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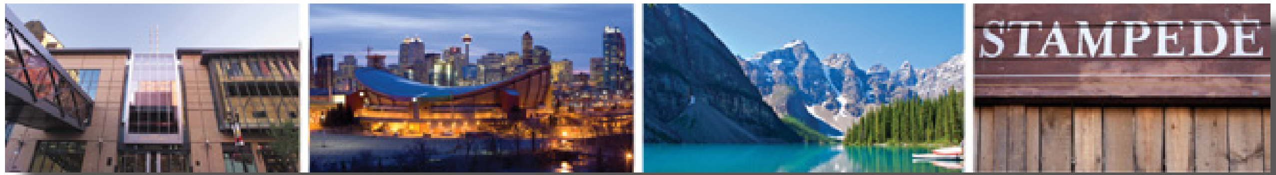


Your Invitation to the CAS 2013 Annual Meeting

On behalf of the Annual Meeting Committee, I am delighted to invite you to the 2013 Annual Meeting of the Canadian Anesthesiologists' Society (CAS) in Calgary from Friday, June 21 through Monday, June 24. Our theme for 2013 is "New Developments in Anesthesiology".

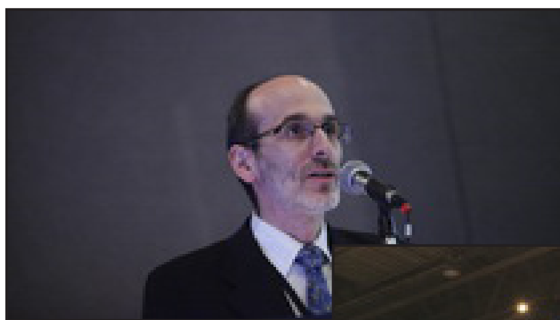
The CAS Annual Meeting is a widely recognized gathering of anesthesiologists who share in supporting education exchange and innovation, recognizing important scientific work and promoting dialogue with our national and international colleagues. This year's technical program features a diverse range of thought-provoking plenary sessions and workshops that cover issues specific to anesthesiology, including new developments and content in all areas of our specialty. Addressing the needs of anesthesiologists at all levels of knowledge and expertise, the Annual Meeting will also enable members to accumulate CME credits.

And don't forget that the 2013 Annual Meeting isn't just about anesthesiology … It's about experiencing the warm hospitality and local adventures that await you in one of Canada's many well known "western" cities, Calgary. It's about bringing your family to explore new and interesting activities both in and around Calgary. It's about signing up for the "must attend" event on the CAS calendar!

Calgary awaits you. Please register today. Visit the CAS website and click on the "Calgary" button. More details on the program, hotel and other information will be available later in March.

We look forward to welcoming you to Calgary and sharing our cultural and historical "gems".

Dr Daniel Bainbridge, FRCPC
Chair
Annual Meeting Committee



In This Issue

Your Invitation to the CAS 2013 Annual Meeting 1
Highlights of the 2013 Annual Meeting 2
The Self Assessment Program from the ***Canadian Journal of Anesthesia* —** CPD Online........ 3
News from CAS 4
CAS has a Facebook Page! 5
News from Research: Progress Report 6
Recognizing CAS Honour Award Winners 8
Advance Care Planning: Sooner Rather Than Later........ 9
Resident Report from Dr Jennifer Racine.... 10
From Our Inbox 13
Meet a CAS Member: Dr Ron George 16
Meet a CAS Member: Dr Julie Lajoie 18
The First Canadian Anesthesiologists: Horace Nelson and John H Webster 20
CAS IEF Symposium, Reception and Dinner........ 22
CMA Recognizes CAS' and CAS IEF's Work in Rwanda 22
Board Update 23

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Highlights of the 2013 Annual Meeting

President's Reception and Dinner: Now being held on Saturday evening, join us for "western" culture and big city sophistication. And don't forget that western casual (jeans and shirt, white hat optional) will be required!

Academic plenary sessions and forums, and workshops: Hear from leading national and international speakers, network with fellow anesthesiologists and expand your educational horizons.

Excellent value for your registration fee, hotel rebates and other cost-saving benefits: plenty of good reasons to get your registration form in as soon as possible.

Include your family: Calgary is a "family friendly" place with many exciting tourist attractions. Beyond Calgary, there's plenty more to explore and experience … Banff and Banff National Park, Jasper, Lake Louise and Drumheller (the "Dinosaur Capital of the World"), to name a few. From staying at a ranch, visiting a museum, hiking and horseback riding to cycling, boating and trying out the latest ride at an amusement park, it's all within easy reach.

NEW Recognition Event for Newly Certified Anesthesiologists: An invitation-only event to recognize the 2011 and 2012 newly certified anesthesiologists.

Dr Angela Enright Lecture, Dr Pierre Limoges Lecture and Dr Ross C Terrell Lecture: This year's lectures offer an impressive array of inspiring speakers and features topics such as "Oil, Natural Gas, Bitumen and Physician Leadership" and "Adult Congenital Heart Disease".

Political Forum: Not to be missed in 2013, the Forum features four distinguished speakers from Canada, the US, Australia and the UK. Different viewpoints and perspectives promise an interesting session – the topic is hot and timely: "International Approaches to Maintenance of Certification: Can we Manage Maintenance of Competence?"

Poster Displays and Discussions: Browse the posters on display in the Exhibition Hall and participate in the stimulating discussion sessions. The talent will impress you!

Inaugural Dr John Wade – CPSI Patient Safety Symposium: Debuting in Calgary in 2013, Dr Wade will be a featured speaker and the event promises interesting perspectives on patient safety.

CAS IEF Reception and Dinner: The setting is historic Fort Calgary. The event is an opportunity to meet and catch up with fellow delegates *and* to hear from Dr Mark Kostash, an anesthesiologist who has completed many missions with Doctors without Borders.

And there's more… enjoy the Welcome Reception on Friday, June 21, learn about new products and innovations at the Trade Exhibit, sign up for a scenic two-hour walking tour of Calgary on Saturday, June 22, consider participating in the Fun Run for CARF (or at least cheering for the runners) …

A recipient of the 2011 Royal College Accredited CPD Provider Innovation Award

The Self Assessment Program from the *Canadian Journal of Anesthesia* — CPD Online

NEW CPD MODULE: Ultrasound-guided regional anesthesia for upper limb surgery **(March 2013)**

ALSO AVAILABLE

- Massive transfusion in the trauma patient **(December 2012)**
- Competency-based professionalism in anesthesiology **(September 2012)**
- Fluid and vasopressor management for Caesarean delivery under spinal anesthesia **(June 2012)**
- Postoperative delirium: risk factors and management (**March 2012**)
- Airway management in the patient with potential cervical spine instability (**December 2011)**
- Anesthetic management of patients with an anterior mediastinal mass (**September 2011)**
- Assessment and treatment of preoperative anemia (**June 2011)**

HOW TO ACCESS THE MODULES

Instructions can be found on the Canadian Anesthesiologists' Society website at: http://cas.ca/Members/CPD-Online

Successful completion of each module of the self-assessment program will entitle readers to claim four hours of continuing professional development (CPD) under section 3 of CPD options, for a total of 12 maintenance of certification credits. Section 3 hours are not limited to a maximum number of credits per five-year period.

Publication of these modules is made possible through unrestricted educational grants from the following industry partners:

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News from CAS

CAS AND CPSI SIGN FORMAL PARTNERSHIP AGREEMENT

Dr Daniel Chartrand, FRCPC
Chairman, Patient Safety Committee, Canadian Anesthesiologists' Society

Pierrette Leonard
Senior Advisor – National Partners
Canadian Patient Safety Institute

From the first initiatives to develop a national patient safety agenda, it has been recognized that improving quality and safety in the Canadian health system will require commitment of individuals and strategic partnerships among leaders of health organizations. It is within this spirit that the Canadian Anesthesiologists' Society (CAS) and the Canadian Patient Safety Institute (CPSI) recently established a closer and more formal relationship through the signing of a formal partnership agreement. The agreement, based on a set of guiding principles, validates a common set of objectives in advancing the safety of healthcare services for Canadians. The agreement also makes any future collaboration between the two organizations more explicit and strategic.

The formal partnership was also the impetus for the creation of the annual John Wade-CPSI Symposium to be launched at the 2013 CAS Annual Meeting to commemorate Dr John Wade's contribution to safe practices in anesthesia. John, a well-known colleague in the anesthesia community, was the founding Board Chair of CPSI in 2003. Prior to this, John was Chair of the National Steering Committee on Patient Safety, the committee responsible for recommending to the First Ministers of Health in 2002 that a Canadian Patient Safety Institute be created to increase awareness of safety matters in the Canadian healthcare system, as well as provide tools and resources for healthcare providers to advance safer care for Canadians. The First Ministers ultimately agreed and gave the go-ahead to Health Canada to create CPSI in 2003.

