



# 2008 Awards



**Dr Jeremy Sloan**  
CAS Gold Medal winner

## Gold Medal *Jeremy Sloan*

In recognition of having championed the role of standards writing for medical equipment technology in the interests of the patient population.



**Dr John Murkin**  
Research Recognition Award winner

## Research Recognition Award *John Murkin*

In recognition of outstanding contributions to the knowledge base of our specialty through research into Protection of the Brain during Cardiac Surgery.



**Dr Tenille Ragoonanan, Richard Knill**  
Research Competition winner and CAS President, Dr Shane Sheppard

## Richard Knill Research Competition

### *Tenille Ragoonanan*

Tenille Ragoonanan placed first in the Richard Knill Research Competition for her paper on *β-1 Adrenergic Antagonism Inhibits Cerebral Tissue Oxygen Delivery Following Hemodilution in Rats.*



**Clinical Teacher Award winner, Dr James Bruce Smith and Dr Shane Sheppard**

## Clinical Teacher Award

### *James Bruce Smith*

In recognition of outstanding contributions to clinical service and resident, fellow and medical student education.



**John Bradley Young**  
Educator Award winner, Dr Ban Tsui, and Dr Shane Sheppard

## John Bradley Young Educator Award

### *Ban Tsui*

In recognition of outstanding contributions to anesthesia medical education as a clinical teacher, researcher and a role model for undergraduate students and residents.

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RCPSC Rep	David Parsons, Vancouver

You may contact members, representatives, and invited guests of the Board of Directors through the CAS central office.

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Zeev Friedman, John Muir, Henry Rosenberg

# President's Message



Dear colleagues,

First of all, a tremendous thank you to those who were involved in the planning and organization of June's Annual Meeting in Halifax. It was a great success with increased numbers of participants, sessions and speakers.

By the time you read this, my term as President will be almost over and I will be stepping into the role of Past President. Waiting in the wings is Dr Pierre Fiset, current Vice President who will succeed me on September 1, 2008. Other changes include the election of Dr Richard Chisholm as Vice President and the appointment of Dr Patricia Houston as Secretary, to replace Dr David McKnight who has stepped down due to commitments at the University of Toronto.

During my term as President I have had the opportunity to oversee several initiatives, which I hope have helped our organization move forward. We have been involved with the Wait Time Alliance, and presented benchmarks on chronic pain management. We have created a strategic plan with the ultimate aim to increase member services and benefits. Recently, we started plans to move the *Canadian Journal of Anesthesia* to an external publisher. This move will provide more exposure for the *Journal* and the organization.

I have also had the opportunity to represent CAS at several conferences. Earlier this year, I traveled to Australia to participate in the Common Issues Group Meeting with our counterpart societies of anesthesiologists from the US, UK and Australia. Along with several other CAS delegates and alternative delegates, I participated in the General Assembly of the World Federation of Societies of Anaesthesiologists held at the World Congress of Anaesthesiologists in South Africa. I have represented CAS at the Canadian Medical Association's Annual Meeting, as well as on the board of the Federation of National Specialty Societies of Canada.

This newsletter contains reports of the Board and CAS Committee activities. I would like to extend my sincere thanks to all the various Board members, Committee chairs and members, and CAS staff and executive for their time and energy given to the CAS and me during my presidency.

I have enjoyed representing CAS during these past two years. I look forward to working as Past President with Dr Pierre Fiset and wish him every success in his term.

Shane Sheppard, MD FRCPC  
President

# News from the Board

## Highlights from the June Annual Meeting in Halifax (June 13-17, 2008)

### Annual Meeting Sponsorships

The Brown Group has been engaged to develop a management program for annual meeting sponsorships. Two categories of sponsoring companies will be considered: those that are specific to the profession and those that provide services across the board, such as banks, insurance companies and accounting firms.

### WHO Checklist

CAS welcomed the new "Safe Surgery Saves Lives" initiative of the World Health Organization's (WHO) World Alliance for Patient Safety. The Board endorsed the concept of the "WHO Surgical Safety Checklist" and also supported the establishment of "Surgical Vital Statistics," whereby countries track surgical volume and in-hospital surgical death rates.

