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Canadian Anesthesiologists' Society

ANESTHESIA NEWS

PRESIDENT'S MESSAGE



In the past several months, drug shortages have again become an issue for Canadian anesthesiologists. Recently affected have been some local anesthetics, including bupivacaine and ropivacaine. As I write this, there is news of nationwide shortages in the United States of injectable morphine, hydromorphone, and fentanyl due to manufacturing problems at Pfizer, which controls at least 60% of the market. More disturbingly, today (May 8, 2018) I received

notice from Alberta Health Services of a "back order" of dantrolene, with an estimated re-availability date of late August 2018. There is only one Canadian manufacturer, there are no pharmaceutical alternatives to dantrolene for the management of malignant hyperthermia, and inventory is expected to be depleted before it is available again. Not only have pharmaceutical agents been demonstrated to be at risk, but also supplies of hospital staples. Last October, a global shortage of dextrose and sodium chloride "mini-bags" occurred due to the impact of hurricane Maria on Baxter manufacturing sites in Puerto Rico.

As I mentioned in my Annual Report for 2016, drug shortages have been a recurring concern to Canadian Anesthesiologists' Society (CAS) members at least as far back as 2009, and this issue has engaged CAS Presidents with federal politicians since 2011. In January of that year, CAS President, Dr Richard Chisholm, wrote to the Minister of Health Leona Aglukkaq expressing concerns about Propofol shortages and reductions in pentothal supply, and inquiring about Health Canada's oversight of pharmaceutical supply disruptions. Then, in February 2012, a crisis in Canada's drug supply was triggered when the Sandoz manufacturing facility in Boucherville, Québec, the only Canadian supplier of many essential medications, had a fire. On March 29, 2012, Dr Chisholm [addressed](#) the House of Commons Standing Committee on Health on the subject of drug shortages.

In June 2012, the committee released a report entitled "[Drug Supply in Canada: A Multi-Stakeholder Responsibility](#)".

The report contains a number of recommendations, including identification of critical medicines supplied by only one or two companies and mandatory advance notification of planned discontinuances and anticipated supply disruptions. It further recommends continued Ministry of Health cooperation with the World Health Organization and the Organization for Economic Co-operation and Development to examine global causes and potential solutions.

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**Innovative leadership and
excellence** in anesthesia,
perioperative care, and
patient **safety**

In the June 2013 issue of the *Canadian Journal of Anesthesia*, Drs Richard Hall, Gregory Bryson, David Neilipovitz, and Alexis Turgeon for the Canadian Perioperative Clinical Trials Group, published a [national survey](#) of almost 2,000 CAS members with respect to the prevalence and impact of drug shortages in the practice of anesthesia or critical care.

The survey had a 61% response rate, and approximately two-thirds of respondents reported a current shortage of one or more anesthesia or critical care drugs. This proportion rose to 76% of those who responded in the immediate aftermath of the Sandoz plant closures. Drug shortages were considered "to have had a significant impact on the delivery of anesthetic care, both at the practitioner and patient levels". The survey publication was accompanied in the same issue by an [editorial on drug shortages](#), written by CAS President, Dr Patricia Houston, and Past-President, Dr Richard Chisholm.

On February 7, 2014, Dr Houston made a presentation to the Canadian Medical Association (CMA) Specialist Forum regarding the CAS experience with drug shortages. Her call for attention to this issue resonated with representatives of many other specialties, and led to the creation of a CMA Drug Shortages Working Group in June 2014. CMA continues to sit on a multi-stakeholder working group that meets periodically to receive information and discuss issues related to drug shortages.

On August 20, 2014, I met with the Honourable Rona Ambrose, Minister of Health, as reported in the [December 2014 issue of *Anesthesia News*](#).

At that meeting, Minister Ambrose anticipated that mandatory reporting of pharmaceutical supply disruptions would soon become a reality, and she announced that at a press conference on February 10, 2015. With a change in government, however, the federal regulations governing mandatory reporting of drug shortages and discontinuances did not actually come into effect until over two years later, on March 14, 2017.

Mandatory reporting on www.drugshortagescanada.ca will not prevent supply disruptions, and can only serve as an early warning mechanism to assist with mitigation strategies. We continue to experience shortages which compromise our anesthesia and critical care practices, and threaten the safety

and comfort of our patients. CAS members are aware of my March 7, 2018 [letter to the current Minister of Health](#), The Honourable Ginette Petitpas Taylor, and [the response from Health Canada](#) on April 11. I encourage all CAS members to report, via the [Canadian Anesthesia Incident Reporting System \(CAIRS\)](#), any instances where drug shortages adversely affect their anesthetic practice. This will begin to establish a national database on this issue, as well as on other anesthesia incidents.

Elsewhere in this newsletter, you will find information on the 2018 CAS Annual Meeting in Montréal, celebrating our 75th Anniversary year. We are expecting an outstanding number of registrants, including many past officers and honourees, and we anticipate that the meeting will be a remarkable scientific and social achievement. I offer my thanks and congratulations to the Annual Meeting Committee, chaired by Dr Adriaan Van Rensburg; to members of the Annual Meeting Working Group; to all the Sections and Committees and their chairs who organized Annual Meeting content including symposia, lectures, workshops, problem-based learning discussions, and special events; and to our Executive Director, Debra Thomson, and her office team.