The agreement further builds upon a number of previous collaborations between the CAS and CPSI in recent years to work together and collaborate on patient safety initiatives, such as the creation of the R A Gordon Patient Safety Research Award, a collaboration with the Canadian Anaesthesia Research Foundation. Between 2006 and 2009, four fellowships were awarded to fund the development of leading practices for achieving optimal patient outcomes in the practice of clinical anesthesia.

In reaching this new partnership agreement, CAS and CPSI saw a common interest in further collaborating on initiatives that advance the national patient safety agenda within the context of their own missions and mandates.

The CAS vision calls for *"Innovative leadership and excellence in anesthesiology, perioperative care, and patient safety"*, and the purpose of its mission is to enable anesthesiologists to excel in patient care through research, education and advocacy. Patient safety is a key strategic issue for the CAS and its members. The CAS, especially through the initiatives promoted by its Patient Safety Committee, is committed to promote and advocate a comprehensive patient safety program that serves patients and CAS members, to establish initiatives that address specific areas, such as safe medication practices, simulation, anesthesia safety database, workplace human factors, education and research, and standards. The Patient Safety Committee also advises the CAS Board of Directors regarding patient safety matters.

CPSI's principal mandate is to develop a safer healthcare system for Canadians. Its strategic priorities include improvement of patient care through learning, sharing and implementing interventions that are known to reduce avoidable harm; building governance capability; support networks; and increase capacity through evidence-informed resources and tools. The CPSI Strategic Plan, annual Action Plan, and roles as an integrator, promoter, catalyst and broker form the principal basis of establishing a mutual patient safety agenda with CAS.

In keeping with guiding principles and partnership goals, both organizations have pledged to:

- facilitate and help broker implementation of safety practices within the team in the operating room;
- work together in promoting the CPSI *Safety Competencies* educational framework and integration of the *Safety Competencies* into the anesthesia academic community in collaboration with the Association of Canadian University Departments of Anesthesia;
- collaborate on bringing the patient voice in its endeavours together;
- collaborate on sharing learning from patient safety incident reporting and analysis; and
- work together to identify the specific patient safety challenges and barriers impacting healthcare delivery in Canada, in collaboration with other like-minded national organizations in Canada and the U.S.

continued on page 5

The kick-off for the new agreement will occur at this year's CAS Annual Meeting in Calgary, AB, in June, with the inaugural John Wade-CPSI Patient Safety Symposium entitled "*Watching Closely Those who Sleep*", reminiscent of the old CAS motto before the current one "*Science - Vigilance - Compassion*" was chosen. This new annual symposium, co-developed by the CAS and CPSI, honours John Wade's exceptional contributions to anesthesia and patient safety.

Dr Wade will first present on the historic contribution and leadership of Canadian anesthesiologists to improve patient safety in the operating room, on the origins of CPSI, and recognize the historical and actual contribution of Canadian anesthesiologists to improve patient safety in the operating rooms and elsewhere. Improving patient safety in the operating room has been anesthesiologists' main concern long before it became mainstream! Dr Alan Merry, from New Zealand, will then present some of the major patient safety initiatives created and/or supported by the CAS and the World Federation of Societies of Anesthesiologists (WFSA) (CAS is a member of the WFSA) such as the LifeBox Project, as well as on interactions with the World Health Organization (WHO). Both presentations will be followed by a panel discussion/questionl period.

In closing, the Board of Directors and staff of both organizations see a fundamental value for increased coordination and partnering so that the focused and important efforts of each organization are better integrated with respect to patient safety and quality care. The partnership will also better serve the health system, the members of CAS, and all health providers to improve patient safety within their organizations.

AN INVITATION FROM THE CARDIOVASCULAR THORACIC SECTION

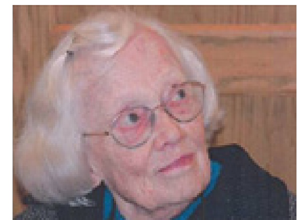
Calgary 2013 is rapidly approaching! The Cardiovascular and Thoracic (CVT) Anesthesia Section will be hosting the fourth annual "Perioperative Ultrasound: Best Cases". Again, the CVT Section President, Dr André Denault, will be awarding a certificate to recognize the best presentation. Previous years' cases included images from TEE, trans-thoracic and point-of-care ultrasound.

We had excellent feedback for these sessions and hope to build on the momentum established. We invite you to submit a case (TEE, TEE, POCUS, etc.) that you would consider presenting. I anticipate that each presentation would last 10 minutes, including time for questions from the audience. A teaching point or teaching summary should be included in the submission. You may ask that your case be presented anonymously on your centre's behalf. The cases will be reviewed by the CAS CVT Section Executive and you will be informed whether or not your case has been selected.

A brief description of the case, a written description of the proposed echo loops and teaching point emailed to me would suffice.

Dr Robert Chen, FRCPC
chenr@smh.ca
Perioperative Echo Chair
CVT Anesthesia Section

IN MEMORIAM: DR JEAN TEMPLETON HUGILL



Dr Jean Hugill, a CAS Emeritus member, passed away peacefully on September 11, 2012 in Vancouver. Dr Hugill was the first woman to practise anesthesiology on the West Coast, including many years at Vancouver General Hospital and on the faculty at the University of British Columbia.

Dr Hugill was one of four notable Canadian women anesthesiologists profiled in an article by Dr MJ Douglas in the December 2012 issue of *Anesthesia News* (page 17).

CAS has a Facebook Page!

"Like" our Facebook page here.

Keep informed: The page will feature updates, photos, Annual Meeting posts and more. As well, we invite you to post, comment and share as much as you can.

Challenge to CAS members: We need 30 "likes" to shorten our Facebook URL – click away!

News from Research: Progress Report

2011 Career Scientist Award in Anesthesia

Dr Ronald George, FRCPC
Dalhousie University and
IWK Health Centre
Halifax, NS

Enhancing Analgesia and Anesthesia for Women and High-risk Pregnancies

This is the third progress report for the 2011 CAS Career Scientist Award. The past 18 months have been busy and also very productive. The continued support of the CAS for my research program – *Enhancing analgesia and anesthesia for women and high-risk pregnancies* – moves my research agenda ahead.

Summary of Progress

The objectives of the CAS Career Scientist Award were to establish two objective-driven tracks of clinical research. I have attempted to update each of the specific objectives.

Objective Track 1. Spinal anesthesia-induced hypotension

The purpose is to enhance the safety of spinal anesthesia for cesarean delivery by improving maternal hemodynamic parameters.

Study 1.1 – "A double blind randomized controlled trial of phenylephrine for the prevention of spinal induced hypotension in obese parturients" – This two-centre trial is continuing to actively recruit subjects at the IWK Health Centre in Halifax and Duke University. At the time of this progress report 75% of necessary subjects have completed participation. This study is anticipated to be completed in June 2013.

Study 1.2 – "A double blind randomized controlled trial of phenylephrine for the prevention of spinal-induced hypotension in women with high-risk pregnancies" – Development of this protocol is currently ongoing. We had hoped to present this protocol to the Perioperative Anesthesia Clinical Trials (PACT) Group at the winter meeting in January 2013, however due to conflicts with the meeting date, this could not occur. Future avenues for this project are being evaluated.

Study 1.3 – "An observational assessment of the sublingual microcirculation of pregnant and non-pregnant women (Parturient microcirculation – phase 1)" – This trial was presented at the 2012 SOAP and CAS Meetings. The manuscript has recently been submitted to the *International Journal of Obstetric Anesthesia* (Appendix 1). This project demonstrated the microvascular flow index of pregnant women is higher than a comparable non-pregnant group, which appears to correlate the physiological changes of pregnant women. Our microcirculation group has also completed a review article regarding microcirculation in pregnancy. This was recently submitted to Physiological Research. The support of the CAS Career Scientist Award in Anesthesia has been acknowledged. (Appendix 2)

Study 1.4 – "An observational assessment of the sublingual microcirculation of pregnant compared to vaginal submucosal microcirculation (Parturient microcirculation – phase 2)" – We have identified a medical student who will be pursuing this project in collaboration with our Department of Obstetrics and Gynecology in the spring/summer of 2013.

Study 1.5 – "Maternal Microcirculation & SDF Imaging: A novel assessment of the microcirculation during cesarean delivery with spinal anesthesia and the impact of phenylephrine prophylaxis to prevent spinal anesthesia-induced hypotension." – The protocol was recently approved by our institutional REB. We have also received a local grant (IWK Category B - $15,000). We hope to begin recruitment in February 2013.

