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ANESTHESIA NEWS

PRESIDENT'S MESSAGE



"Leadership" commonly has wide-ranging definitions. Broadly, the dictionary defines it as "to lead a group of people or organization" but really it doesn't have a one-size-fits-all definition.

The fact is that the definition of "leadership" varies and is a complex concept.

In the CAS context, I believe that our leadership means we are organizationally proactive and responsive in serving our members' needs and supporting the important work they do every day in all aspects of their patient care.

Most recently, two important "successes" underscore CAS' leadership on the national stage – Health Minister Rona Ambrose's recent announcement about the federal government's actions regarding drug shortages, and the Choosing Wisely Canada campaign to promote discussion between physicians and patients.

CAS Advocacy Efforts on Drug Shortages Yields Government Action

On February 10, 2015, Health Minister Rona Ambrose announced that the federal government is moving to make it mandatory for pharmaceutical manufacturers to notify government and the public about threats that could lead to shortages of essential drugs. Dr Douglas DuVal, Vice-President, represented CAS at this announcement, which is the culmination of CAS' unwavering advocacy efforts over five years.

CAS' leadership role in this initiative is particularly important because drug shortages significantly impact patient care and therefore have a broad public interest component. We were advocating on a national stage and we achieved results.

I would like to acknowledge the dedication and leadership shown by Drs Richard Chisholm, Patricia Houston and Douglas DuVal, CAS Executive Director, Stanley Mandarich, and all of the committed volunteers who – each in their own way – keenly demonstrated that their collaborative styles of leadership reaped significant benefits.

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Choosing Wisely Canada

For several months, CAS members have been hearing about the Choosing Wisely Canada campaign. Surveys have now been distributed to members.

In fact, this campaign is an excellent opportunity to take a leadership role. It is aimed at helping physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and supporting physician efforts to help patients make smart and effective choices to improve the quality of their care. With the considerable media attention on patients' rights and expectations, CAS' involvement in this campaign is in the interests of both our members and our patients.

Looking Ahead

I am very proud of our efforts as a Society and look forward to embracing other initiatives that will require us to take action.

What's also important now is to mark your calendar for June 19 – 22 in Ottawa for the CAS Annual Meeting! On the scientific program is interesting and leading-edge thinking focused on the brain and anesthesia. On the social side, there will be plenty of "fun" activities. Many CAS volunteers are already working hard to deliver an outstanding 2015 Annual Meeting. Please register early!

Dr Susan O'Leary, FRCPC

Leadership is
the capacity to
translate vision
into reality.

Warren Bennis

American scholar, widely regarded as a pioneer of leadership studies

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INVITATION FROM ANNUAL MEETING CHAIR

DR DANIEL BAINBRIDGE, FRCPC



André-Philippe Gagnon

Please join us for the 2015 CAS Annual Meeting in Ottawa.

The theme of this year's meeting is "The Brain and Anesthesia" and will be hosted by the Obstetrics and Pediatric Sections. The opening plenary session will be given by Dr Vesna Jevtovic-Todorovic, Harold Carron Professor of Anesthesiology and Professor of Neuroscience at the University of Virginia, who will be talking about general anesthesia and the young brain: could we be doing harm? Dr Joanne Douglas, Clinical Professor Emerita, University of British Columbia Anesthesiology, Pharmacology and Therapeutics, will give the Angela Enright Lecture entitled:

"General Anesthesia, Obstetrics and the Brain: Conundrums and Challenges". In addition, we will have lectures on the new Royal College training program competency by design, and Choosing Wisely Canada, the new national initiative.

On the social side, the President's Dinner is sure to be an entertaining time as comedian André-Philippe Gagnon will be headlining the event, and don't forget about catching up with old friends at the faculty events on Sunday.

So make your plans to come on out to the CAS Annual Meeting in Ottawa – we are looking forward to seeing you there!



**OTTAWA
MARK
YOUR
CALENDAR:**

JUNE 19 – 22, 2015 – OTTAWA

GET READY FOR OTTAWA!