### News from the *Canadian Journal of Anesthesia*

The Board has agreed to transition the *Canadian Journal of Anesthesia* (CJA) to an external publisher, while the CJA Editorial Board would retain control of all content published. It is expected that working with an outside publisher will provide more exposure for the CJA, as well as more revenues for the Society, which can then be used to benefit all members. More details about the external publisher will be announced once the contract has been signed.

Dr Donald Miller will end his term as Editor-in-Chief at the end of 2008, but he has agreed to continue on an interim basis until a new Editor can be found. A new job description is being developed to include working with an external publisher. The addition of associate editors has also been proposed. This would give the Editor-in-Chief more support and provide a field of candidates for succession planning.

Dr Miller reported that the 2007 impact factor for the *Journal* was

1.808, and CJA is holding its own with other anesthesia journals.

### News from Executive

Dr William Splinter of Ottawa has been appointed as the new Chair of the Annual Meeting Committee.

Due to the demands of a new job at the University of Toronto, Dr David McKnight is giving up his role as Secretary of the Canadian Anesthesiologists' Society effective August 31. The Board has appointed Dr Patricia Houston, of Toronto, to complete Dr McKnight's term as Secretary, from September 1, 2008 to August 31, 2010. Dr Houston is also the Chair of the Continuing Education and Professional Development Committee.

Dr Thomas Johnson of the University of Saskatchewan has been appointed as CAS representative to the Collaborative Advisory Group for General & Family Practice Anesthesia (CAGA) which is a joint advisory group of the Society of Rural Physicians of Canada (SRPC), the CAS, and The College of Family Physicians of Canada (CFPC). He replaces Dr Robert Seal, who has represented CAS within CAGA since its inception.

Our thanks to Dr Hugh Devitt, former Annual Meeting Chair; and Dr David McKnight, outgoing Secretary; and Dr Robert Seal, CAGA Representative, for their hard work and service.

### Annual Meeting News

A total of 1,460 individuals across all categories, including exhibitors and accompanying persons, registered for the 2008 meeting compared with 1,400 individuals in 2007. 994 delegates (excluding exhibitors and accompanying persons) registered for the scientific component of the annual meeting (including Residents' Day), of which 736 purchased a Full Meeting registration.

There were 89 scientific sessions and 181 speakers, including workshop instructors and moderators of poster discussions. This surpasses the 2007 figure of 150 speakers in Calgary. Thank you to all moderators and poster chairs for the hard work of organizing and presenting these sessions.

Other successes include the Residents' Day program, which was given high marks for quality and relevance. The Exhibitors' Hall was sold out with 97 booths filled.

Vancouver will be the site of the 2009 CAS meeting from June 26-30 at the Vancouver Convention and Exhibition Centre, with the Fairmont Waterfront as the headquarters hotel.

CAS acknowledges the huge efforts put in by the Annual Meeting Committee section chairs, John Muir and the local arrangements committee, and Bill Splinter and the abstract reviewers who put in many hours. In addition, we appreciate the work done by the CAS office staff and Congress Canada.

### Committee Reports

#### *Allied Health*

Dr Fiset reported that CAS will work with respiratory therapists and nurses to develop the core competency requirements for Anesthesia Assistants in the next year.

#### *Continuing Education and Professional Development*

Dr Houston reported that with the support of the Education Consultant, Ms Jane Tipping, CAS has revised the Accredited Group Learning Activities application process and CAS has accredited 15 events in the past year. This includes Section 3 accreditation of ASA's Self-Education and Evaluation (SEE) program and Anesthesia Continuing Education (ACE) program.

# Residents' Competition — CAS 2008 Annual Meeting

## First Place



Shane Sheppard, CAS President, presenting the awards to the Residents' Competition Winners

*Shawn Hicks* (University of Ottawa) won first place in the Residents' Competition for "Lipid Therapy in a Swine Model of Bupivacaine Toxicity."

## Second Place



*Guillaume Drolet* (Laval University) won second place for "Comparison of 2 Types of Catheters for Continuous Femoral Nerve Blocks."