Study 1.6 – "Maternal Microcirculation and Side-stream Dark Field (SDF) Imaging: A Prospective Assessment of the Impact of Labour Pain and Analgesia on the Microcirculation of Pregnant Women." – This project received funding from the Dalhousie Medical School Summer Studentship Program. The project was completed in September 2012. Results will be presented at SOAP and CAS in 2013. The manuscript is drafted and submission to the *International Journal of Obstetric Anesthesia* is anticipated early in 2013. The support of the CAS Career Scientist Award in Anesthesia will be acknowledged in the manuscript and abstract posters. (Appendix 3)

Study 1.7 – "The effect of adding metoclopramide alone or in combination with ondansetron to a prophylactic phenylephrine infusion for the management of nausea and vomiting associated with spinal anesthesia for cesarean delivery" – This manuscript has been accepted to Obstetrics and Gynecology (December 2012). The support of the CAS Career Scientist Award in Anesthesia has been acknowledged. (Appendix 4)

Study 1.8 – "A randomized controlled-trial to compare the ED50 of phenylephrine infusions for the prophylaxis of spinal anesthesia-induced hypotension with voluven versus crytalloid coload in parturients undergoing cesarean delivery" – This is a new protocol still in development. We are currently seeking operational funding.

Objective Track 2. Women's postoperative and labor analgesia

The objectives of Track 2 are to maximize patient-centered pain management in women.

continued on page 7

Study 2.1 – "Systematic review and meta-analysis of automated intermittent epidural bolus analgesia for labor" – This meta-analysis has been published by Anesthesia and Analgesia. (Appendix 5)

Study 2.2 – "Scored Pain Response Epidural Analgesia Development – An observational trial of patient controlled/pain measured labor epidural analgesia (SPREAD-1)" – Development of this protocol is actively ongoing with collaborators, Drs Jill Chorney, Karim Muhkida, and Matt D'Entremont (Director of Innovation in Design Lab at Dalhousie University). We submitted a "Request for Science & Technology Assistance" to Dalhousie University to enable the development of a pump/data collection prototype. However, this application was unsuccessful. My collaborators and I are searching for alternative funding to build this device; therefore, studies 2.3 and 2.4 are on hold.

Study 2.5 – "A feasibility and .observational assessment of the predictors and consequences of childbirth related pain in nulliparous women" – This project is the foundation for research collaboration with the Faculty of Health Professions and Department of Psychology, examining predictors of persistent postpartum pain. This is an essential step in the development of the larger cohort prospective study, examining persistent pain after childbirth and its impact on women's lives and the lives of their family. This project has recently completed recruitment. Data assimilation and analysis will now take place. This data will likely be presented at ASA in October 2013. Three publications are expected to be submitted, each acknowledging the CAS award. The pilot data will be a prominent part of our CIHR operating grant application in March 2013 – "A prospective study of the trajectory and biopsychosocial determinants of postpartum genito-pelvic pain".

Study 2.6 – "A retrospective assessment of the predictors and consequences of childbirth related pain in nulliparous women" – This project is currently being submitted to the IWK REB. This project is a spin-off of study 2.5.

2012 Dr Earl Wynands/Fresenius Kabi Research Award

Dr Gregory Hare, FRCPC
University of Toronto and
St Michael's Hospital
Toronto, ON

A Prospective Analysis of Methemoglobin as a Biomarker of Tissue Hypoxia During Acute Hemodilutional Anemia in Patients Undergoing Heart Surgery

Summary Report

In establishing a protocol for assessing MetHb as a biomarker of anemia-induced tissue hypoxia, we have accomplished the following:

1) A peer-reviewed manuscript has been prepared and accepted for publication in *Redox Biology*. This represents the beginning of a high-level international collaboration with Dr Rakesh Patel (University of Alabama)
2) Preliminary data has been collected from patients enrolled in a CIHR-funded RCT transfusion trial in cardiac surgery (TRICS2) (Figures 1 and 2). The data supports the hypothesis that MetHb increases in cardiac surgical patients below a nadir HB of 90 g/L.
3) We have acquired support from Nonin to add near infrared cerebral oximetry (NIRS) as an additional outcome for our study. Nonin will supply NIRS probes and an oximeter to study cerebral oximetry in 30 patients.
4) We began recruitment started collecting samples for our prospective study the week of January 14, 2013.

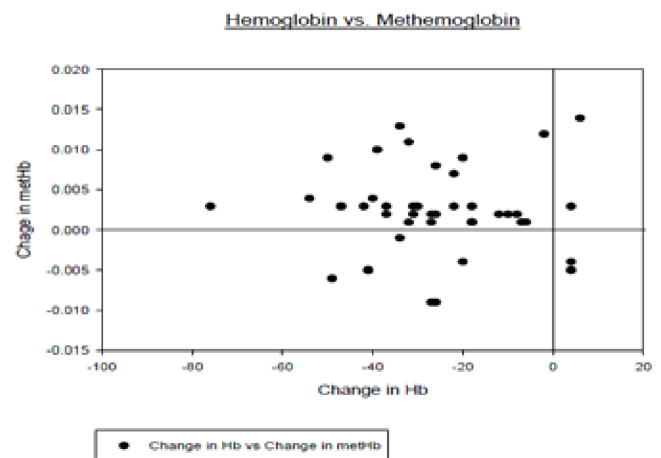


Figure 1: Changes in hemoglobin (Hb) and methaemoglobin (MetHb) levels in 42 heart surgery patients using cardiopulmonary bypass (TRICS2). Each point on the graph represents the delta for Hb and MetHB for each patient. The upper left quadrant shows that 32 patients (76.2%) experienced an increase in the concentration of MetHb while experiencing a decrease in the concentration of Hb. These preliminary findings provide strong support to the hypothesis that MetHb increases in proportion to the reduction in Hb during acute hemodilution on CPB.

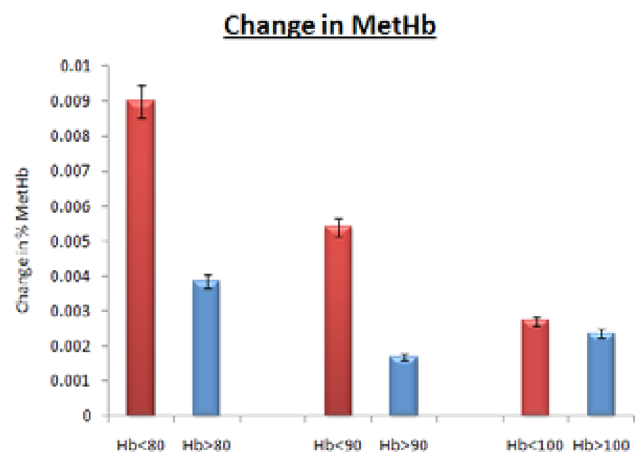


Figure 2: The "Hb threshold" relationship between the changes in postoperative methemoglobin (metHb) levels as a function of hemoglobin levels. When the HB threshold was set at 80g/L, 90g/L, 100g/L, changes in MetHb occurred below a threshold of 90 with an increased impact at Hb 80g/L.

Recognizing CAS Honour Award Winners

A celebration of accomplishments and successes! Join us in recognizing the significant contributions of CAS members at the CAS Awards Ceremony in Calgary on Monday, June 24 at 14:00.

The ceremony will feature the Best Paper Awards, Residents' and Richard Knill Competitions, 2012 Research Program, Operating Grants and Career Scientist Award and Membership Honour Awards, including the Gold Medal, Clinical Teacher, Clinical Practitioner and the John Bradley Young Educator Awards. Our highest honour – the Gold Medal Award – will also be presented to the 2013 recipient.

SNEAK PREVIEW

The Canadian Anesthesiologists' Society congratulates this year's Honours Award recipients: Dr Patricia Morley-Forster, Dr Andrew Baker, Dr Viren Naik, Dr Ashraf Fayad and Dr Deven Chandra.

GOLD MEDAL AWARD An individual who has made a significant contribution to anesthesia in Canada through teaching, research, professional practice, or related administration and personal leadership

Dr Patricia Morley-Forster (London, ON)

Over the past 20 years, Dr Morley-Forster has shown leadership in advancing the clinical practice of pain management, is known as a "remarkable" coach and mentor, and has distinguished herself as an educator among her peers.

RESEARCH RECOGNITION AWARD A senior investigator who has sustained major contributions in anesthesia research in Canada

Dr Andrew Baker (Toronto, ON)

Dr Baker has led an "outstanding" career as a researcher and clinician scientist, and has obtained consistent peer-reviewed funding for his academic programs for 24+ years. He is newly appointed as Chief of Critical Care at St Michael's Hospital.

CLINICAL TEACHER AWARD Excellence in the teaching of clinical anesthesia

Dr Viren Naik (Ottawa, ON)

Dr Naik is known for his outstanding teaching, mentorship and leadership in medical education, and internationally respected as one who "teaches the teachers" and made novel contributions to simulation-based education.