As this will be the last President's Message of my term of office, I wish to add an additional word of thanks and appreciation for the year-round dedication and effort of the many volunteers who serve on the CAS Board of Directors, Sections, and committees, and on the Boards of Trustees of our independent affiliated foundations, the Canadian Anesthesia Research Foundation (CARF) and the Canadian Anesthesiologists' Society International Education Foundation (CASIEF). I am always impressed by the work of the Editorial Board and staff who produce the *Canadian Journal of Anesthesia* under the direction of its Editor-in-Chief, Dr Hilary Grocott. Finally, I wish again to thank Executive Director, Debra Thomson, and her team, and to express my profound gratitude to members of the CAS Executive who have provided invaluable advice and support over the past two years, including Past-President Dr Susan O'Leary, Vice-President Dr Daniel Bainbridge, Secretary Dr David McKnight, and Treasurers Drs François Gobeil and James Kim.

Douglas DuVal
President

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Stay current, informed and on track with the latest discussions... Sign up and take advantage:



CAS on Twitter at [@CASupdate](#)



CAS on Facebook: [CanadianAnesthesiologistsSociety](#)



CAS ANNUAL MEETING

June 15 – 18, 2018

Montréal, Quebec

MONTREAL AWAITS YOU!

The 2018 Annual Meeting is just a few days away! We can't wait to kick off "Advancing Anesthesiology, Excellence & Leadership" with CAS members and delegates from across the globe.

This year, we are also honoured to celebrate 75 years of history and our commitment to innovative leadership and excellence in anesthesiology, perioperative care, and patient safety. It is no coincidence that we are celebrating our 75th year in Montréal, the city where our Society was founded in 1943. Early that year, five members of the Montréal Society of Anaesthetists decided that it was time once again to form a national organization. "It seemed increasingly clear to some of us that we were lost in the anonymity of the larger Association (Canadian Medical Association), and that the special interests could be looked after better in an organization of our own," Dr Harold Griffith recalled years later. And so, in May of 1943, the five founding members of the Society—Dr Wesley Bourne, Dr Harold Griffith, Dr Digby Leigh, Dr Romeo Rochette, and Dr Georges Cousineau—met to draw up their vision for a new national society. By June 24, 1943, Canadian anaesthetists officially had a national and autonomous organization to represent them once again, known then as the Canadian Anaesthetists' Society.

For 75 years, CAS has proudly represented and advocated on behalf of Canadian anesthesia, ensuring that anesthesiologists are heard and respected within the provincial and national healthcare systems. We continue to be called upon to participate in important national initiatives and to provide guidance and leadership in Canadian medicine. This year's meeting will celebrate our historical successes along the way while also looking forward to what the future has in store for the specialty.

The 75th celebrations will take place throughout the weekend. During the Annual Meeting, you will see many special guests including past officers, past award winners, our international partners, and more. Make sure to visit the CAS booth in

the Exhibit Hall where we will have historical archives and artifacts on display, as well as a special guest accompanying Dr Chartrand! On Saturday, be sure to join us at an official cake-cutting ceremony during the lunch break. Please note: because a 75th anniversary deserves an equally sizable celebratory cake, it will be cut and ready to be enjoyed by the afternoon break.

To kick off the meeting and the 75th anniversary celebrations, join us at the Welcome Reception on Friday, June 15. It will feature an awe-inspiring performance by the Montreal-based Cirque Eloize, which for 25 years has been a driving force in the circus art reinvention movement. Enjoy the show and relax with friends old and new over drinks and hors d'oeuvres while you prepare for three days of leading-edge educational sessions and presentations designed specifically for you. The entire Annual Meeting is developed to adhere to CPD standards, so be sure to claim your Section 1 and Section 3 credits. The full meeting is accredited as a Group Learning Activity, offering 18 hours of Section 1 credit opportunities plus up to five hours per day for Section 3 credits via the following sessions:

- 5 pre-conference workshops (4 in English and 1 in French this year)
- 11 workshops
- 20 problem-based learning discussions (4 offered in French this year)

continued on page 4

There is still time to sign up for one of the pre-conference workshops, on offer on Friday, June 15 from 08:00 – 17:00, or one of the 11 skills-based workshops available on Saturday and Sunday. Be sure to check the scientific program for more details.

After a special opening ceremony at 08:15 Saturday morning, Dr Beverly Orser will kick off the educational programming with the opening plenary address, *Anesthesiology: Our Science is Our Destiny*. Focusing on the theme that science is our destiny, she will discuss how our ability to embrace innovation—while generating new knowledge to improve patient care—will determine the ultimate future success of the anesthesiology specialty. Wrap up the Annual Meeting with the CAS Awards Ceremony and the Dr Angela Enright Lecture, which for this year's celebration will feature a complimentary sit-down luncheon. Dr Franco Carli will deliver the Dr Angela Enright Lecture, *Enhanced Recovery Canada: From Siloed Partner to Team Player*, which will focus on the implementation of enhanced recovery principles within Canadian surgical practices.

Don't miss out on the networking opportunities that are also available outside of the scientific program. These include:

- The President's Dinner is on Saturday evening and the 75th celebrations will continue and include entertainment by the award-winning Painchaud family.
- The second annual Resident Simulation Olympics will take place on Saturday in the Exhibit Hall, 10:30 – 16:00. Individuals and teams will be judged by faculty members from across the country and will compete for over \$5,000 in cash prizes.
- The Fun Run for CARF is a great way to stay in shape while supporting anesthesia research. It kicks off on Sunday morning at 06:30.
- The CASIEF dinner on Sunday evening is at the beautiful historic Auberge Saint-Gabriel.