## Third Place



*Marie-Christine Desgagnés* (Laval University) won third place for "US-Guided Infraclavicular Block: Single Versus Triple Injections."

## Glottis Cup Challenge

The 2008 Glottis Cup Challenge was a replica of the reality TV competition, "The Amazing Race." Teams raced across Halifax looking for clues which eventually led them to Pier 21, the Immigration Museum.

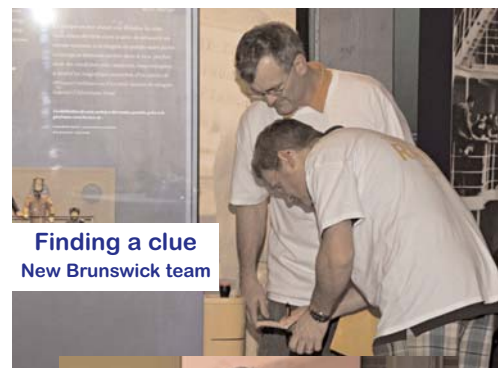
Once at Pier 21, participants and meeting delegates enjoyed a reception and tour of Pier 21, sponsored by GE Corporation. It was an enjoyable and educational evening as participants were able to learn more about the history of Canadian immigration.



Left to right: Georges Mendes, GE Healthcare Rep; Dr Allison Gray, Race organizer; CAS President, Dr Shane Sheppard



The winners from British Columbia  
Dr Eleanor Reimer  
and  
Dr Jon McCormack



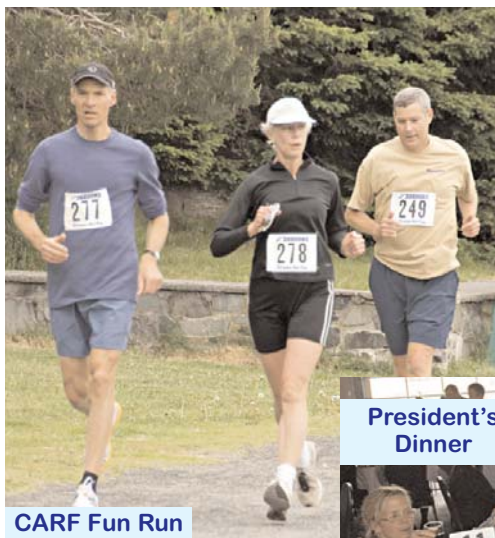
Finding a clue  
New Brunswick team



Finished!  
Ontario team

# Highlights of Halifax

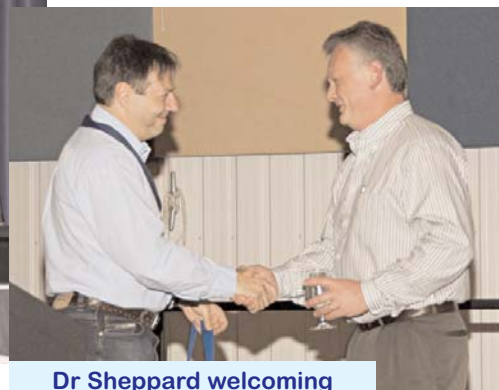
More photos of the Meeting can be found at:  
[http://www.cas.ca/annual\\_meeting/output\\_halifax/](http://www.cas.ca/annual_meeting/output_halifax/)



CARF Fun Run



Dr Haydn Perndt  
IEF Dinner Speaker



Dr Sheppard welcoming  
Dr Fiset as the new President



President's  
Dinner

Piping in the lobsters



Past Presidents left to right: Drs Richard Baxter, Serge Lenis, Ren Mann, Rob Seal, Tony Boulton



Plenary Speakers from left to right: Dr David Waisel, Dr John Kitts, Ms Cheryl Doiron with Dr Hugh Devitt



From the Political Forum: Drs Geraint Lewis, Naoki Chiba, Richard Bergstrom, Shane Sheppard



Dr Mark Lema, Royal College Lecturer  
and Dr Shane Sheppard

## CARF Fun Run

The 2008 CARF Fun Run took place at Point Pleasant Park on Sunday June 15, 2008. Runners were able to enjoy the rejuvenation of Point Pleasant Park which had been affected by Hurricane Juan in 2004.