CLINICAL PRACTITIONER AWARD Excellence in clinical anesthesia practice

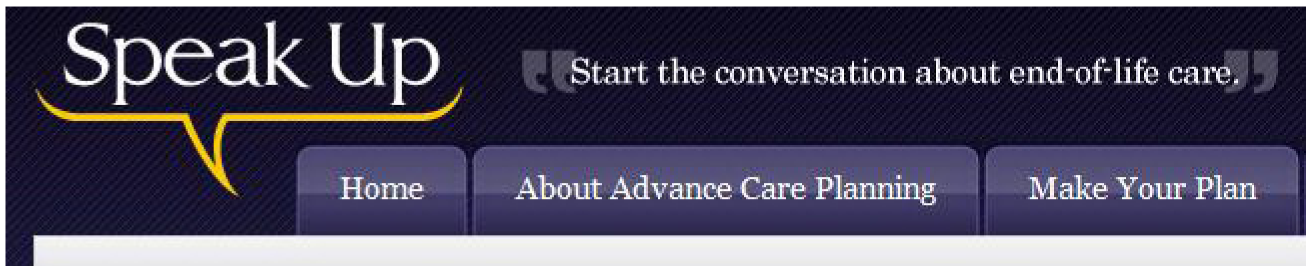
Dr Ashraf Fayad (Ottawa, ON)

Known as the "go to" person for complex cases, Dr Fayad is one of very few certified echocardiographers and shares his expertise and knowledge generously with his colleagues and, implicitly, thousands of patients.

JOHN BRADLEY YOUNG EDUCATOR AWARD Recognition of excellence and effectiveness in education in anesthesia

Dr Deven Chandra (Toronto, ON)

A mentor to many and passionate about medical education research, Dr Chandra shares his enthusiasm freely with his colleagues. He is active on the Examination Committee of the Royal College of Physicians and Surgeons of Canada.



Advance Care Planning: Sooner Rather Than Later

Dr Richard N Merchant, FRCPC
Chair, Standards Committee

Some years ago, I saw in the pre-admission clinic a 50 year-old man proposed for coronary artery bypass surgery. Les wasn't the most sophisticated of men, but he had bad disease. I've met him socially several times since then, and I'm always laughed at because, in addition to talking about anesthesia, I (apparently) asked him if he had made his will … (Actually, I don't really remember this, but it has come up several times.) In retrospect, it is not a bad question: with a perhaps 2% mortality/serious morbidity rate, even a 50 year-old should be prepared for unhappy outcomes. For one of our more typical 80 year-old patients, this is an even more relevant topic for discussion.

"Advance care planning (ACP) is a process that involves letting others know about your future health and personal care preferences in the event that you become incapable of consenting to or refusing treatment or other care. It can be changed at any time, and would only be used if you were not capable of speaking or making decisions for yourself. Each year, more than 248,000 Canadians die, and by 2020, that number will increase to over 330,000".[1]

Approximately 66% of these deaths happen in a hospital environment.[2] "And while many individuals have completed wills and planned their funerals, most haven't talked about the dying part of death – how we want to be cared for when the end is near, and who will speak if we can't speak for ourselves."[1]

Whereas earlier attempts at advance care planning focused on the completion of forms, the more recent and successful focus has been on the patient-centred discussion, involving family, appointment of substitute decision-makers and identification of what the patient would see as an acceptable outcome from any proposed treatment. Such advance care planning is fundamental in caring for the elderly, including in the perioperative setting.[3] Respect for the principles of autonomy, informed consent, dignity, and prevention of suffering necessitate that these discussions take place prior to embarking on any intervention. Without the thoughtful discussion prior to the implementation of interventions, we miss the opportunity to honour these fundamental principles.

Pre-admission clinics are not the optimal location to initiate advanced care planning processes, but in situations of obvious risk for significant perioperative compromise, the "complete care package" may include either direct involvement in this process or referral to family doctors or other agencies for this discussion. A successful elective initiative of this nature was described in *Anesthesiology* several years ago.[4] Similarly, emergency cases really should have such thought, though many circumstances can make this a very challenging discussion, and the involvement of "Ethics Care" teams may be something a group might consider developing.

In Canada, the National ACP Task Group is proposing a national initiative on April 16, 2013: "National Advance Care Planning Day, a day for you and others to reflect on decisions made at the end of life. This is a day to begin a conversation with a loved one about their wishes for end-of-life care – or it might remind you to review your own plan."[5] The CAS encourages members to consider involvement at a local level with this important initiative.

Acknowledgement: My thanks to Dr Joelle Bradley, Hospitalist at the Royal Columbian Hospital, for her review and suggestions.

1 http://www.advancecareplanning.ca/media/23203/speakuparticleb.pdf
2 http://www.statcan.gc.ca/pub/84f0211x/2008000/t012-eng.htm
3 Silvester, W. Detering K. Advance directives, perioperative care and end-of-life planning. Best Practice & Research Clinical Anaesthesiology, 2011:25,3 pp. 451-460
4 Grimaldo DA, Wiener-Kronish JP, Jurson T, Shaughnessy TE, Curtis JR, Liu LL. A Randomized, Controlled Trial of Advance Care Planning Discussions during Preoperative Evaluations. Anesthesiology 2001;95(1)
5 http://www.advancecareplanning.ca/about-advance-care-planning/what-is-national-advance-care-planning-day.aspx

Resident Report from Dr Jennifer Racine

2012 Australian Society of Anaesthetists' Annual National Scientific Congress

In September, I was fortunate to escape the start of a cold Canadian autumn for a sunny Australian spring by attending the 2012 Australian Society of Anaesthetists' (ASA) Annual Scientific Congress with the support of the CAS. It being my first time in Australia, I took the opportunity to get acquainted with the famous city of Sydney. There, I visited the Opera House and ate great fish and chips on Bondi beach.

After Sydney, I flew to Melbourne. Its many coffee shops and tiny laneways full of quaint stores added to the city's charm. This beautiful cosmopolitan city reminded me of Montreal and is definitely somewhere I would like to return.

Arriving in Hobart, where the conference took place, I discovered the rich history of Tasmania. It is named after the Dutch explorer, Abel Tasman, the first European to sight the island in 1642. The first British colony established in 1803 consisted mainly of convicts and military guards, who were tasked with developing agriculture and other industries. There was a strong Aboriginal resistance to this colonization and troops were deployed across much of Tasmania to drive the Aborigines into captivity on nearby islands. As is the case in Canada, government reparation to the relationship is ongoing.

Tasmania has one of the largest marsupial populations in Australia and over a dozen species of birds are native to the state. Undoubtedly the most famous animal in Tasmania is the Tasmanian devil. Unfortunately it is under threat of extinction, suffering from Devil Facial Tumour Disease (DFTD), an aggressive non-viral transmissible parasitic cancer likely originating in Schwann cells. It affects a high-proportion of the population with 100% mortality.

Anesthesiologists might be interested to know that Tasmania is the largest opium poppy processing state producing about 50% of the world's legally concentrated poppy straw for morphine and related opiates. Other major players are Turkey with 23%, France 21% and Spain 4%. Most of Tasmania's exports are opiates including codeine, and thebaine. The poppy industry is a major financial contributor to Tasmania's economy.

Now let's get to the conference. Let me just say WOW! The theme for the highly successful 2012 event was "Pushing the Boundaries" and the goal was to challenge anesthesiologists in multiple disciplines. Highlights included workshops, small group discussions, enlightening international plenary session speakers, riveting debate and lively follow-up discussions. The event offered an enriched learning experience in a warm and collegial atmosphere.

To go along with the theme, the introductory lecture given by Professor Donald Chalmers focused on the ethics of human genome and embryo stem cell research. He addressed the future of personalized medicine and its challenges. It seems that there is a growing focus on this subject. Sooner than we think, we might be scanning someone's DNA-coded armband pre-surgery and tailoring this individual for a specialized anesthetic. Is this too far-fetched or is this the future?

I also enjoyed international speaker Professor Kelly McQueen's talk. She addressed the challenges of global health and its relationship to anesthesia, discussing the global burden of surgical disease and the growing public health concerns. Her captivating lecture and pictures from her various trips made me realize how lucky we are. We provide care using "top of the line" anesthetic drugs and equipment, often taking it for granted. In some third world countries, if anesthesia is available, it is often delivered with inadequate monitoring, without oxygen and a provider with limited education and training. Dr McQueen indicated that the anesthesia-related death rate can be as high as 1/140! I really value her work and hope to be able to provide a contribution at some point in my career.