Take this opportunity to also delve into the unique history of Montréal, one of Canada's oldest cities, founded in 1642. With a population of more than 3.6 million represented by 120 distinct ethnic communities, Montréal is a veritable mosaic of cultures and traditions. A city of spectacular architecture and lively events, Montréal is an international host city that offers a wonderful blend of European charm and North American attitude. Explore the many shopping centres, historic neighbourhoods, festivals, and gourmet restaurants that make this a unique city. The best way to get to know the city is on foot, through any one of its many colourful and vibrant neighbourhoods overflowing with markets, boutiques, restaurants, and local cafés—diverse expressions of the inhabitants' joie de vivre.

We look forward to seeing you in Montreal!



ANNUAL MEETING ONLINE WEBINAR OPTION

CAS is pleased to provide a webinar option for those unable to attend the meeting in person.

Two live 3.5 hour sessions are available. You can claim up to 3.5 hours per day for Section 1 Royal College credits. Access information will be sent a week prior to the webinar.

Note: sessions will be held in English only.

YES, YOU CAN VISIT THE EXHIBIT HALL!



THE IMPORTANCE OF RESPONSIBLE AND ENGAGED INTERACTION WITH SPONSORS & EXHIBITORS

The excitement of our Annual Meeting is fast approaching (June 15 – 18) and reflection on 75 years of anesthesia excellence encourages us to think about ways that our Annual Meeting has changed.

The educational and practical importance of the Annual Meeting is hard to overstate. For many, this meeting is a primary method of securing targeted and valuable CME credits, and it offers the opportunity to reconnect and network with leaders of the profession, colleagues, and friends.

Over the years, the CAS Annual Meeting has evolved to a broadly-themed, internationally renowned conference that attracts sponsorship support and exhibitor participation. With these changes, CAS has committed itself to growing in a responsible way to ensure that the relationship between CAS members, sponsors, and exhibitors is mutually beneficial. The Exhibit Halls offers delegates the chance to engage with industry—including to offer them your point of view—and sponsorship support allows the Society to provide innovative programming, such as the Simulation Olympics and fully-equipped workshops which allow for hands-on, responsive interaction with renowned speakers and presenters. Speakers are coached on how to acknowledge relationships with industry to mitigate potential conflict of interest, in accordance with [Royal College standards](#) and the [Canadian Medical Association \(CMA\) guidelines](#). Both acknowledge that the history and success of healthcare in this country have included, and should continue to value, responsible interaction with industry: “The medical profession shares a common interest with for-profit and not-for-profit organizations in improving patient care and improving public health outcomes. These organizations have resources and expertise that can contribute to the development, quality, and effectiveness of [accredited CPD activities](#).”

CAS respects the Royal College accreditation standards through the early adoption of the [National Standard for Support of Accredited CPD Activities](#) and the update of

application material. This reflects our commitment to the ethical standards and to financial responsibility. This Standard was envisioned as a resource that supports excellent CPD material, and that helps safeguard high-quality CPD from undue industry influence. One change that affects our Annual Meeting is that the Standard requires written agreements between sponsors and providers or the scientific planning committee—this is an element that the CAS easily complies with. The use of incentives, for example, and the use of an “exhibitor passport” through exhibitor areas, is allowed, when overseen to ensure compliance. CAS has vetted such activities, and is able to declare that our meeting is Standards and Guidelines compliant.

The support of our industry partners is critical to our ability to provide a high-quality professional development and networking experience. We must work together to strengthen delegate/partner interaction, prefaced on CAS’s stringent adherence to standards and guidelines. Industry is also well aware of the new expectations of interaction, and they too work hard to ensure adherence to standards, privacy, confidentiality, and copyright laws. Be assured that all exposure and interface opportunities are monitored by the CAS Annual Meeting Committee, and the Royal College and Canadian Medical Association support and understand the value of these relationships.

This year in Montreal, as we celebrate the 75th Anniversary of our Society, we encourage you to assist in strengthening our industry partnerships—we can’t do it without you. If you have any questions or comments, please contact Debra Thomson, CAS Executive Director, at dthomson@cas.ca. We hope to see you there!

WE WANT TO HEAR FROM YOU

WHAT IMPACT HAS CAS HAD ON YOU?

Do you have a story to tell? Is there a photo you would like to share? Any fun facts to impart? We want to hear from you.



Our 75th anniversary celebrations will highlight our members' achievements and successes. We look forward to welcoming you!

Use our [guestbook](#) or contact us at anesthesia@cas.ca.



CAS is celebrating its 75th anniversary in 2018! This is a tremendous milestone and we invite all members and delegates to join us in various celebratory activities at the Annual Meeting in Montreal.

You are all a great part of that.

Please join us at the [Annual Meeting](#) to celebrate our achievements and to work with us to accomplish even more in the coming decades!

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You may contact Board members through the CAS central office.



Canadian Anesthesiologists' Society

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CPD AT THE ANNUAL MEETING: DON'T MISS OUT!



Did you know the Annual Meeting is a great way to obtain Section 1 and Section 3 credits towards your Continuing Professional Development (CPD) and the entire Annual Meeting is developed to adhere to CPD standards?

The overall meeting is accredited as a Group Learning Activity, offering 18 hours of Section 1 credit opportunities. Section 3 credits for Self-Assessment Programs and Simulation activities are awarded to CPD activities that provide assessment of knowledge or performance. The Annual Meeting offers an average of five hours per day for Section 3 credits and the following sessions qualify:

- Pre-conference workshops
- Workshops
- Problem-based learning discussions (PBLDs)

Participants are asked to keep a record of the number of session hours they attend during the conference, and to fill out a Certificate of Attendance upon completion, which will be available on the conference website.