Many people are already hard at work preparing for the CAS Annual Meeting. Following is a sample of what you can expect and remember to check the CAS website (www.cas.ca) regularly for updates.

Friday, June 19

Please join us at the Welcome Reception to reconnect with colleagues and meet fellow attendees... and enjoy the amazing artistry of two magicians/illusionists.

Calling all residents to meet at the Residents' Reception, which will be held at the Heart & Crown. Dr Elizabeth Miller, the CAS Residents' Representative, and her team are hard at work in planning this "must attend" event for residents.

Saturday, June 20

André-Philippe Gagnon headlines an evening to remember at the President's Reception and Dinner... where you can enjoy the surroundings, the ambience and the spectacular view of the Parliament buildings, the Chateau Laurier and the Rideau Canal. Get your tickets early!

Sunday, June 21

Fun Run for CARF: Good Exercise and a Worthy Cause
Runners and walkers are welcome to join this early morning event ... simply register and make your way to the start line. Participants in the cheering section are also welcome!

Alumni Events

Numerous universities are expected to host an event. Please check the website for updates – so far, the following institutions have confirmed their attendance:

- McMaster University
- Western University
- University of Ottawa
- University of Toronto
- University of Manitoba

Tours for Companions and Delegates... designed to maximize enjoyment of Ottawa – take a look. Watch for reservation instructions on the CAS website.

Saturday, June 20 9:30 – 15:00

Sunday, June 21 10:30 – 14:30

Discover Ottawa by Land and Water (with boxed lunch)

Enjoy a tour of Ottawa's most famous sites, including the Rideau Canal – a UNESCO World Heritage Site, 24 Sussex Drive, the Parliament Buildings, and the Supreme Court of Canada. Cross the Ottawa River into Quebec and enjoy the architecturally impressive Canadian Museum of History.

Sunday, June 21 10:30 – 14:30

Taste of Native Spirit at the Summer Solstice

Aboriginal Arts Festival

The Summer Solstice Aboriginal Arts Festival is a forum for everyone to experience this diverse culture first-hand through authentic music, dance, foods, visual art and fashion shows. Enjoy a traditional buffet lunch and a performance of the traditional Pow Wow dancers and drummers, concluding with the friendship dance.

"WE HAVE MADE GREAT PROGRESS"

BY DR DOUGLAS DUVAL, FRCPC

CAS received a call from the office of the Minister of Health on February 5 that we (CAS) were invited to be present and to speak at an announcement on the mandatory reporting of drug shortages in Vancouver on February 10. CAS President, Dr Susan O'Leary, asked whether I would be able to go, and I was honoured to do so.



Dr Douglas DuVal, Vice-President, CAS, Honourable Rona Ambrose, Minister of Health, and Dr Sukh Brar, President, British Columbia Anesthesiologists' Society, on a tour of Vancouver General Hospital's pharmacy, following the Minister's announcement of mandatory reporting of drug shortages.

At approximately 09:00, the Minister made her announcement, followed by the other speakers, including British Columbia Minister of Health, Terry Lake, myself, and Suzanne Nurse, PhD, Chair, Canadian Epilepsy Alliance Drug Shortages Committee. Also in attendance was Dr Sukh Brar, President, British Columbia Anesthesiologists' Society, who is well acquainted and on very cordial terms with Minister Lake.

Looking back, I note that CAS' involvement in initiatives leading toward this important legislation really started with former CAS President, Dr Richard Chisholm expressing in a January 2011 letter to the Federal Minister of Health concerns about CAS members' reports of shortages of propofol and reductions in the supply of sodium thiopental. As a result, it then became evident that Health Canada was lacking in ability to monitor and manage drug availabilities.