Professor Simon Mitchell's lecture also proved to be very fascinating. He is an anesthesiologist and diving physician. He gave a talk about an Australian cave diver who in 2005 suffered fatal respiratory failure at extreme depths. Video from a camera mounted on the diver's helmet recorded the circumstances. Professor Mitchell went into detail on the respiratory physiology of cave diving and the possibility of respiratory failure. Analysis of the video revealed a progressive dyspnea that ultimately ended with characteristic "coughing exhalations" and respiratory arrest. This captivating talk inspired me to purchase the book *Diving Into Darkness*

continued on page 11

Petting my first kangaroo in Tasmania

Gala dinner: sitting with previous ASA Presidents

by Phillip Finch (2005), an incredible but sad story about human endurance.

Having a special interest in pursuing a fellowship in obstetrical anesthesia, this conference was the perfect opportunity to attend lectures on the latest trends, such as the informative session by Dr Pierre Diemunsch from the University of Strasbourg, France, on recent updates in obstetric anesthesia. I met Professor Michael Paech, the Chair of Obstetric Anaesthesia in Perth, Australia, who presented the growing challenges of obesity and the parturient. He and I had the opportunity to discuss the various topics as well as available fellowship opportunities, something I am strongly considering.

The GASACT (Group of ASA Clinical Trainees) Committee organized the Sunday with sessions focused specifically for Residents. Dr Neville Gibbs discussed the top 10 papers in anaesthesia and intensive care in 2011. The discussion centered on the Australian and New Zealand College of Anaesthetists' (ANZCA) curriculum in 2013. The Residents in Australia are in the process of changing their curriculum, and a series of change management activities is currently underway in Australia and New Zealand to prepare for the implementation. These include workplace-based assessment workshops and development of online resources. Based on recommendations, the College adopted our famous CanMEDS© roles in their curriculum framework as well as the display of the CanMED logo. This I found interesting since it was actually developed in Canada by the Royal College of Physicians and Surgeons of Canada (Royal College) in 1990. This is an innovative concept that describes the core knowledge, skills and abilities of specialist physicians known as the CanMEDS Physician Competency Framework, formally adopted by the Royal College in 1996.

Under the revised Australian program, trainees will complete the training over four periods: introductory training (26 weeks), basic training (78 weeks), advanced training (104 weeks) and provisional fellowship training (52 weeks). Progression through each of the four training periods is dependent upon the trainee successfully completing the requirements for each period. During the first six months of training, trainees must successfully complete an initial assessment of anesthetic competence before being eligible to move to basic training. Once progression to basic training has been approved, trainees can complete any of the 12 specialized study units within the curriculum. Is the introduction of an interim examination worth considering in our Canadian curriculum? It is something to think about. It could help alleviate the stress of the one and only final exam.

Other discussions focused on incorporating a trainee logbook. Canadian trainees started this a couple of years ago. The Australian concept consists of an online database where Residents can input their procedures and accomplishments, and cases seen throughout their whole Residency program. This tool helps the program assess whether or not trainees have enough exposure to different specialties and if they have done enough procedures in order to be considered experienced and skillful at the end of their training. A lot of the discussions centered on the concerns of how to keep the information confidential and accurate. Some Australian Residents are worried that it might not help or be useful. After sharing how our logbook works in Canada with the Residents and staff, the feedback was more positive.

A Resident lunch was organized, which I found very enjoyable. Residents and staff were interspersed at tables for a nice sit-down lunch and discussed a range of topics from the organization of training programs across Australia to more talk on fellowship opportunities, while enjoying Australia's finest wines. It was also a great opportunity for the Residents to network with staff anesthetists from all over the country and to ask questions.

A cocktail night at the MONA (Museum of Old and New Art) was another social highlight of the conference. Lonely Planet ranked Hobart as number seven out of the top ten cities to visit in 2013, citing MONA as a major tourist attraction. During the evening, I met Dr Richard Chisholm, CAS Past President, and socialized with Canadian colleagues from Calgary amid tons of great food, wine and "out of the ordinary" exhibits. This superb conference was capped off by the gala, one of the finest evenings I have ever attended. Tuxedos, ball gowns, a wine sommelier and a full jazz band – Australians definitely know how to do it right! I was extremely lucky to be seated with past ASA presidents and we had great conversation and many laughs.

I would like to thank CAS and ASA for this amazing opportunity. It was certainly a highlight of my Residency. I established many professional contacts and am looking forward to strengthening them during the course of my career. This conference foretold of an amazing future!!

Dr Jennifer Racine is a 4th year Resident at Western University in London.

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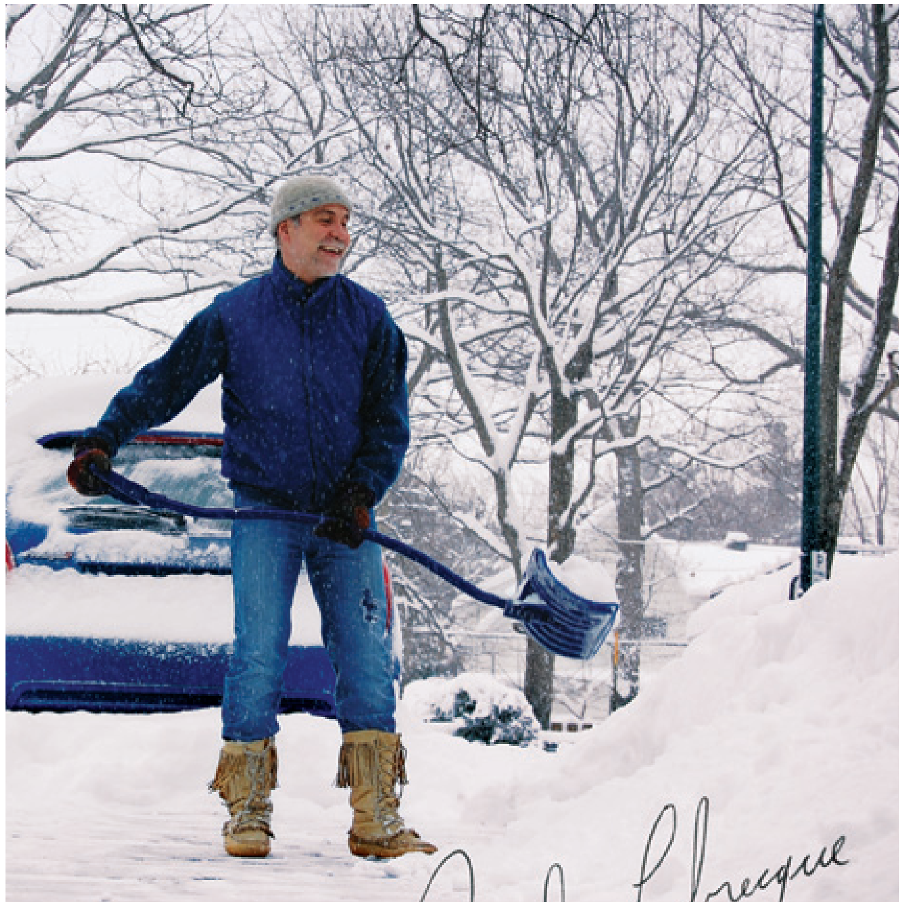

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From Our Inbox

2013 Royal College McLaughlin-Gallie Visiting Professor

Congratulations to **Dr Frances Chung** who is the recipient of the Royal College of Physicians and Surgeons' of Canada's invitation to be the 2013 Royal College McLaughlin-Gallie Visiting Professor. Dr Chung is a Professor in the Department of Anesthesia at the University of Toronto.

Dr Chung is a world-renowned clinician-investigator in ambulatory anesthesia and perioperative evidence-based outcomes research. He research work has "significantly impacted and changed the clinical practice in perioperative care of ambulatory surgery with obstructive sleep apnea" from the front lines of anesthesia and surgery to administrative decision-making in hospitals across Canada and around the world.

Dr Chung's work is also highly recognized by her peers, particularly in view of the numerous research and teaching awards she has received from national and international societies and universities.

Dr Richard Chisholm, Past President of CAS, and Dr Davy Cheng, ACUDA, put forward Dr Chung's name.

Revised Medec Code Of Conduct On Interactions With Healthcare Professionals

The Board of Directors of MEDEC, Canada's medical technology companies' industry association, has approved a revised *Code of Conduct on Interactions with Healthcare Professionals* (*Code of Conduct*) for immediate implementation.