HOW TO ENSURE YOUR CPD CREDITS ARE RECORDED:

- Register, if required, and attend the event!
- Keep a note of the number of hours that you participated in—it is your responsibility to maintain the record of your participation.
- After completing any required post-event work—and the evaluations—you will be able to download your certificate of attendance. In some cases, you might be required to complete post-event work, at which point you will be provided with your certificate.
- Record your hours on MAINPORT—the system will automatically convert credit hours into credits. Physicians should only claim credit commensurate with the extent of their participation in the activity.
- Keep your records! Physicians are responsible for keeping their personal MOC records and making them available for random auditing by The Royal College of Physicians and Surgeons of Canada.

CAMPAIGN LAUNCHED FOR “OPIOID WISELY”

On March 1, 2018 Choosing Wisely Canada launched a new campaign, called Opioid Wisely, with the goal of raising awareness around the importance of clinician-patient conversations to reduce harms associated with opioid prescribing.

In the campaign, 12 specialty societies have made a total of 15 specific recommendations for when the use of opioids should not be first line therapy and a suite of patient resources has been developed. The campaign is expected to build over the coming months, with the rolling release of new recommendations from other specialties, and additional resources for patients.

To date, the Canadian Anesthesiologists' Society has not made specific recommendations, but CAS members are encouraged to review the material contained in the Opioid Wisely Communications Toolkit.

More information can be found at...

choosingwiselycanada.org/campaign/opioid-wisely

"Science is all about asking questions. How does anesthesia influence cognition? What happens to older patients after day surgery? What's worn under a kilt? I support CARF so that we can ask and answer important questions in perioperative care. I hope you will too. And the kilt? Well, some questions you just don't want answered."



Dr. Greg Bryson
Associate Professor
University of Ottawa

Greg Bryson

CARF
Canadian Anesthesia Research Foundation
La Fondation canadienne de recherche en anesthésie
www.mycarf.ca

Our profession
deserves a firm
foundation

"Making a donation to CARF is as easy as paddling down river. CARF is one of my causes. Please make it one of yours."



Dr. Doug DuVal
Department of Anesthesiology and
Pain Medicine
University of Alberta

Doug DuVal

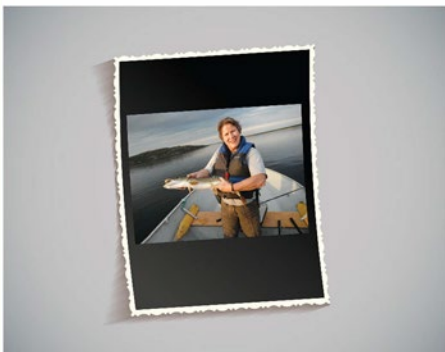
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Our profession
deserves a firm
foundation

**"CARF is my cause.
Please make it
yours."**

CARF
Canadian Anesthesia Research Foundation
La Fondation canadienne de recherche en anesthésie

"Donating to CARF is as easy as landing the big one. CARF is one of my causes. Please make it one of yours."



Dr. Lynn Hansen
Department of Anesthesia
Dr. Everett Chalmers Hospital
Fredericton, N.B.

Lynn Hansen

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Our profession
deserves a firm
foundation

"Making a donation to CARF is much less stressful than shovelling snow. CARF is one of my causes. Please make it one of yours."



Dr. Pascal Labrecque
Department of Anesthesiology
CHU de Québec
Associate professor
Laval University

Pascal Labrecque

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CONGRATULATIONS TO THE 2018 RECIPIENTS OF AWARDS AND GRANTS

CAS CAREER SCIENTIST AWARD IN ANESTHESIA



Dr Harsha Shanthanna
McMaster University

High Quality Clinical Trials to Optimize Perioperative Analgesia, Reduction of Harms and Improvement of Patient Outcomes and their Synergy Towards Establishing a Strong and Sustainable Perioperative Anesthesia and Pain Research Program of Excellence

CANADIAN ANESTHESIOLOGISTS' SOCIETY RESEARCH AWARD (NEW INVESTIGATOR)



Dr Jason Chui
Western University

A Randomized Controlled Study in Detection and Prevention of Nerve Injury using a Novel Automated Somatosensory Evoked Potential Monitoring Device in Shoulder Arthroplasty Surgery

SUBSPECIALTY OPERATING GRANTS



CAS RESEARCH AWARD IN NEUROANESTHESIA IN MEMORY OF ADRIENNE CHENG

Dr Tiffany Rice
University of Calgary

Neurobiological, Cognitive-affective and Behavioral Changes Following Exposure to Either Sevoflurane- or Propofol-based Anesthesia in Children Undergoing MRI



DR R A GORDON RESEARCH AWARD FOR INNOVATION IN PATIENT SAFETY

Dr Sylvain Boet
University of Ottawa

Enhancing Surgical Care and Outcomes through Education and Knowledge Translation (Phase 1): Using the Operating Room Black Box to Advance Teamwork and Patient Safety



DR EARL WYNANDS RESEARCH AWARD IN CARDIOVASCULAR ANESTHESIA

Dr André Denault
Université de Montréal

The Clinical Significance of Portal Hypertension after Cardiac Surgery: An International Multicenter Prospective Observational Study



ONTARIO'S ANESTHESIOLOGISTS – CAS RESIDENTS' RESEARCH GRANT

Dr Joanna Moser
University of Calgary

Neurodevelopmental Outcome of Preterm Infants Exposed to Potentially Neurotoxic Medications During Their NICU Admission



2019 CAS ANNUAL MEETING

JUNE 21 – JUNE 24, 2019

Calgary TELUS Convention Centre
Calgary, Alberta

Watch for news on exciting meeting events,
speakers and programming.
Registration is limited—don't miss out!