Just over a year later, the Sandoz manufacturing disruptions affected dozens of critical medications and triggered a very real crisis in Canada's drug supply. On March 29, 2012, Dr Chisholm appeared before the House of Commons Standing Committee on Health (via video conference from Buenos Aires, Argentina, where he was attending the World Congress of Anaesthesiologists!) and gave a powerful address, which included the statement that "we need a requirement for industry to tell about events that might disrupt the drug supply and an acceptance by government of a requirement to ask, to monitor, and make sure."

On February 7, 2014, then President, Dr Patricia Houston, made a presentation on the problem of drug shortages to the Specialist Forum of the Canadian Medical Association (CMA). This presentation had an impact, and led to the creation of a Drug Shortages Working Group by the CMA Board of Directors in June 2014. When Dr Houston became CAS Past President, I "inherited" the drug shortages "file" and was

committed to doing what I could to maintain its momentum.

As it happens, I reside in Minister Ambrose's Edmonton-Spruce Grove constituency. I was fortunate to be able to arrange a one-on-one meeting with her on August 20, 2014 through the CMA MD-MP contact program (<https://www.cma.ca/En/Pages/md-mp-contact-program.aspx>). As was reported about this meeting in the last issue of *Anesthesia News* (http://www.cas.ca/English/Page/Files/69_CAS_Dec_2014_Newsletter.pdf), Minister Ambrose mentioned at the time that consultations about a mandatory reporting requirement for drug shortages had already wrapped up, and she anticipated that the requirement would be forthcoming.

We have made great progress. Mandatory reporting of anticipated drug supply disruptions is an important step, but we intend to continue to advocate directly and also through the CMA for processes that will be helpful in minimizing the impact of such supply disruptions when they occur. Specifically, we would like to see a process established whereby Health Canada, in the face of anticipated shortages of essential drugs in the domestic marketplace, may "fast-track" the approval and importation of alternative equivalent drugs that are being safely used in other jurisdictions. This could possibly be accomplished through the existing Health Canada "Special Access Programme"¹ or perhaps through a new and distinct process.

¹ The Special Access Programme (SAP) provides access to non-marketed drugs for practitioners treating patients with serious or life-threatening conditions when conventional therapies have failed, are unsuitable, or unavailable. The SAP authorizes a manufacturer to sell a drug that cannot otherwise be sold or distributed in Canada. Drugs considered for release by the SAP include pharmaceutical, biologic, and radio-pharmaceutical products not approved for sale in Canada.

CAS ADVOCACY ON DRUG SHORTAGES

A "TEXTBOOK EXAMPLE" OF EFFECTIVE ETHICAL GOVERNMENT RELATIONS

After more than five years of consistent advocacy from the CAS, Federal Minister of Health Rona Ambrose announced a new federal policy affecting Canada's drug supply. CAS' advocacy has been one of the main drivers – first putting the risk of drug shortages on the political agenda in Canada and then, with the February 10, 2015 announcement, achieving a giant first step towards true drug security for the Canadian health care system.

Leonard Domino has been a government relations professional in Ontario for 20+ years and quite involved with CAS' lobbying efforts. He points out that the CAS' five-plus years of work on the drug shortage file ranks as a "textbook example" of the way government relations should work.

"Start with the issue itself. The risk of drug shortages affects everyone in Canada, and no one was better placed to identify the problem than the anesthesiologists. It was never a pocketbook issue for them – it was all in the public interest."

"They used their scientific authority to raise the issue and explain it to political decision-makers. They reached out to any potential partners they could find, including other members of the medical profession.

They were persistent, and they were consistent: during the years the CAS was pursuing this goal, the executive officers changed and membership changed, but their message was consistent.



And they reasoned with the people they were talking to. There were no political games. They put the case clearly and authoritatively – and respectfully. Both the political and the bureaucratic parts of the governments they talked to saw the CAS as sincere, expert potential partners in solving the problem.

The CAS has every right to be proud of what they've already achieved with this piece of advocacy."

CAS President, Dr Susan O'Leary, agrees and says the CAS is not satisfied yet. "We've succeeded in persuading government to take a giant first step towards drug security in Canada, and that's satisfying. But it is just the first step and we intend to keep working until the task is done."