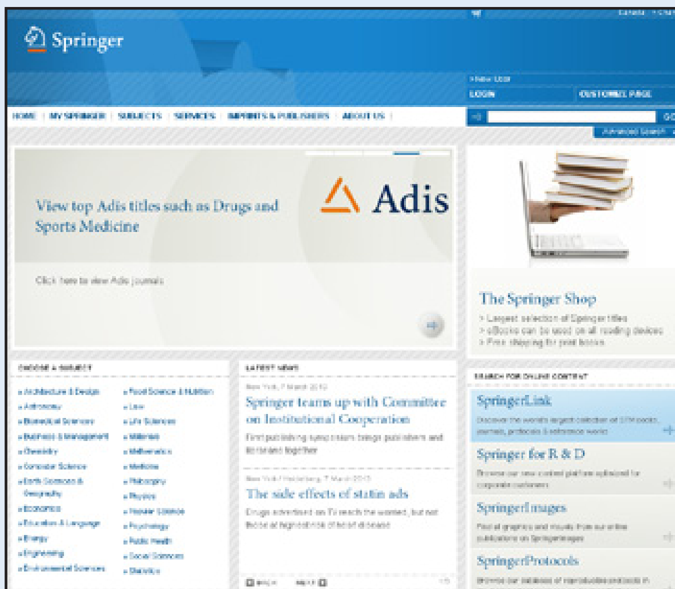
The *Code of Conduct* recognizes the important role of continued collaboration between healthcare professionals and industry in the development of new technologies in ensuring the optimal use of existing technologies and in improved patient care. In particular, the *Code of Conduct* maintains the importance of educational activities and the enhancement of professional skills while also acknowledging that this collaboration might have the potential to create conflicts of interest or other ethical concerns if they are not handled appropriately.

Revisions include clarity on gifts (e.g., branded promotion items and significant life events) and additional sections on entertainment and recreation, meals and travel, and product evaluations.

In addition, medical technology companies and their representatives may continue the following types of activities:

- Provide training and education on products;
- Support research, educational and charitable grants; and
- Engage healthcare professionals as consultants, if appropriate and subject to restrictions.

To view the *Code of Conduct* and related information, go to: http://www.medec.org/code.



New SpringerLink Features Announced

Providing access to over 5.7 million research documents, including *CJA* documents, Springer recently announced the introduction of new features to enable users to find and access content easier and faster.

Ensuring that CAS' content is accessible and discoverable to the widest possible audience, the enhancements include:

- Search engine optimization: The search engines can "see" the full text so they do not have to judge the relevancy of an article based only on the abstract.
- Additional metatagging: Helps improve the indexing of content on sites (e.g., Google Scholar) and increases the ranking of the content in search results.
- Semantically relevant HTML: Improves the search engine ranking of articles and uses appropriate tags that are relevant to the meaning of the content.
- Speed and convenience: Three times faster than the previous platform.

Other New Features

- Search by author: Authors' names throughout SpringerLink content are now hyperlinked,

continued on page 14

making it easier to find other articles published by that author.

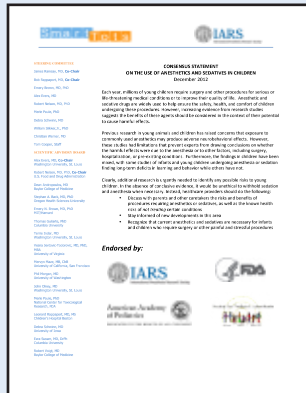
- Auto Suggest**:** Feature suggests search terms to help users get straight to the content they need.
- Look Inside**:** Two-page preview is accessible directly from the search results to help users decide if an article is right for their needs before downloading the content.

http://www.cas.ca/English/new-SpringerLink-website

DID YOU KNOW that the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Network (PSN) features links to the latest tools, literature and news in patient safety resources and has included the ***Canadian Journal of Anesthesia*** on its list of journals to follow? To go to the AHRQ PSNet home page, click here: http://psnet.ahrq.gov/

SmartTots Releases Consensus Statement: Use of Anesthetics and Sedatives in Children

Last September, more than 60 experts and other stakeholders in pediatric medicine and patient safety assembled at a SmartTots Scientific Workshop to discuss the current state of the research relating to the safety of anesthetic and sedative drugs administered to infants and young children, and achieved the objective of developing a consensus statement for healthcare professionals about this important issue.



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CONSENSUS STATEMENT
ON THE USE OF ANESTHETICS AND SEDATIVES IN CHILDREN
December 2012

Each year, millions of young children require surgery and other procedures for serious or life-threatening medical conditions or to improve their quality of life. Anesthetic and sedative drugs are widely used to help ensure the safety, health, and comfort of children undergoing these procedures. However, increasing evidence from research studies suggests the benefits of these agents should be considered in the context of their potential to cause harmful effects.

Previous research in young animals and children has raised concerns that exposure to commonly used anesthetics may produce adverse neurobehavioral effects. However, these studies had limitations that prevent experts from drawing conclusions on whether the harmful effects were due to the anesthesia or to other factors, including surgery, hospitalization, or pre-existing conditions. Furthermore, the findings in children have been mixed, with some studies of infants and young children undergoing anesthesia or sedation finding long-term deficits in learning and behavior while others have not.

Clearly, additional research is urgently needed to identify any possible risks to young children. In the absence of conclusive evidence, it would be unethical to withhold sedation and anesthesia when necessary. Instead, healthcare providers should do the following:

- Discuss with parents and other caretakers the risks and benefits of procedures requiring anesthetics or sedatives, as well as the known health risks of *not treating* certain conditions
- Stay informed of new developments in this area
- Recognize that current anesthetics and sedatives are necessary for infants and children who require surgery or other painful and stressful procedures

Endorsed by:

IARS FDA

American Academy of Pediatrics

The *Consensus Statement on the Use of Anesthetics and Sedatives in Children* has been approved by the SmartTots Steering Committee and endorsed by the Food and Drug Administration (FDA), the American Academy of Pediatrics (AAP), the Society for Pediatric Anesthesia (SPA), and the International Anesthesia Research Society (IARS).

To read the *Consensus Statement*, go to the CAS website at: http://www.smarttots.org/media/smarttots-releases-consensus-statement-regarding-anesthesia-safety-in-children

ROYAL COLLEGE ANNOUNCES NEW INTERACTIVE MODULES

The Royal College is pleased to announce the addition of two new interactive modules to its collection of online bioethics resources. These modules will provide up-to-date learning on current ethical standards and procedures on:

- Organ donation
- Demands for inappropriate treatment.

Five other interactive modules are already online, covering essential themes such as the appropriate use of life-sustaining treatment and waiting times. Participants can earn Maintenance of Certification (MOC) Program credits for each module, which is offered at **no cost** and takes about 25 minutes to complete.

SAFE Obstetric Anesthesia Course Offered in Rwanda in January

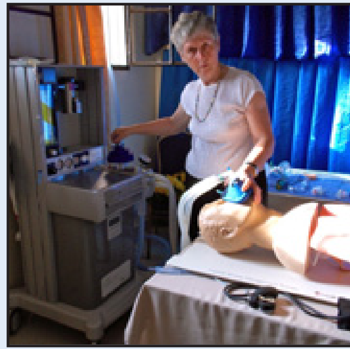
By Dr Patricia Livingston, FRCPC
and Ms Megan Chipp
Department of Anesthesia, Dalhousie University

The SAFE (Safer Anesthesia from Education) Obstetric Anesthesia Course in Rwanda was run twice between January 15 and 26 in Rwamagana, Eastern Rwanda. Ninety anesthesia providers participated in the course and another 26 trained to be trainers in the course. The trainers now have the skills to help to run future SAFE Courses independently. Most of the course participants were anesthesia technicians who work independently in isolated hospitals around Rwanda. The trainer group comprised senior anesthesia technicians and some anesthesia Residents. The majority of the faculty was Rwandan anesthesia leaders, including staff anesthesiologists and highly skilled educators.

The SAFE Course primarily used active, experiential learning in small group stations, which were set up for discussion, skills teaching or case scenarios. Anatomic models and simulated patients were used so participants had to role-play as teams in managing anything from straightforward rapid sequence induction to emergencies such as a ruptured uterus. The stations were mostly held in small outdoor gazebos with a gentle breeze, bright daylight and birdcalls. All of this contributed to a fine atmosphere for learning. The course participants were highly engaged throughout the program and everyone was swept up with a great enthusiasm for learning.

The Anesthesia Practice Network was introduced dur-

continued on page 15



Dr Angela Enright teaches at one of the eight small group workstations

ing the course. People were divided into geographic clusters and connected with their mentors. Together they worked on "commitment to change" plans to identify new practices they would implement at home after the course. The mentors plan to follow up with the participants in their communities after three months.

Maternal mortality remains a significant problem in Rwanda but there is great potential for improvement. Anesthesia providers are crucial to maternal safety both for caesarean sections and in skilled resuscitation during obstetrical emergencies. An excellent refresher course for obstetrical anesthesia safety has been developed and now implemented in Rwanda as part of an effort to improve maternal outcomes. Since 2006, CAS IEF volunteers have been working closely with staff in Rwanda to improve anesthetic care in Rwanda through educational efforts, collaboration, and mentorship. The implementation of the SAFE Obstetrical Anesthesia Course and the Anesthesia Practice Network are two examples of the ongoing efforts to improve anesthetic care in Rwanda.