Canadian Anesthesiologists' Society

www.cas.ca

ANESTHESIA FOR COLONOSCOPY

By: Dr Douglas DuVal

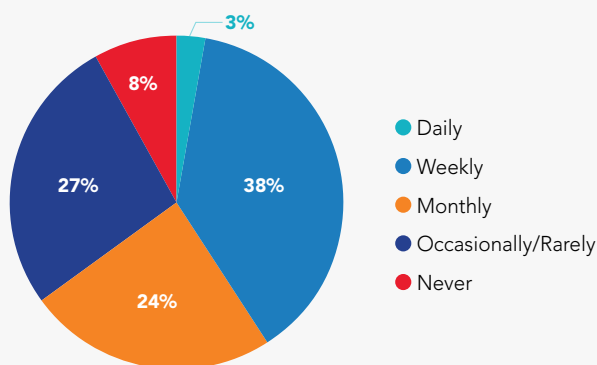
CAS members may recall [an article published in the *Canadian Medical Association Journal* \(CMAJ\) on February 12, 2018 that asserted a negative value for deep sedation for colonoscopy. Dr Hilary Grocott responded on \[February 23\]\(#\) and I did on \[February 26\]\(#\).](#)

In the interval, CAS informally surveyed members about their involvement with colonoscopy procedures. Of 409 responses, 51% were aware of the CMAJ article, and 78% were aware that some feel that anesthesiologists should not routinely assist at colonoscopies due to concerns about cost.

Propofol was used for sedation in colonoscopy by 84% of respondents in $\geq 90\%$ of their cases. Only 9% of respondents appear to never use Propofol for colonoscopy. Propofol usage was highest in non-hospital procedural facilities with a major dedication to endoscopic procedures and proportionately lowest in large academic health sciences centres; 58% of respondents classified the level of sedation as "deep sedation" or "general anesthesia" in over 90% of their cases. Anesthesiologists working in large academic health science centres were least likely to characterize their sedation as "deep sedation/general anesthesia".

With respect to the question of average frequency with which anesthesiologists personally provide anesthesia services for gastrointestinal endoscopy, overall responses were 3% daily, 38% weekly, 24% monthly, 27% occasionally/rarely, and 8% never. Anesthesiologists working in large academic health sciences centres, provide such services less often, with a total of 62% reporting "occasionally/rarely" or "never". In contrast, in all other hospital categories, most anesthesiologists reported providing endoscopic services weekly.

Average frequency with which anesthesiologists personally provide anesthesia services for gastrointestinal endoscopy



The survey asked respondents to estimate the proportion of colonoscopies attended by an anesthesiologist at their facility, obviously a very subjective appraisal. The largest facilities appear to have limited anesthesiology involvement and smaller facilities more so. Among anesthesiologists working in large academic health science centres, the majority estimated that less than 25% of colonoscopies in their facility are attended by an anesthesiologist. Those that reported over 75% of colonoscopies were attended by an anesthesiologist were 58% in medium-sized urban or suburban community hospitals, 76% in small urban or suburban community hospitals, 84% in small rural hospitals, and 94% in non-hospital procedural facilities with a major dedication to endoscopic procedures.

Dozens of narrative comments were received, covering a wide range of views. A few supported de-insuring anesthesia attendance at colonoscopy, and expressed the opinion that nurse-administered sedation for colonoscopy is safe if standards are followed. At the other extreme, there were opinions that anesthesiologists should routinely be involved with colonoscopies for reasons of safety, efficiency, and the preferences of patients and endoscopists. Many seemed to advocate a selective approach to anesthesiologists' involvement, but acknowledged that this would probably encounter logistical and human resource problems. An opinion was expressed that anesthesia assistance at endoscopy is essential to the maintenance of anesthesia presence and skill maintenance in smaller or rural hospitals, and other opinions criticized it as being economically driven. There were differing views on levels of sedation, some feeling that deep sedation is essential to patient comfort and endoscopist success, and others expressing the view that signs of patient discomfort are important feedback to the endoscopist in the interest of preventing excessively aggressive technique and avoiding colonic perforation.

I appreciate all of your interest and input concerning this issue!



Canadian
Anesthesiologists'
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canadienne des
anesthésiologistes
1943 – 2018

CAS CONGRATULATES & RECOGNIZES 2017 NEWLY CERTIFIED ANESTHESIOLOGISTS!