Mr Domino says that if the CAS persists with the same kind of positive, persistent and ethical advocacy that's marked the last five years, there's every reason to believe that success, too, is within their grasp.

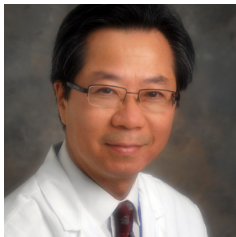
RECOGNIZING EXCELLENCE

Each year, CAS formally recognizes its award winners' accomplishments and contributions to anesthesiology during the CAS Annual Meeting. In 2015, the ceremony will take place in Ottawa on Monday, June 22 at 14:00.

The following awards will be presented:

- Best Paper Awards
- Residents' and Richard Knill Competitions
- 2015 Research Program, Operating Grants and Career Scientist Award
- Honour Awards, including the Gold Medal, Research Recognition Award, Clinical Teacher Award, Clinical Practitioner Award, the John Bradley Young Educator Award, and the Emeritus Membership Award

CONGRATULATIONS TO CAS 2015 HONOUR AWARD WINNERS



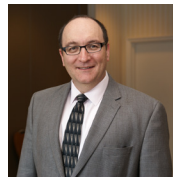
**Gold Medal Award:
Dr Davy Cheng, London, ON**

The Gold Medal is the highest award given by CAS. It is a personal award consisting of an inscribed gold medal given in recognition of excellence and leadership in anesthesia.



**Research Recognition Award:
Dr Ban Tsui, Edmonton, AB**

The Research Recognition Award honours a senior investigator who has contributed to and sustained major contributions in anesthesia research in Canada.



**Clinical Teacher Award:
Dr Eric Jacobsohn, Winnipeg, MB**

The Clinical Teacher Award recognizes excellence in the teaching of clinical anesthesia.



**Clinical Practitioner Award:
Dr Frederick Baxter, Hamilton, ON**

The Clinical Practitioner Award recognizes excellence in clinical anesthesia practice.



**John Bradley Young Educator Award:
Dr Barton Thiessen, St John's, NL**

The John Bradley Young Educator Award recognizes excellence and effectiveness in education in anesthesia.



DR JOANNE DOUGLAS RECEIVES ORDER OF CANADA

Congratulations to long-time CAS member, Dr Joanne Douglas, who received the Order of Canada. The recipients were announced on December 26, 2014, with Dr Douglas recognized for her contributions to the profession of obstetrical anesthesia, making childbirth safer for women and newborns. Dr Douglas will give the Dr Angela Enright Lecture at the 2015 Annual Meeting in Ottawa.

UPDATE:

ACCREDITATION FOR SELF-EDUCATION AND EVALUATION 30A AND 30B PROGRAMS

The American Society of Anesthesiologists has advised it has no plans at this time to pursue accreditation for its Self-Education and Evaluation (SEE) Program, volumes 30A and 30B, from the Royal College of Physicians and Surgeons of Canada. These volumes therefore cannot be claimed as a Section 3 credit.

SIGN UP FOR THE CANADIAN JOURNAL OF ANESTHESIA'S TOC/ONLINE FIRST

To receive early alerts about upcoming *Canadian Journal of Anesthesia (CJA)* articles, sign up for Online First at: <http://www.springer.com/medicine/anesthesiology/journal/12630> in the "Alerts for this Journal box"

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November 2013
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HOW TO ACCESS THE MODULES

Instructions can be found on the Canadian Anesthesiologists' Society website at:

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.

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ANESTHESIA FOR GLOBAL OUTREACH COURSE



We are pleased to announce that registration for the 2015 *Anesthesia for Global Outreach* course is now open. The course will be hosted at Dalhousie University in Halifax, Nova Scotia from May 28-31, 2015.

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 US for global missions.

The current *Anesthesia for Global Outreach* course is an annual four-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. The first of its kind in North America (and one of only three offered worldwide), the course boasts a cadre of world-renowned experts in global health and anesthesia.