Click here to view photos on Facebook.

FYI: MEDICAL ALTERNATIVES TO BLOOD TRANSFUSIONS

Hospital Information Services (Canada) is part of an international network that disseminates authoritative information regarding clinical strategies to avoid allogeneic blood transfusion and facilitates access to health care for patients who are Jehovah's Witnesses. Professional educational materials (including DVDs) outlining cost-effective management of hemorrhage and anemia without allogeneic transfusion are available without charge.

For more information, contact Hospital Information Services (Canada) by e-mail to hospital.info@wtbts.ca or by telephone at 1-800-265-0327.

California Society of Anesthesiologists (CSA)

Spring California Anesthesia Seminar

April 18-21, 2013

The St Regis Resort Monarch Beach,
Dana Point, California

http://www.csahq.org/up-more.php?idx=49

Meet a CAS Member

Dr Ron George: Anesthesiologist, Dedicated Volunteer and Keen Traveller

CAS Member since 2007

Ron George grew up in the small fishing village of Canso, Nova Scotia where there were limited opportunities to assess potential career options. Over time, he watched his mother, a nursing assistant, as she interacted with people and patients, and credits her dedication with inspiring him to feeling "drawn" to the medical profession.

By the time Ron arrived at Dalhousie University's medical school, he had more or less settled on a career path that offered varied opportunities to be with people and to help to make a difference. He first considered becoming a surgeon, simply feeling he had a connection to the operating room.

Ron in Tamale, Ghana, where he has been working with Kybele developing a Maternal Quality Improvement project

As Ron was lining up to select an elective during his first week of orientation, a conversation with a friend one year ahead of him revealed that he had taken an introductory (and "interesting") anesthesiology elective. Ron recalls that, at the time, he "was hard-pressed to describe what an anesthesiologist was" but he began to focus on an operating room career path, possibly through surgery.

Further discussions with a "wonderful" mentor, Holly Muir, eventually guided Ron towards anesthesiology and led to the exploration of other options in medicine before Ron made up his mind. "Anesthesiology seemed appropriate for me and offered all of the attributes I wanted, including patient contact and technical responsibilities."

Paula and Ron atop Machu Picchu, Peru

Now Associate Professor of Anesthesia at Dalhousie University and a staff anesthesiologist in the Department of Women's & Obstetric Anesthesia at the IWK Health Centre, Ron's areas of clinical and research interest include labour and postoperative analgesia, complications and side effects of neuraxial anesthesia and airway management. He points out that his career path is "even better than expected" and every day involves intervening with different patients and having an impact on their lives. In 2011, Ron received the CAS Career Scientist Award in Anesthesia.

Away from the university and the hospital, Ron is a dedicated supporter and board member of Kybele, a non-profit organization helping to reduce maternal and neo-natal morbidity and mortality in developing nations. Since 2007, he has been working with a group in a small community in Ghana on an initiative to develop and implement a maternal and newborn quality improvement project. He has made multiple trips to Ghana and, from Canada, provides support through other communication forms.

Ron is an avid cyclist and, with his wife, Paula, they live to travel. Recent and upcoming travel plans include visiting interesting and exotic locales such as Argentina, Peru, South Africa and a Mediterranean cruise.

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Meet a CAS Member

Dr Julie Lajoie: Anesthesiologist, Dedicated Professor and Enthusiastic Landowner

CAS Member Since 2002

No one in Dr Julie Lajoie's family works in medicine. When she reflects on her "broad" decision to pursue it as a career, Julie attributes it to a far-reaching aspiration to combine her interests in science and people, and a notion that it was an "admirable" profession.

Then, in second year of medical school at the University of Toronto, Julie heard presentations from doctors representing different specialties. She found herself being drawn to anesthesiology largely because it was "related to" her biochemistry studies. By shadowing an anesthesiologist, she was able to learn more about the specialty and felt it was a good way to help others and serve the public interest.

Smiling at the memory, Julie recalls she also had heard that anesthesiology was "1% panic and 99% boredom". During one of her first days in the operating room, she saw "the 1%" and how effectively the anesthesiologist handled the situation. "I wanted to be like her."

In practice for five years at St Joseph's Health Centre in Hamilton, Julie has "never regretted" going into the specialty. "People are sick and you are helping to do something about it," she points out. "You work with your hands, what you do is different every day and it is rewarding to work collaboratively with the other members of your team."

When offered the opportunity in 2011, Julie was pleased to take on a one-day-a-week role in administrative work at the hospital. She is Corporate Patient Flow Physician Lead (reviewing intake/discharge procedures, assessing barriers to entry for patients, etc.) and this work enables her to "get out of the operating room and try to make a difference."

Julie is also a professor at McMaster University, where she teaches Residents and medical school students.

Away from the OR, patients and students, Julie and her husband, Mike, are parents to four children (ages 2 – 9). In 2012, they purchased a 50-acre farm north of Hamilton (most of the land is rented out, although they have a few chickens and rabbits) and work is well underway on a new home on the property to replace an existing older home. When possible, the family escapes to Hawaii.

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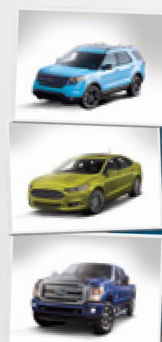

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ARCHIVES AND ARTIFACTS COMMITTEE

The First Canadian Anesthesiologists: Horace Nelson and John H Webster

By Dr Daniel Chartrand, FRCPC

Last June, at the first CAS History Symposium in Quebec City, I had the honour of presenting "The Early Days of Anesthesia in Quebec (1608 – 1942)". While preparing for that lecture, I searched in many books, medical articles, old newspapers, archives, photographs, etc. and, although I was able to find some new information, I still had a few unanswered questions. One of them was, "Who really was the first Canadian to use ether anesthesia for surgery?"

Dr David Shephard, in his famous book, "Watching Closely Those Who Sleep"[1], had written that the first administration of ether in Canada could have happened as early as 1844 in a dental office in Saint John, New Brunswick. However, there is no documented evidence for that first use of ether anesthesia in Canada. Following Dr Morton's demonstration on October 16, 1846 in Boston, the use of ether anesthesia very rapidly disseminated in Europe and North America, despite the lack of Internet or even a transatlantic telegraph cable. On January 18, 1847 a "visiting consultant" who came from Boston, Dr Samuel Adams, administered in Saint John, New Brunswick, what seems to be the first documented anesthetic in Canada. Dr Adams being an American visitor, I still wanted to identify our first "Canadian" pioneer of anesthesia.

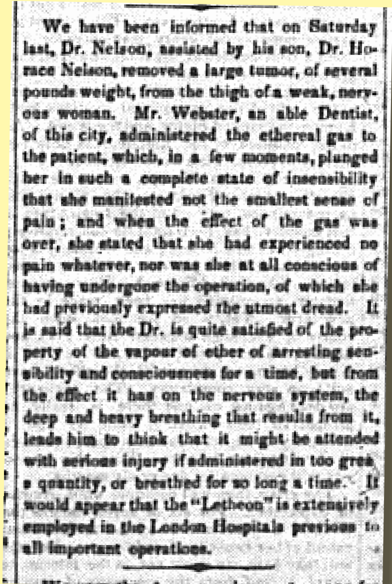
In early 1847, ether anesthesia was already being used in many other countries. The Canadian medical literature and newspapers were reporting several of the early clinical uses of ether anesthesia. The first medical report by a Canadian doctor was published on March 20, 1847 (Br Amer J Med Phys Sci 1847; 3; 10): Dr Edward Dagge Worthington had described a surgery that he had performed under ether anesthesia on March 11 in the small village of Eaton Corner, near Sherbrooke, Quebec. Until now, medical historians have recognized Dr Worthington as the first Canadian anesthesiologist.

In the same medical journal, on pages 34 to 36, Dr Horace Nelson, a Lecturer on Anatomy and Physiology in the School of Medicine and Surgery in Montreal, was more interested in reporting his early experiments on dogs, one of his students and himself in an article named: "Experiments with sulphuric ether vapour". In that article, it is mentioned that Dr Horace Nelson had, only a few weeks before, assisted his father, Dr Wolfred Nelson, to excise a tumour under ether anesthesia, which was administered by his dentist friend, Mr Webster, who had bought the drug and the apparatus. Although Dr David Shephard had recognized Dr Nelson's report as the earliest illustration of anesthesia research in Canada, he had written: "The date of this operation is not given. The only clue is the statement that it was performed 'some weeks since' the date of the report, 14 May 1847". Fortunately for us, the McGill libraries are keeping microfilmed archives not only of old medical journals but also of the contemporary Montreal newspapers!