Alexander Amir
Arun Anand
Maged Andrawes
Milène Azzam
Breanna Balaton
Joshua Bennitz
Tonia Berg
Refaat Shawky Boulis Sherif
Amelie Bourque
Geoff Brin
Erin Bruce
Ranko Bulatovic
Justin Byers
Kathleen Carten
Deb Chameli
James Cheng
Raegan Cleven
Melissa Colizza
Theresa Cummings
Maxime De Varennes-Guay
Jose De Wit
Ainsley Decker
Michael Dinsmore
Lei Du
Rebecca Dube
Tristan Dumbarton
Dallas Duncan
Caroline Dussault
Christopher Dyte
Youssef Ezahr
Reza Faraji
Claire Fast

Miguel Fernandez
Joseph Fiorellino
Alex Freytag
Jason Fridfinnson
Nan Gai
Kyle Garrett
David Gauthier
Vincent Généreux
Ainslie Gilchrist
Hardave Gill
Neil Goldenberg
Cameron Goldie
Carrie Goodine
Darren Holland
Linda Hung
Peter Inglis
Mohamed Ismail
Rami Issa
Jessica Ming Jiang
Simon Joly
Marco Julien
Roy Khalaf
James Khan
Patricia Kirouac
Adrian Koziak
Kelvin Kwan
Karen Lam
Christina Lamontagne
Tyler Law
Kenneth Lee
David Levin
Heung Kan Ma

Hilary MacCormick
Diana Su-Yin MacDonell
Brenton John MacLellan
Anne-Marie Madden
Joyce Magalhaes
Philippe Martel
Cyrus McEachern
Colleen McFaul
Sean Middleton
Elizabeth Miller
Marcus Miller
Afra Moazeni
Steven Moore
Farrukh Munshey
Jalal Nanji
Don Nguyen
Kathleen Oman
Suzie Paquet
Joshua Peachey
Amelie Pelland
Pablo Perez D'Empaire
Maria-Alexandra Petre
Francois Pomerleau
Eugenia Poon
Nicole Quigley
Gita Raghavan
Alison Read
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Stephanie Rivard
Joshua Robert
Karoll Rodelo Ceballos

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Juan Ruiz Escuder
Kelsey Rutten
William Schultz
Serena Shum
Jennifer Smallwood
Alistair Smith
Christina Staniforth
Benjamin Steinberg
Erica Stone
Mathilde St-Pierre
Alexander Suen
Yahui Tammy Symons
Jenny Thompson
Sarah Tierney
Kira Tone
Raphaelle Trudeau-Rivest
Mireille Turcotte
Liliya Valeeva
Michael Vargo
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IN MEMORIAM: DR JOHN FEINDEL, CAS PAST PRESIDENT

15 JULY 1931 – 18 JULY 2017



Dr John Howard Feindel, MD, CM, FRCPC, passed away peacefully on 18 July 2017. He was born in Bridgewater, Nova Scotia on 15 July 1931. He was athletic in his youth next to the sea, swimming, rowing, and sailing—with skiing, skating, and hockey in the winter.

John graduated in medicine from McGill in 1956, practised general medicine in Annapolis Royal, and began his residency in anesthesia in 1960 in Montreal. He began practice as an anesthesiologist in 1964 at the Halifax Infirmary, where he became head of the Department of Anesthesia in 1969. He was instrumental in the establishment of the Surgical Intensive Care Unit at the hospital and was the first to use lumbar epidural anesthesia for obstetrical care at the Halifax Infirmary. His patients remembered him for his kindness and good nature. He was also an Assistant Professor at Dalhousie and active in the Nova Scotia Medical Society.

John became President of the Canadian Anaesthetists' Society (as it then was called) in 1976 and served on the Council for many years. He remained active in the CAS after his presidency and was the founder of the CAS Standards and Quality Committees, on which he continued to serve for many years. In 1987, he was a recipient of the Golden Jubilee Medal for fostering improved harmony between the French and English anesthesiologists of Canada. In preparation for his Presidency at the Canadian Anaesthetists' Society he learned French (at age 51!), so he could make the annual meeting address in both official languages.

After his retirement, he remained active in volunteer activities. He served as the Chair of the Lunenburg County Community Health Board and was a member of the Ethics and Respite Care Committee for the Western Regional Health Board. He was a Member Emeritus of the Canadian Anesthesiologists' Society. He became an avid artist creating many fine paintings. His love of skating and walking on the Bedford waterfront kept him fit. Anyone who saw him on his speed skates would marvel at how much he enjoyed the freedom and speed on the ice, even at age 85. After skating, he would go with his skating buddies for coffee conversation about world affairs.

John is survived by Alyce, his wife of 62 years, his four sons and nine grandchildren.

The many skills that John had learned in his youth he carefully passed on—despite the demanding schedule of his professional life, he always took time with his family. He taught his boys everything from communication to navigation, swimming, sailing and sailboat racing, rowing, water-skiing, downhill and cross-country skiing, skating, hockey, carpentry, and much more. There were many great sailing and skiing adventures, and of course playing hockey on frozen lakes and ponds. For many years, he was the patriarch to the Feindel family and lived up to the role by sharing his love and understanding to all family members.

“ He was instrumental in the establishment of the Surgical Intensive Care Unit at the hospital and was the first to use lumbar epidural anesthesia for obstetrical care at the Halifax Infirmary. His patients remembered him for his kindness and good nature.”

IN MEMORIAM: DR ARTHUR SCOTT

28 MARCH 1923 – 14 APRIL 2018



Dr. Arthur Angus Scott, MD, FRCPC, passed away in Victoria, British Columbia on 14 April 2018 after a lengthy illness.

Arthur is survived by his wife Sallie, a retired cardiac anesthesiologist; three children; and seven grandchildren. He was predeceased by one son.

Arthur was born in the village of Holstein, Grey County, Ontario. He was the youngest of six children and his mother died in childbirth. He attended a one-room schoolhouse and, after the death of his father, left school in grade 10 to help support his stepmother. After World War 2, returning from four years overseas in the RCAF, he completed high school in an accelerated veterans' program, earned an MD at the University of Toronto (U of T) in 1953, and spent the next 10 years as a family doctor in Sault Ste. Marie, Ontario.