### Open category winners (10 km)

Female: *Anne Marie Asselin*, Trois Rivières, QC (42:50)  
Male: *Phillip Dopp*, Sault Ste Marie, ON (39:42)

### Open Category winner (3.4 km)

*Doreen Yee*, Toronto (19:37)

### Open Category runners up

Female: *Sarah Nickolet*  
Male: *Jeff Thompson*

### Masters Category winners (10 km)

Female: *Sue O'Leary*  
Male: *Greg Hare*

### Masters Category runners up (10 km)

Female: *Linda Janzen*  
Male: *Peter Scoates*

Thanks to Scott Drysdale who co-ordinated the event and Baxter Corporation for sponsorship.



**Anne Marie Asselin accepts her medal from Scott Drysdale**



**Scott Drysdale congratulates Phillip Dopp**

## Annual CARF Hockey Challenge

*Bruce Craig*, CARF Director of Development

What a year for the city of Halifax...the World Tournament and the CARF Cup in the same year.

In May, the city of Halifax hosted the World Cup Hockey Tournament. In June, Halifax was once again the host to a famous hockey game—the CARF Cup. Unfortunately, unlike the World Cup, television and radio coverage as well as fan support were somewhat limited due to the numerous activities that were available to the meeting delegates along the Halifax waterfront.

The lack of fan support did not hinder the players. The action on the ice was fast and furious, featuring numerous end-to-end rushes and highlight reel goals.

Laughter and fun on the ice continue to be the order of the day. All participants expressed the desire to hold the CARF CUP challenge again next year in Vancouver and hoped that more players and fans would join them for the evening.

The organizers would like to thank Dr Rob Nunn for his help in locating the arena as well as providing last minute replacement goaltenders. We would also like to express our appreciation to Mr Steve Martin and Mr Francois Farmer and the numerous other Abbott representatives for their assistance in the organization of the hockey game.

Special thanks go to Abbott Laboratories for their financial support. With their help and support over \$5,000 was raised for the CARF Foundation.

# Canadian Anesthesiologists' Society 2007 Research Award

## Clinical Impact of Cricothyrotomy Simulation on Manual Skill Acquisition: High Fidelity vs. Low Fidelity Model Training

Zeev Friedman, University of Toronto, Toronto ON



Dr Friedman is a staff anesthesiologist and the Director of Research—Anesthesia and Pain Management at Mount Sinai Hospital and assistant professor in the Department of Anesthesia at the University of Toronto.

His main research interests involve medical education through simulation and manual skills assessment systems.

This study which was a joint venture of Mount Sinai and St Michael's Departments of Anesthesia, examined ways of training anesthesia residents in the performance of cricothyrotomy. Recent years have seen a decline in the need for emergency surgical airways, which has resulted in a decreased exposure to this life saving technique. Consequently, residents have very little confidence in performing cricothyrotomy and may hesitate when it is urgently needed. This obviously may cause a major gap in residency training that has to be addressed early on, since

residents are usually the first to answer Code Blue calls.

The purpose of this study was to compare cricothyrotomy skills acquired on a simple inexpensive model to those learned on a high fidelity simulator using valid evaluation instruments. Testing was performed on cadavers.

Our results show that training on both models significantly improved cricothyrotomy performance. There was no significant difference in cricothyrotomy performance between the two model groups.

This key competency was performed poorly before simulation based training. The skills acquired on both models transferred effectively and equally well to cadavers. Simulation based teaching is effective with an inexpensive (\$10 CAD), non-anatomical model. Simulation based cricothyrotomy training should form part of a mandatory curriculum before independent practice.

This study was presented as a poster at the 2008 CAS meeting and was accepted for publication in *Anesthesia & Analgesia*.

### What's New on the CAS website

#### Looking for the Annual Report?

[http://www.cas.ca/members/sign\\_in/annual\\_report/](http://www.cas.ca/members/sign_in/annual_report/)

Highlights of the Annual Meeting at Halifax can be found at: [http://www.cas.ca/annual\\_meeting/output\\_halifax/](http://www.cas.ca/annual_meeting/output_halifax/)

### Evaluation prize winners

Thank you for sending in your evaluations at the Annual Meeting. Completing and submitting them definitely had rewards for these winners....