Dr Horace Nelson
Source: "Montreal: Its History, to which is added biographical sketches, with photographs, of many of its principal citizens" by Rev J Douglas Borthwick, Drysdale and Co., 1875

Knowing that ether anesthesia was still a sensational discovery in early 1847, I started to do research in the Montreal newspapers for a report of Dr Nelson's first use of ether anesthesia for surgery. Even in 1847, journalists could not resist the sensational news! In "The Pilot and Journal of Commerce, Montreal, Friday Morning, February 26, 1847", we can first find on the front page a report about a "Painless Surgical Operation" in a London hospital. But, more importantly for us, we can also read the following on the second page:

"We have been informed that on Saturday last (February 20th), Dr. (Wolfred) Nelson, assisted by his son, Dr. Horace Nelson, removed a large tumour, of several pounds weight, from the thigh of a weak, nervous woman. Mr. Webster, an able dentist, of this city, administered the ethereal gas to the patient, which, in a few moments, plunged her in such a complete state of insensibility that she manifested not the smallest sense of pain; and when the effect of the gas was over, she stated that she had experienced no pain whatever, nor was she at all conscious of having undergone the operation, of which she had previously expressed the utmost dread. It is said that the Dr. is quite satisfied of the property of the vapour of ether of arresting sensibility and consciousness for a time, but from the effect it has on the nervous system, the deep and heavy breathing that results from it, leads him to think that it might be attended with serious injury if administered in too great a quantity, or breathed for so long a time. It would appear that the "Letheon" is extensively employed in the London Hospitals previous to all important operations."



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At 25 years old, Dr Horace Nelson was not only the first Canadian doctor involved in anesthesia research but, as documented above, the first Canadian physician to use ether anesthesia for surgery. The contribution of Mr Webster, the "able dentist" who was helping Dr Horace Nelson in the experiments and administering the ether anesthesia to the first patient, should also be recognized. Testing it first on animals and then on human volunteers (a student 'who has frequently consented to inhale the vapour' and Nelson himself "over one hundred times"...), Dr Nelson and Mr Webster followed the basic process to investigate a new drug before using it on a patient. During their early investigations of ether anesthesia, Dr Nelson had a molar tooth extracted by Mr Webster but he also personally extracted "several teeth from old and young persons." Working as a team, probably as early as January 1847, Dr Nelson and Mr Webster were the first Canadian pioneers of surgical and dental anesthesia.

In February and early March 1847, Dr Horace Nelson and Mr Webster (in Montreal), Dr Edward D Worthington (in Eaton Corner (Sherbrooke)) and possibly also Dr James Douglas[2], the former teacher of Dr Worthington (in Quebec City) were the first Canadian doctors to perform surgery while providing ether anesthesia to their patients. While Dr Worthington had rapidly reported his clinical trials with both ether and, on January 25, 1848, chloroform anesthesia, Dr James Douglas and Dr Horace Nelson had not published a detailed report of their first clinical use of ether anesthesia. Fortunately, the contemporary local newspapers can sometimes help the historians. If we now know that the first use, by Canadians, of ether anesthesia for surgery took place on February 20, 1847, we still need to find proof for a toe amputation possibly performed under ether anesthesia by Dr Douglas (March 2, 1847?). For the time being, Dr Horace Nelson and Mr Webster should be considered the first Canadian anesthesiologists and anesthesia researchers.

Finally, while many articles have been written about his father, Dr Wolfred Nelson, relatively little has been published about Dr Horace Nelson who also had an interesting medical career. I am now working on a short biographical article about this important contributor to Canadian anesthesia. For his part, "Mr Webster" is quite probably John H. Webster, L.D.S., the only dentist named "Webster" who can be found in Montreal in the 1850s. Very little is known about him but he was still practicing dentistry in 1887 and renting a house until 1889. As we say in Quebec: "Je me souviens!" (I remember!)

References:

1. "Watching Closely Those Who Sleep": A History of the Canadian Anaesthetists' Society 1943-1993. by David A.E. Shephard, Supplement to Canadian Journal of Anaesthesia Vol. 40(6), 326 pages, June 1993.
2. "A Chronology of the Very Early History of Inhalation Anaesthesia in Canada" by Akitomo Matsuki, Can. Anaesth. Soc. J., Vol. 21(1): 92-5, January 1974.

I should also like to thank Dr Douglas Craig for his editorial assistance!

2013

NATIONAL SCIENTIFIC CONGRESS OF THE AUSTRALIAN SOCIETY OF ANAESTHETISTS

Anaesthesia: Art and Science

The NSC 2013 organising committee headed by Drs Mark Skacel and Paul Burt have developed a program that will appeal to a wide audience and further explore how our understanding of the basic sciences improves clinical outcomes for our patients.

Special areas of interest will include neuroscience and consciousness, fluid therapy, and outcomes for the high risk surgical patient.

Invited Speakers include

Professor Martin Smith
Queens Square London

Professor Colin Mackenzie
University of Maryland, Baltimore

Professor Mike Grocott
University of Southampton

Professor Tony Quaill
Newcastle University, NSW

CAS IEF Symposium, Reception and Dinner

Please join us on Sunday, June 23 in Calgary….
Symposium: CAS IEF for Safer Obstetric Care

This year's Symposium topic is "CAS IEF for Safer Obstetric Care". Don't miss what promises to be an engaging and interesting presentation by Dr Andre Bernard (Dalhousie University), Dr Faye Evans (Emory University) and Dr Dorothy Shaw (University of British Columbia).

Reception and Dinner

The 2013 CAS IEF Reception and Dinner are set in historic Fort Calgary, a perfect setting to welcome CAS delegates. The after-dinner speaker is Dr Mark Kostash, a practising anesthesiologist in Alberta, and someone who has many stories to tell from many missions with Doctors Without Borders in central Somalia, Gaza, Jordan, Pakistan and, more recently, in northern Nigeria. Dr Kostash's presentation is "Obstetric Anesthesia with Médecins Sans Frontières: There, but for the Grace…"

CMA Recognizes CAS' and CAS IEF's Work in Rwanda

In a letter to CAS President Patricia Houston on January 30, 2013, Dr Anna Reid, President of the Canadian Medical Association (CMA) acknowledged the "tremendous work the Canadian Anesthesiologists' Society and the CAS International Education Foundation have been doing to improve the provision of anesthesia in Rwanda".

Dr Reid also acknowledged the provision of training courses in Rwanda, donations by CAS members that have enabled the purchase of 250+ pulse oximeters for use in Rwandan operating rooms and the "valuable and selfless work" performed by volunteers. An updated article outlining the activities in Rwanda has been posted on the CMA website: www.cma.ca/canada-anesthesiologists-oximeter-drive.

FOLLOW US ON TWITTER HTTP://WWW.CMA.CA/RWANDA-GETS-BIG-BOOST

Board Update

Anesthesia Assistants Section

The Board decided that Anesthesia Assistants who wish to enroll in the Anesthesia Assistants Section should do so voluntarily after they pay dues to CAS.

CAS Contracts with MCI Through 2014

CAS has contracted to work with MCI through 2014. Previously, CAS was working with Congress Canada, which was sold to MCI in 2013.

Group Individual Pension Plan (IPP)

CAS will be working with CIBC Wood Gundy to roll out an IPP program to members.

CJA Editor-in-Chief Completes Term

Dr Donald Miller, the current *CJA* Editor-in-Chief will complete his term in December 2013 and CAS will be recruiting his replacement.

Speaker Time Allotments at the Annual Meeting

The 2013 Annual Committee is working with speakers and moderators to adhere to time allotments with the session and engage the audience.

Membership Survey

The CAS membership survey will include a request for feedback on CAS' exploration of the creation of an anesthesia critical registry.

Additions to the "Important Contributors to Canadian Anesthesia" List

The following individuals were recognized by the CAS Board and added to the current list of Important Contributors to Canadian Anesthesia:

David Campbell Aikenhead	Winnipeg, MN
John Albert Blezard	London, ON
W Easson Brown	Toronto, ON
Samuel Johnston	Toronto, ON
Beverley Charles Leech	Regina, SK
William Marsden	Quebec, QC
Emerson A Moffitt	Halifax, NS
Nelson Nix	Edmonton, AB
Roméo Rochette	Montreal, QC
David Shephard	Thunder Bay, ON
Harry James Shields	Toronto, ON
Stuart L Vandewater	Kingston, ON
Donald A Warren	Hamilton, ON

Survey on Anesthesia Assistants in Canada

In 2013, CAS will be conducting a survey of Anesthesia Assistants in Canada.

Accreditation of the CPD Online Modules

CAS will be taking over accreditation of the CPD Online modules from the University of Montreal in 2013 and transitioning to the new LMS (Learning Management System).

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