

CAS

ANESTHESIA NEWS

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CANADIAN ANESTHESIOLOGISTS' SOCIETY

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www.cas.ca



MESSAGE FROM THE PRESIDENT



Hello fellow CAS members!

I'd like to start my first newsletter column by expressing how deeply honoured I am to have been chosen for this role. I'm fully committed to serving you, our members, to ensure that your needs are met so that you may, in turn, look after your patients' needs. I will also strive to represent our specialty beyond our community, so that it receives the respect and recognition that it deserves.

I want to take a moment to acknowledge and sincerely thank Dolores McKeen, Daniel Bainbridge and all of the previous CAS Presidents for their significant contributions to our Society. Each one has built upon the foundations laid down by their predecessors and so we must share our successes as a collective and appreciate the impact of their important work. Likewise, I want to congratulate Adriaan Van Rensburg for leading the Annual Meeting team and producing a fantastic conference in June, our first in-person event since 2019. Those who attended in Halifax can attest to its success! Kudos must also go out to Stephan Schwarz, Editor-in-Chief of our outstanding *Journal*. Under his leadership, the *Canadian Journal of Anesthesia* continues to produce high quality content, which is recognized internationally, and is a true jewel in our Society's crown.

After much reflection and discussion, the Executive Committee has made the decision to seek new leadership for the CAS. As a result, Debra Thomson will no longer be serving the CAS as the Executive Director (ED). This was not a decision that was taken lightly, but we believe that it is what's best for the organization. I would like to thank Debra for her six years of service as our Executive Director and wish her well in her future endeavours. Our new ED (who will now carry the title of CEO) is Ms Vanessa Foran, who has been at the helm of Asthma Canada for the past six years. She will bring a wealth of experience and energy to the Society and we very much look forward to welcoming her to our organization in October. Our national office staff will be supporting and orienting our new CEO during this period of transition. Please be patient with any head office requests and try to defer non-urgent issues for the next several weeks in order to facilitate this process.

I'm also very excited to welcome another new member to our Executive Committee: Giuseppe Fuda, who is our new Vice President. His passion and commitment will be a tremendous asset

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to the organization. Andrew Nice (Secretary), Hilary Grocott (Treasurer), Dolores McKeen (Past President) and I look forward to working with him in his new role!

The last few years have been so very challenging. Our medical communities, anesthesia included, have been existing in survival mode. We've been showing up and trying our best to tackle the ever-growing surgical backlog in the setting of insufficient resources (staffing, hospital beds, medication, equipment). This crisis has highlighted the importance of support and communication within our specialty *and* the need to reach out to external stakeholders. Dealing with the recent epidural catheter shortage has provided us with an opportunity to establish relationships with Health Canada, procurement organizations, the media and industry.

Moving forward, the CAS plans to increase its advocacy role. We are committed to putting ourselves at the table with federal/provincial governments and other organizations to address the surgical backlog and the related health human resource issue. Our government relations agency, Global Public Affairs (GPA), has been instrumental in guiding us on this advocacy path and we will continue to seek counsel from this firm.

I would also like to look at how we can further build and strengthen our anesthesia community. During my tenure, I want to help develop support networks

for our anesthesia colleagues who work in rural and remote parts of our country. Canadians should be able to receive healthcare, including surgical, obstetrical and emergency care, within their own communities. Exploring and promoting models of delivery that enable rural access to quality care will be a priority.

Speaking of quality care, I will consider ways to develop a connected national quality improvement community. We have an incredible wealth of QI work being done in Canada, but currently lack an effective means to share and collaborate on these initiatives. Conor McDonnell, the Chair of the CAS Quality and Patient Safety Committee, and I welcome your ideas on how to best create a forum for this QI community.

Finally, I would like to thank you for supporting the CAS with your membership. The tireless work of our Executive Committee, Board members and Section/Committee Chairs is, in fact, done on a volunteer basis. That being said, your membership dues are essential for funding our head office, which is the indispensable glue that holds the organization together, as well as supporting our many educational and advocacy initiatives. I encourage you all to use your voice, as an ambassador for our specialty, to promote the importance of CAS membership to your colleagues and trainees to continue empowering us to do this important work.

Dr Lucie Filteau

BOARD OF DIRECTORS

AS OF SEPTEMBER 2022

EXECUTIVE COMMITTEE

Dr Lucie Filteau, President
Dr Giuseppe Fuda, Vice-President
Dr Andrew Nice, Secretary
Dr Hilary Grocott, Treasurer
Dr Dolores McKeen, Past President
Vanessa Foran, CEO (non-voting)

DIVISIONAL REPRESENTATIVES

Dr Angela Ridi
Dr Dennis Drapeau
Dr Joseph Desreux
Dr Tim Maxwell
Dr Giuseppe Fuda
Dr Rohit Kumar

Dr Jennifer Plester
Dr Mateen Raazi
Dr Saifee Rashiq
Dr Annika Vrana

EX-OFFICIO MEMBERS (Voting)

Dr Mateen Raazi, ACUDA President
Dr Joel Sardinha, Resident Representative

INVITED GUESTS (non-voting)

Dr Doreen Yee, CARF Chair
Dr Joel Parlow, CASIEF Chair
Dr Stephan K.W. Schwarz, CJA Editor-in-Chief
Dr Michael Cummings, RCPSC Representative

[CLICK HERE TO VIEW ONLINE](#)



THANK YOU TO DR DOLORES MCKEEN...

for your hard work, leadership and dedication to CAS. Your contributions to the Society have been invaluable.