**Andrea Todd, ON:** \$50 Gift card from Clearwater Lobsters

**Sean Orrell, NS:** \$50 Maple product giveaway

**Hilary Taylor, NS:** \$50 popcorn giveaway

**Andre Denault, QC:** \$50 rum cake giveaway

**Thomas O'Leary, AB:** \$50 Keg gift card

### Passport to Vancouver winners

#### 1st Prize: Robert Desjardins, Bathurst NS

Four nights (double occupancy) at the Fairmont Waterfront during the 2009 CAS Annual Meeting in Vancouver, BC.

#### 2nd Prize: Barry Frances, Westmount, QC

Complimentary full-meeting registration plus two optional scientific events of your choice at the 2009 CAS Annual Meeting.

#### 3rd Prize: Donald Morrison, Halifax NS

Gift certificate for dinner for two at the restaurant located in The Fairmont Waterfront during the 2009 CAS Annual Meeting in Vancouver, BC.

# 2008 CAS Medical Student Essay Competition Winner

## Canada's Other "Great Triumvirate" of Anesthesia

Trevor Arnason, University of Toronto, MD Class 2011



Trevor Arnason accepting his award from Shane Sheppard

The team of Wesley Bourne, Harold Griffith and Digby Leigh has often been referred to as the "Great Triumvirate" of Canadian anesthesia. Working at McGill University as clinicians, researchers and teachers, these three led the way in the formative years of anesthesia in Canada: the 1930s and 1940s. In addition to their role in advancing the clinical use of surgical anesthesia during the Second World War, they were innovators in the field and, as founders of the Canadian Anaesthetists' Society in 1943, were instrumental in establishing anesthesia as a profession in Canada.

Their efforts were widely recognized both within Canada and internationally. The term "Great Triumvirate," however, could easily be applied to another group of Canadian anesthetists who also worked in Quebec, albeit much earlier: Edward Dague Worthington, James Douglas and Horace Nelson. These men were the true pioneers of surgical anesthesia in Canada, starting their careers at a time when major surgery was routinely performed with absolutely no consideration of pain relief. Much like Bourne, Griffith and Leigh, these three physicians were at the forefront of anesthesia in their

day and their research helped legitimize anesthesia as a medical discipline in Canada. However, it is the concern these physicians had for their patients' well-being and safety that ultimately places them among the greats of Canadian medicine.

In the middle of the 19th century modern anesthesia was in its infancy and Worthington, Douglas and Nelson were at the very cutting edge of this new practice. The American dentist William Morton famously demonstrated publicly for the first time the use of a gas, diethyl ether, as an inhaled anesthetic agent during a surgery in Boston in October, 1846. In March of 1847, Worthington, Nelson and Douglas all independently administered ether successfully to patients undergoing surgery in various locations in Quebec.

The next major breakthrough in general anesthesia came that same year when Sir James Young Simpson introduced the anesthetic properties of chloroform. Only two months later, in January 1848, Worthington was employing chloroform during the manual reduction of the fractured femur of an elderly woman in Sherbrooke, Quebec. Worthington's eagerness to use chloroform was motivated by an incident where he incensed a male patient after failing to anesthetize him completely with ether. He recalls the event in his autobiography: "I gave his arm an inquiring pinch, "Do you feel that?" "Yes! Do you feel that?" and in a second we were tumbling over the floor, near a red-hot cooking stove . . . I was punched in the ribs that day enough to last for a month."

**They established the safety and efficacy of novel drugs for their patients through research and careful experimentation.**

**This showed remarkable foresight for physicians in the mid 19th century.**

By the time John Snow convinced the public of chloroform's value as an anesthetic in 1853, when he administered it to Queen Victoria during the birth of Prince Leopold, these three Canadian physicians were already well practiced in its use. Moreover, Canada's early anesthetists were seemingly adept at administering chloroform as the first death attributed to the anesthetic in this country was not reported until ten years after its introduction, whereas in Britain and the United States deaths from chloroform were reported within the first few months of its use.