By the end of the course, *Anesthesia for Global Outreach* participants can expect to:

- Recognize and demonstrate the knowledge of anesthetic techniques likely to be encountered in low resource settings
- Learn 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 2015 *Anesthesia for Global Outreach* course and to register, please visit: <http://anesthesia.medicine.dal.ca/global-health/global-outreach-course.php>.

Follow us on Twitter @ANESTH_GO

WFSA LAUNCHES NEW AWARDS

Innovation Awards

The World Federation of Societies of Anaesthesiologists (WFSA) has launched the WFSA Innovation Awards, which are designed to promote the development and sharing of innovations in anesthesiology that have had – or are deemed likely to have – a positive impact on patient outcomes. At least five awardees will be invited to an awards ceremony at the next World Congress of Anaesthesiologists (WCA 2016 in Hong Kong).

For more information and how to apply, go to: www.wfsahq.org/our-work/innovation-research

Service Awards

The WFSA has announced the launch of its service awards for outstanding contributions to the WFSA and to anesthesiology. There are two categories:

- Distinguished Service Award
- WFSA Presidential Award for Service to Anesthesiology.

The closing deadline for nominations is November 1, 2015 and the awards will be conferred on a quadrennial basis at the World Congress of Anesthesiology. In 2016, this will be at the WCA in Hong Kong. For more information, visit the website at: www.wfsahq.org/get-involved/wfsa-service-awards





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-  CAS on Twitter at @CASupdate
-  Join the conversation with #CAS_SCA2015
-  CAS on Facebook:
facebook.com/CanadianAnesthesiologistsSociety

CAS IEF UPDATE

On behalf of the CAS IEF Board of Trustees, I would like to express my gratitude to all our donors and volunteers who have made sacrifices to make it a better world for trainees in anesthesia in the developing world.

I would like to update you on some recent progress we have made.

- The program in Rwanda has gone from strength to strength, and we now have objective data showing how successful that program has been. We will provide a summary of a recent report about that success story in the mid-year publication of *Anesthesia News*.
- We plan to extend our mission to Burkina Faso and Guyana in the near future. We recently entered into a partnership with the Canadian Network for International Surgery (CNIS) and are part of a grant application to the Department of Foreign Affairs and Trade Development (DFATD) to teach SAFE Obstetrics and Pediatrics in three cities in Tanzania

- annually for the ensuing five years. We will need volunteer teachers for this new program, which we anticipate will begin in 2016.
- Dr Alexandre Dauphin will represent CAS IEF as part of a team joining the WFSA and American Society of Anesthesiologists Global Humanitarian Outreach to visit Haiti in March of this year to assess and advise on anesthesia matters there.
- We have planned a Symposium to be held on June 21, 2015 at the CAS Annual Meeting in Ottawa and entitled "Anesthesia Training Programs Overseas". We will hear about new programs in Burkina Faso, Guyana and Zambia.
- Dr Jeffrey Turnbull, Chief of Staff, The Ottawa Hospital, will be the guest speaker at the CAS IEF dinner, scheduled for 19:00 on June 21, 2015.



We hope that many of you will be able to join us for these scheduled events.

Once again thank you all for your support and generosity.

Dr Brendan Finucane
Chair, Board of Trustees

MONITORING OF ENDOTRACHEAL TUBE CUFF PRESSURE

By: Dr Richard N Merchant, FRCPC
Chair, Standards Committee

The CAS has over the last several years received correspondence from members of the public describing having suffered complications from endotracheal intubation. Management of the airway and endotracheal tube (ETT) management are core skills of anesthesia practice. Much of the focus of training has been on the management of the difficult airway and on the developing technology of laryngeal visualization. Management of the in-situ ETT is a topic receiving somewhat less attention in anesthesia care, though perhaps more so in ICU care where long-term intubation and the attendant complication risk is the rule. Such complications of ETT use are very well recognized^{i,ii}.

