problems in outpatient spinal anesthesia and strategies to avoid adverse outcomes. Dr. Freedman presented data that showed that avoiding lidocaine administration in outpatients undergoing surgery in the lithotomy position can greatly reduce the incidence of transient neurologic symptoms. He discussed alternatives to lidocaine spinal anesthesia for outpatients undergoing short procedures and reviewed techniques to minimize neurotoxicity with lido-

caine and other local anesthetics. The next lecture, by Dr. Amanda Sue Carlisle (San Francisco General Hospital), reviewed current concepts in the pathogenesis and treatment of acute lung injury. Dr. Carlisle discussed current pharmacologic treatment strategies, including the use of inhaled nitric oxide, aerosolized surfactant, liquid perfluorocarbon ventilation, and steroids. She also reviewed the risks and benefits of ventilation with the patient in the prone position and newer strategies for mechanical ventilation with use of low tidal volumes with permissive hypercapnia. Dr. David Kazdan (Veteran's Administration Hospital, Cleveland, OH) then provided a detailed practical overview of anesthesia machine safety checks and internal mechanics. He gave an instructive presentation involving piece-by-piece dismantling of key components of the machine to show how they work and what can go wrong. The final lecture from the United States contingent was given by Dr. Marcelle Willock (Boston University Hospital, Boston, MA). Lecturing entirely in Spanish, Dr. Willock reviewed current concepts in the anesthetic management of trauma patients as practiced in state-of-the-art trauma centers in the United States.

Each of the previously mentioned lectures was followed by a dynamic question-and-answer session, which allowed interchange between United States and Cuban anesthesiologists. Clinical topics and related health care economic issues particular to each country were discussed. In the evening, a group of Cuban physicians and their spouses joined the United States anesthesiologists for dinner and social discourse at a popular Havana restaurant.

On the 2 subsequent days, Cuban anesthesiologists were in the spotlight as they hosted United States anesthesiologists on visits to several major Havana hospitals, including Havana's major trauma center, Hospital Calixto Garcia, and major tertiary care pediatric center Hospital William Soler. Although the Cuban hospitals differed from our own in terms of the availability of technical equipment and other material resources, United States participants found Cuban colleagues to be impressive in their knowledge, extremely dedicated, and well established in their role as perioperative physicians rooted in the critical care units, as well as the operating room. Several United States participants remarked that the principles of case management, as observed in Havana hospitals and as discussed with Cuban anesthesiologists, are virtually identical to those we are familiar with in the United States. However, some interesting findings were observed in Cuban hospitals that are not common practice in the United States, such as the presence of a fully functional operating room in the critical care unit to minimize transport time and risk for critically ill patients.

In addition to the intellectual aspects of this program, participants felt that this collegial meeting with Cuban physicians had a special dimension because of the rarity of such opportunities for interchange as a result of the long history of misunderstanding between our two governments. The intellectual exchange and interpersonal dynamics between United States and Cuban anesthesiologists were positive and constructive because of the unique challenges and rewards and pride in our specialty cross all national and political boundaries.

The Second Annual Cuba-U.S.A. Anesthesiology Symposium is being planned for March 2001, in Havana, Cuba. For more information, please contact the author of this report.

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