From the very beginning, Worthington, Douglas and Nelson recognized the need for research and innovation in the practice of anesthesia. They were among the first Canadian physicians to publish journal articles on the subject of inhaled anesthetics. Nelson led the way in research, starting to study ether shortly after it was first demonstrated in Boston. He immediately recognized the need to understand more about the physiological effects of the gas before it was administered extensively to patients. Nelson and William Webster, his colleague at the Montreal Medical Institute, began

continued on the next page



## Triumvirate (cont'd)

experimenting with ether on dogs as early as January, 1847.

Nelson, however, did not limit his experiments to dogs and his patients. He was well known to self-experiment, inhaling ether hundreds of times during his career. Douglas and Worthington's work found ways the then-new anesthetics could be used effectively in clinical practice. Worthington was primarily concerned with the proper administration of anesthetics to ensure the safety of his patients. Upon seeing a patient with severe leg pain in March, 1847 he quickly improvised an inhaling device using "a large ox-bladder, with a stop-cock attached, a mouth-piece, made of thick leather, covered with black silk and well padded round the edges, with a connecting long brass tube that had done service as an umbrella handle in many a shower..."

James Douglas applied similar ingenuity to ensure his surgical patients

received the benefits of modern anesthetics. In 1848, he realized that in emergencies it would take one or two days for chloroform to be delivered to his hospital in Quebec City. Wanting to ensure a constant supply for his patients, he set about concocting the chemical himself and, with some perseverance, succeeded after several failed attempts. As good scientists they all kept detailed records of their work and thus contributed to the global body of knowledge of anesthesia. Their contribution in these early days paved the way for anesthesia to become a genuine medical discipline in Canada.

The clinical and research accomplishments of these three physicians reveal that they shared a common characteristic of all great anesthetists: exceptional care for the welfare of their patients. They recognized the need for inhaled anesthetics by observing the barbarity of surgical practice at the beginning of the 19th century. Their rapid intro-

duction of ether and chloroform into their practices was likely a result of the obvious need in this country at the time. They also saw the necessity to establish the safety and efficacy of novel drugs for their patients through research and careful experimentation, which showed remarkable foresight for physicians in the mid 19th century.

In their day, Douglas, Nelson and Worthington would have likely described themselves as surgeons, but their concern for patient safety and, more importantly, relief from pain during surgery means that they were truly Canada's first anesthetists. As anesthesia grew from a craft to a specialty in Canada, the "Great Triumvirate" of Bourne, Griffith and Leigh demonstrated that excellent anesthetists combine boldness and ingenuity with a patient-centred approach. By this measure Douglas, Nelson and Worthington deserve a place among Canada's anesthesia greats.

*(References available on request)*

## News from Halifax

*John Muir, Local Arrangements Chair, Halifax 2008*

Delegates were welcomed to Halifax with a reception on Friday evening at which they were able to meet industry representatives in the Exhibit Hall.

The Golden Glottis Cup reception on Saturday evening, held in Pier 21, the national immigration museum, was well attended. The four provincial teams that competed in the "Amazing Race" Halifax CAS 2008 remarked on how enjoyable an experience it had been. The winning team from BC was ecstatic about their win. Appreciation for sponsorship of this event was conveyed to GE Healthcare.

Approximately 40 runners completed the various CARF Fun Run routes. Baxter sponsored the event and assisted Dr Scott Drysdale with its organization. Both were thanked for

their considerable contribution to this event.

The Food and Wine Pairing event was sold out with 78 tickets. The venue itself was exciting and unique: Citadel National Historic site. Nova Scotia food and wine was well received by the mostly out-of-province guests. This year featured a Nova Scotia beer and food tasting at which 28 delegates participated. If the event is repeated in Vancouver, a wider range of beers has been requested!

The President's Dinner was a traditional lobster dinner with 227 participants. This year included a large reception area where people mingled easily prior to dinner, no entertainment, short speeches and having the lobster piped in, rather than the President!