High ETT cuff pressures can cause mucosal damage leading, in the most severe cases, to tracheoesophageal fistula, scarring, and tracheal stenosis. Low cuff pressures are also problematic, causing leak and representing an increased aspiration risk. There is

reasonable evidence that estimation of ETT cuff pressure by manual palpation of the pilot balloon is unreliable^{iii,iv}.

The laryngeal mask airway (LMA) does not escape attention. The pressure associated with seal of the LMA cuff can be higher than the ETT and the clinical assessment of such pressure is not any easier or more accurate. Discomfort associated with the use of the LMA is no less than that with endotracheal intubation. The use of a pressure manometer with the LMA has been recommended^v.

The CAS Standards Committee, in review of this topic in this area last year, concluded that anesthesiologists should have available the tools necessary to assess cuff pressures. This has been added, in the 2015 revision of the *CAS Guidelines to the Practice of Anesthesia*^{vi}, to the monitors which must be "immediately available": "Manometer for measurement of endotracheal tube cuff pressure." 'Immediately available' is defined as "these monitors must be available so that they can be applied without

undue delay" and is intended to mean they must be available in the OR suite, though perhaps not in every operating room. However, these manometers, two of which are illustrated here, are relatively inexpensive and to supply one device in each anesthetising location would not generally be considered an excessive financial burden.

ⁱ Intubation-related tracheal ischemic lesions: incidence, risk factors, and outcome. Touat, L et al. (2013) Intensive care medicine, Vol. 39 (4) p. 575-82.

ⁱⁱ Correlations between controlled endotracheal tube cuff pressure and post-procedural complications: a multicenter study. Liu, J. et al. *Anesthesia & Analgesia*. 111(5):1133-1137, November 2010.

ⁱⁱⁱ Anaesthetic staff cannot identify extremely high tracheal tube cuff pressures by palpation of the pilot balloon, Michlig, S. A. (2013) *Br. J. Anaesth.* vol. 111 (2) p. 300-301.

^{iv} Experienced emergency medicine physicians cannot safely inflate or estimate endotracheal tube cuff pressure using standard techniques, Hoffman, Robert J. et al. *The American Journal of Emergency Medicine*, Volume 24, Issue 2, 139 – 143.

^v Tracheal tube and laryngeal mask cuff pressure during anaesthesia - mandatory monitoring is in need. Rokamp, K. et al. (2010) *BMC Anesthesiology* vol. 10 (1) p. 20.

^{vi} The CAS Guidelines are available online at <http://www.cas.ca/English/Guidelines> and also through the Canadian Journal of Anesthesia.



"Choices! Choices! Some of my food choices I have come to regret! The one choice I have made with no regrets is donating to the Canadian Anesthesia Research Foundation. CARF is one of my causes. Please make it one of yours."



Dr. Marcin Wasowicz
Associate Professor
University of Toronto

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INVITED SPEAKERS



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Distinguished Professor of Medicine and Physiology in San Diego, the author of the 'Respiratory Physiology' textbooks, he maintains an active research programme in pulmonary function. He will deliver the Kester Brown Lecture.



PROFESSOR BOBBIEJEAN SWEITZER
Department of Anesthesia and Critical Care, University of Chicago. Director, Society for Perioperative Assessment and Quality Improvement. Her main interest is preoperative patient preparation and perioperative medicine.



PROFESSOR DEBRA A. SCHWINN
Dean of the University of Iowa Roy J. and Lucille A. Carver College of Medicine. She specialises in cardiothoracic anaesthesia and research into the stress response.



DR KELLY BYRNE
Consultant anaesthetist at Waikato Hospital in New Zealand. His main interests are regional and cardiac anaesthesia, ultrasound and echocardiography.



A/PROF ALICIA DENNIS
Associate Professor at The University of Melbourne; staff specialist anaesthetist and the Director of Anaesthesia Research at The Royal Women's Hospital, Australia. She practices and leads extensive research in obstetric anaesthesia.



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