He returned to Toronto in 1964 to specialize in anesthesia and, soon after finishing, he became director of the Toronto General Hospital (TGH) Intensive Care Unit, a post he held for the next 10 years. He became chief of anesthesia at TGH and chair of the U of T department of anesthesia (1977 – 87.) From 1987 to 1992 he held short-term posts as vice president of medical affairs of TGH, chief operating officer of the Toronto Western Hospital, and medical director of the University and Veterans Hospitals in Vancouver.

Arthur worked to elevate the status of anesthesia and its contributions to patient care. Completing one of the first workforce studies, he persuaded the government to increase anesthesia residency positions. He provided his colleagues more time to teach, to participate in intensive care, to do research, and to serve on hospital and community committees.

During his professional life, he wore many hats. He was an active consultant to many hospitals throughout Canada. He was a co-founder of the Canadian Intensive Care Society, chair of the board of governors of the Toronto Medical Institute of Technology (now the Michener Institute), and president of the Ontario Thoracic Society. During this last post, he was called by the Ontario Minister of Health to cosign a policy outlawing smoking in some public places. Arthur was very amused that he had to put down his pipe to answer the phone. He never smoked again.

Arthur spent his final years with his wife Sallie in Sidney, BC attracted by the opportunity to motor his North Sea trawler around the nearby islands, grow roses, and create a home for their children to visit. He is remembered as a gentleman who led his colleagues with compassion, integrity, and quiet wit.

A memorial donation to recognize Dr Arthur Scott's contributions to the profession can be sent to:

The Department of Anesthesia
University of Toronto
Room 1201, 12th floor
123 Edward Street
Toronto, Ontario, Canada
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“ Completing one of the first workforce studies, he persuaded the government to increase anesthesia residency positions. He provided his colleagues more time to teach, to participate in intensive care, to do research, and to serve on hospital and community committees.”

CAS REPRESENTED ON SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA'S OBSTETRICAL CONTENT REVIEW COMMITTEE

By: Dr Ronald George, Dalhousie University & Dr Valerie Zaphiratos, Université de Montréal

In the spirit of collaboration, the Canadian Anesthesiologists' Society (CAS) and Society of Obstetricians and Gynaecologists of Canada (SOGC) are working together to identify challenges in existing educational and practice resources for those providing care to mothers and their newborns.

Dr Ronald George, an Obstetric Anesthesiologist from Dalhousie University and past-President of the CAS Obstetrics Section, has ignited this collaboration by representing the CAS on the Obstetrical Content Review (OCR) Committee of the SOGC. The OCR Committee has always been comprised of inter-professional representatives from academic and clinical settings, including urban and rural areas across Canada. Through conversations with members of the national anesthesia community, it had been noted that the OCR content, as well as the curriculum for the Managing Obstetrical Risk Efficiently Program (MORE_{OB}), required more robust anesthesia insight and would benefit from additional anesthesia clinical content.

The OCR is a core SOGC committee that is responsible for updating the clinical content for three programs within the SOGC: MORE_{OB}, Advances in Labour and Risk Management (ALARM), and ALARM International. These programs are sanctioned by the SOGC to advance knowledge and skills in obstetrics for both individuals and entire facilities. Many anesthesiologists may already be familiar with MORE_{OB} through facility and provincial initiatives. The OCR maintains consistency for the three programs, ensuring material is relevant and evidence-based. The OCR maintains comprehensive databases consisting of best evidence reference material for each chapter topic of the ALARM, ALARM International and MORE_{OB} programs. The SOGC employs a literature review specialist to support the work of this committee. Lastly, the model of collecting and maintaining a database of relevant evidence is utilized by the SOGC to assist with maintaining its highly regarded clinical practice guidelines.

ALARM was developed by family physicians, obstetricians, midwives, and nurses who still continue to maintain and teach the course. Supported by the SOGC, the ALARM course arose out of work to improve the care provided to women during labour, their babies, and their families. The content of the course is evidence-based and is consistent with all the SOGC Clinical Practice Recommendations. MORE_{OB} is a comprehensive quality improvement program that creates a culture of patient safety in obstetrical units. It integrates professional practice standards and guidelines

with current and evolving safety concepts, principles, and tools. SOGC partnered with Salus Global Corporation, which expanded the MORE_{OB} program and introduced a broader hospital patient safety program. MORE_{OB} recognizes patient safety as the fundamental principle. Improved patient safety within the hospital environment requires substantive, sustained change within the clinical practice culture and care delivery systems. MORE_{OB} helps the patient care team build a new practice model in which all disciplines work and learn together to create a community of practice that is informed by evidence and experience thereby breaking down traditional hierarchies and establishing an environment of respect, trust, and continuous learning.

Together the CAS and SOGC will work to identify gaps in existing educational resources that support all clinicians who provide perinatal care. As a member of the OCR, CAS representatives can aid in guiding the revision of existing programs and supporting the development of new content and resources. This also represents an opportunity for the CAS to learn from the experiences of the SOGC and to consider an equivalent model of evidence maintenance, similar to the OCR process. Dr George invited Dr Valerie Zaphiratos, an Obstetric Anesthesiologist from the Université de Montréal and Secretary of the CAS Obstetrics Section to join the OCR Committee, and together they will contribute expertise in obstetric anesthesiology. In the next stage of this collaboration, Drs George and Zaphiratos will be extracting and reviewing the sections from the ALARM chapters related to labour analgesia to ensure that the best evidence is represented. A new chapter entitled "Analgesia in Labour" will appear in the 2019 edition of ALARM. The goal of this new chapter will be to provide participants with additional labour analgesia expertise and a greater understanding for the role of the Obstetric Anesthesiologist during labour and delivery.