**Welcome Reception**

Congress Canada, the event management team was of great help in organizing many of the small details of the social events. Their expertise in management of the hotel space and food and beverage services was invaluable.

We are looking forward to next year's events in Vancouver — Dr David Parsons will chair the Vancouver 2009 Local Arrangements Committee.

# Malignant Hyperthermia Association of the US

## Offering Membership and Services to Canadian Anesthesiologists

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*Henry Rosenberg, MD CPE*  
President MHAUS

The Malignant Hyperthermia Association of the US (MHAUS) is a not-for-profit patient advocacy organization that was formed in 1981 to raise awareness of malignant hyperthermia (MH), educate professionals and patients concerning MH, stimulate and support research, with an overall vision to eliminate death and disability from MH and MH-like syndromes.

Over the years, with the assistance of dedicated anesthesiologists and nurse anesthetists, we have developed numerous educational and support services. You can learn about many of them on our web site [www.mhaus.org](http://www.mhaus.org). This includes printed material for downloading, a slide show, podcasts from recent presentations and information concerning our procedure manuals.

As much as possible, we offer our material free of charge. One of our signature services is the MH Hotline. This 24/7 service connects a physician in need of information and advice regarding his/her patient with one of our MH experts, at no charge. Some of you may already have made use of the hotline.

We also support the North American MH Registry of MHAUS, a database of patient information concerning clinical presentations of the syndrome and the results of testing for susceptibility. There are over 3,000 entries in the Registry. Many abstracts and publications have come from this database.

Although there has been much progress in reducing morbidity and mortality from MH we still learn of deaths and tragedies from MH and discover some facilities are unprepared for the management of the syndrome. The progress that has been made and continues to be made concerning genetic diagnosis and presentations of MH with and without anesthesia indicate that the syndrome has wider implications for medicine than just a rare adverse reaction to anesthesia.

Canadian anesthesiologists and researchers have, and continue to play, a very important role in the recognition and understanding of malignant hyperthermia. I was fortunate enough to attend the first International Workshop in Toronto in 1971 and that established my subsequent interest in the syndrome.

It is believed that R A Gordon actually suggested the name of the syndrome and certainly David MacLennan's laboratory was the first to identify the role of the ryanodine receptor and the gene for the receptor in the pathogenesis of MH. Beverly Britt, Werner Kalow, Julian Loke, Daniel Chartrand, Lena Patel, Kevin Nolan, Depak Bose, Wanda Frodis, and Marylou Crossan are just some of the people that have played an important role in the efforts to improve patient care as it relates to MH. That is quite a tradition.

It is unfortunate that the Malignant Hyperthermia Association of

Canada was not able to continue its activities. MHAUS' theme has always been to be inclusive rather than exclusive, so I extend an offer to all Canadian anesthesiologists and others interested in MH to avail themselves of our services and become involved in our educational and other activities.

In order to encourage you to learn more about MH and MHAUS, the Board of MHAUS will extend a free membership in MHAUS (usually \$35(US)/year) to all Canadian anesthesiologists through December 31, 2008. Please contact the MHAUS office via mail or email or through the web and identify yourself and the specific facility you work in. Of course, if you wish to become a paying member or contributor, we welcome that support as well. As a member you will receive a 10% discount on any materials you order, our quarterly newsletter, *The Communicator*, our e-Newsletter and any other publications that become available.

MHAUS is a not-for-profit organization. Only the office staff, the executive director and the director for the North American MH Registry are compensated. None of the Board members, the Professional Advisory Council, or the hotline consultants receive a stipend. Our source of income is voluntary donations and membership fees from patients, clinicians and businesses.

### MHAUS information

**Website:** [www.mhaus.org](http://www.mhaus.org)  
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PO Box 1069  
Sherburne, NY 13460  
**E-mail:** [info@mhaus.org](mailto:info@mhaus.org)  
**Phone:** (607) 674-7901

# The CAS at the World Congress

*Angela Enright, WFSA President*

Canada has a long history of involvement in the World Federation of Societies of Anaesthesiologists (WFSA)—the CAS was a founder member. The first President was Dr Harold Griffith of Montreal. The CAS hosted the 2nd World Congress in Toronto in 1960 and the 12th World Congress in Montreal in 2000. So it is no surprise that the CAS played a significant role in the 14th World Congress in Cape Town in March 2008.