We look forward to a fruitful and engaging relationship with the SOGC for years to come. In the future, opportunities might exist for CAS to undertake similar initiatives and to bring up-to-date evidence in organized modules to anesthesiologists throughout Canada.

PROPOSAL FOR A NEW CAS SECTION ON SUSTAINABLE AND ENVIRONMENTALLY FRIENDLY ANESTHESIA

A new CAS Section has been proposed and an organizing meeting will be held at the 2018 Annual Meeting in Montréal. The goal is to promote environmentally sustainable practice initiatives in anesthesia and perioperative medicine.

The organizing group intends to involve stakeholders across the health system to promote environmentally friendly practices in anesthesia and perioperative medicine through generation and dissemination of knowledge regarding the environmental impact of our practice and ways of reducing the carbon footprint of anesthetic practice across Canada.

Climate change is a growing concern to health and safety and human influence on the climate needs to be minimized as acknowledged by the World Health Organization (WHO). The healthcare industry is a major contributor of greenhouse gas (GHG) emissions, which may indirectly affect community health. A recent report on GHG emissions from the United States estimated the burden attributable to the health sector to be 4 – 10% of the national total. This GHG contribution from healthcare has increased 30% over the last decade. All of us as healthcare professionals have a responsibility to improve the health of the society—we need to acknowledge and address our own contribution to this burden. It is time to adopt environmentally sustainable practices in anesthesia and perioperative medicine. Further, sustainability should become a consideration when planning the delivery of healthcare.

The proposed new section will act as a central site for communication among Canadian anesthesiologists on topics relevant to environmental sustainability in perioperative medicine. The section is to encourage free discussion and to promote research on how to decrease the environmental burden from anesthesia practice. In future, section events will provide a mechanism to meet Royal College requirements for continuing education. The section is proposed as a multidisciplinary initiative of those with clinical, academic, and administrative expertise within the various subspecialties of anesthesia across Canada. It will offer initiatives in education and professional development, knowledge translation, and research.

AMONG THE GOALS OF THE SECTION:

- generation of evidence on the impact of current anesthesia practices and ones which have a smaller environmental burden
- implementation of system and practice changes that favour environmental sustainability including the reduction of disposable materials and OR waste.

The proposal for the new section will go to the CAS Board of Directors for approval at the June 2018 meeting.

Watch the final Annual Meeting Program for information on the section organizing meeting and get involved!

Organizing Co-chairs: Rakesh Sondekoppam
and Timur Özelsel, Edmonton



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We are pleased to announce that registration for the 2018 10th Annual Anesthesia for Global Outreach Course is now open. This year's course will be hosted at Boston Children's Hospital, Boston, Massachusetts from October 26 – 28, 2018.

In 2008, the Dalhousie Department of Anesthesia, Pain Management and Perioperative Medicine launched *Global Outreach: Anesthesia in Challenging Environments*, a training program that prepares anesthesiologists from Canada and the U.S. for global missions.

The current *Anesthesia for Global Outreach Course* is an annual three-day course that focuses on novel techniques and equipment for delivering anesthesia care in underserved environments—the conditions under which 80% of the world's anesthesia care is delivered.

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- Identify the preparations needed to safely work in austere conditions specific to the practice of anesthesia including intellectual, technical, ethical, and attitudinal factors.
- Discuss and demonstrate various means of delivering educational programs in resource poor environments such as the use of simulation to practise clinical and technical skills and care delivery.
- Discuss the psychological and ethical adaptations that occur when working in an austere practice environment.

For more information on the 2018 *Anesthesia for Global Outreach Course* and to register, please visit: www.AnesthesiaGlobalOutreach.com

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A/Professor Duminda Wijeyesundera

Dr Wijeyesundera is an Associate Professor in the Department of Anesthesia and the Institute of Health Policy Management and Evaluation at the University of Toronto, as well as a Staff Anesthesiologist at the Toronto General Hospital, Canada.



Professor Joyce Wahr

Professor Wahr currently serves as Medical Director of the Perioperative Assessment Centre at the University of Minnesota, and is spearheading development of the Perioperative Surgical Home at the University of Minnesota.



Professor Lars Eriksson

Professor Eriksson is Professor of Anesthesiology and Intensive Care at the Karolinska Institute and Head of Research and Education in Perioperative Medicine and Intensive Care at the Karolinska University Hospital, Stockholm, Sweden.



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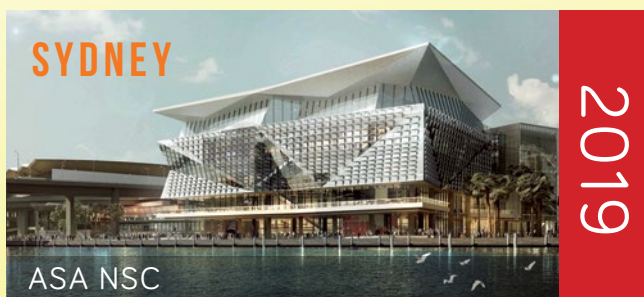
Professor Moseley is a pain scientist and physiotherapist with 270 articles and six books, including *Explain Pain* and *Painful Yarns* (the two highest selling pain books internationally) under his belt. He has given 65 plenary lectures at major international meetings in 26 countries.

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