There were many Canadian speakers in all areas of anaesthesia. The Harold Griffith Symposium, which is the only eponymous symposium at the WCA, focused on patient safety. Taking part in that were Dr Jan Davies of Calgary, Dr Shane Sheppard, CAS President, and Dr Angela Enright, at that time Chair of WFSA Education Committee. The scientific program was of a very high quality and featured almost every aspect of anaesthesia and perioperative care. Cutting edge and basic science were all to be found in the well balanced program.

The CAS International Education Foundation, in conjunction with many university and hospital departments of anaesthesia across Canada, brought 14 young anaesthesiol-

ogists from Rwanda (10), Ethiopia (1), Nepal (2) and Mexico (1) to the Congress. This was a fantastic experience for them. They met other young colleagues from all over the world. There were 37 International Fellows altogether and many of them presented posters. They enjoyed the science, the tourism and the social aspects of the Congress. They have returned home knowing what the larger world of anaesthesia is like and planning to participate in educational and scientific projects.

At the WFSA General Assemblies, Canada was represented by Drs Tony Boulton, Angela Enright, Pierre Fiset and Shane Sheppard. Dr Boulton is a member of the Executive Committee of the WFSA and was elected its Vice-Chair. Dr Enright was elected President of the WFSA, only the second Canadian to be so honoured. Her term will last until the 15th World Congress to be held in Buenos Aires in 2012.

All in all, this was a memorable congress for Canadians. We look forward to seeing many of you in Argentina in 2012.



**Dr Angela Enright, incoming President WFSA, shares the podium with outgoing President, Dr Anneke Meursing**





## Anesthesia News

Please send contributions to:

*Anesthesia News*

Canadian Anesthesiologists' Society

1 Eglinton Avenue East, Suite 208

Toronto, Ontario M4P 3A1

Or email: [communications@cas.ca](mailto:communications@cas.ca)

*Anesthesia News* serves to inform CAS members about current CAS activities and topics of general interest to Canadian anesthesiologists.

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## Announcement of New Royal College of Physicians and Surgeons of Canada (RCPSC) Specialty Committee Chair



Congratulations to Dr Josée Lavoie who was recently appointed as Chair of the Royal College Specialty Committee of Anesthesiology. Dr Lavoie has significant experience with the RCPSC examination process and has been an active participant in Specialty Committee activities.

We would also like to express our appreciation to Dr David Parsons, former Chair, for his leadership.

### Poster Discussion Winners

#### Anemia Institute for Research and Education Travel Award

Winner: *Khala Albert*, Queen's University, Kingston ON

Poster: Compatibility of Ringer's Lactate with AS-3 Packed Red Blood Cells

#### CVT Raymond Martineau Prize

Winner: *David Bracco*, McGill University, Montreal QC

Poster: Microvascular Response to Cardio-Pulmonary Bypass During Cardiac Surgery

#### Best Paper in Anesthesia Education and Simulation

Winner: *Matthew Sims*, Dalhousie University, Halifax NS

Poster: Anesthesia Resident Stress: Implications for Canadian Postgraduate Training

### New CME Online Module

#### Challenges in Obstetric Anesthesia and Analgesia

(June 2008)

Prepared by *Roanne Preston*, MD FRCPC

A new online module, "Challenges in Obstetric Anesthesia and Analgesia," is now available free of charge to CAS members and *Canadian Journal of Anesthesia* subscribers. Go to: [www.cja-jca.org](http://www.cja-jca.org) and click on the CME Online logo. Sign in with your member number, to enter the module and answer the questions that follow. Read the introduction to prepare for the Self Assessment Program.

Members can claim up to ten Continuing Professional Development (CPD) hours under Section 3 of the Royal College Maintenance of Certification program for a total of 20 credits.

(Note that Section 3 hours are not limited to a maximum number of credits per five-year period. There is no minimum score required to be eligible for CPD credits: the goal of participation is to learn and to define potential areas for improvement.)