WELCOME NEW CAS CEO VANESSA FORAN, CAE



Vanessa Foran, CAE

Vanessa Foran is proud to be joining the Canadian Anesthesiologists' Society as CEO, bringing with her more than 25 years' experience as an NGO leader with healthcare groups such as Diabetes Canada and the Pediatric Oncology Group of Ontario. In her most recent role as President and CEO of Asthma Canada, she helped the organization increase revenue and reach, establish a new brand and a national research program, successfully implement multi-year strategic plans, and implement advocacy initiatives to improve health outcomes for Canadians living with asthma. During this time, Vanessa also served on the Boards of the Health Charities Coalition of Canada (HCCC), which advocates for sound public policy on health

issues and the Global Allergy and Airways Patient Platform, which provides a unified voice on global education and advocacy initiatives focused on respiratory issues.

Prior to her role with Asthma Canada, she served Parkinson Canada as Vice President of Public Affairs and National Programs, overseeing public policy, research, education and support, and communications. She led the Canadian coalition - Neurological Health Charities Canada, participated in numerous advocacy initiatives working with the Canadian Coalition for Genetic Fairness, the Canadian Caregiver Coalition, and Best-Medicines Coalition. In 2015, Vanessa chaired Health Charities Coalition of Canada's Public Policy and Advocacy Committee, where she played a pivotal role assisting HCCC with their position on Access to Medicines. She was also a policy advocate for the Canadian finance and leasing industry throughout the 2008 economic crisis and recovery.

Vanessa is a Certified Association Executive (CAE), holds a degree in Biomedical Ethics and Politics & Religion and has completed graduate education in public relations and public policy. She lives in Toronto with her husband and two daughters.

ADVOCACY UPDATE - CRNAs

In early 2021, CAS learned that the Ministry of Health in British Columbia had created a plan to introduce Certified Registered Nurse Anesthetists (CRNAs) as a new health profession and to establish an educational program to train CRNAs in BC. Since then, CAS has been supporting our BC colleagues with their advocacy efforts and in developing a strategy to stop the Ministry from moving closer to including CRNAs in the province. This includes embarking on a concerted and proactive strategy to raise the profile of anesthesiologists among government decisionmakers and share information on the importance of medical professionals within anesthesia care teams. Recently, we have finalized a position statement on the issue.

CAS firmly rejects the adoption of CRNAs in Canada. Anesthesia should remain as a physician-led domain of medicine, with a specialty trained Fellow of The Royal College of Physicians of Canada (FRCPC) anesthesiologist or Family Practice Anesthetist (FPA) providing care, with the support of Anesthesia Care Teams, using a principle of delegation, not substitution.

You can view our full position statement by clicking the button below or visiting www.cas.ca/advocacy.

POSITION STATEMENT

2022 CAS ANNUAL MEETING RECAP

2022 CAS Annual Meeting Recap – A Great Time had by All!

CAS was thrilled to return to an in-person Annual Meeting from June 24 - 26th in beautiful Halifax, Nova Scotia. We were delighted to see so many delegates back together again.

The Annual Meeting unofficially kicked off with a Welcome Reception, including lots of delicious food, complimentary drink tickets, and the opportunity to mingle with fellow delegates amongst the exhibitors. The evening wrapped up with the CARF Dinner Event at Alexander Keith's Brewery.

Saturday marked the start of the scientific program. Highlights included:

- Opening Ceremony with keynote speaker Dr Jillian Horton with her talk entitled "Patients First, But What's Next? Moving Towards a More Relational Culture Even During a Pandemic".
- Test-Enhanced Learning sessions on subjects from perioperative pain management to ethics.
- Workshops on POCUS and patient safety.
- Problem-Based Learning Discussions on perioperative, cardiovascular, thoracic, pediatric, and neuroanesthesia.
- Five teams competed in the popular Annual Residents' Oral Competition.
- The President's Party, a classic down-home East Coast party experience at Waterfront Warehouse, closed the night. Live music was provided by Halifax staple Big Fish.

Sunday offered another day packed with scientific and social events. Highlights include:

- The inaugural Women in Anesthesia Breakfast, featuring Dr Amy Pearson, American Society of Regional Anesthesiology and Pain Medicine (ASRA) 2022 Annual Meeting Chair. Hosted by Dr Dolores McKeen, the goal of this event was to bring together women (and their supporters) in the profession, to network and create a community of support.
- The President's Session featured outgoing President, Dr Dolores McKeen, discussing "Advocacy and Activities of the Canadian Anesthesiologists' Society".
- Members joined the CAS Annual Business Meeting to be informed of the Society's current financial position, to vote for the new CAS Executive members, and to receive a report from key CAS partners.
- The *Canadian Journal of Anesthesia*, in collaboration with the *British Journal of Anaesthesia*, presented a symposium on last year's top papers *published*.
- Dozens of engaging sessions and Problem-Based Learning Discussions (PBLDs), featuring leading speakers and moderators in our profession.
- Several streams of anesthesia were covered, including chronic pain, perioperative care, cardiovascular and thoracic anesthesia, regional and acute pain, patient safety, obstetric anesthesia, neuroanesthesia, critical care, and environmental sustainability.
- Five teams competed in the Richard Knill Competition. The Closing Ceremony/Awards Ceremony celebrated an impressive cadre of award winners [listed here](#).
- The evening concluded with the CASIEF Dinner, where Dr Jochen Hinkelbein discussed "Anesthesia and Resuscitation in Space".



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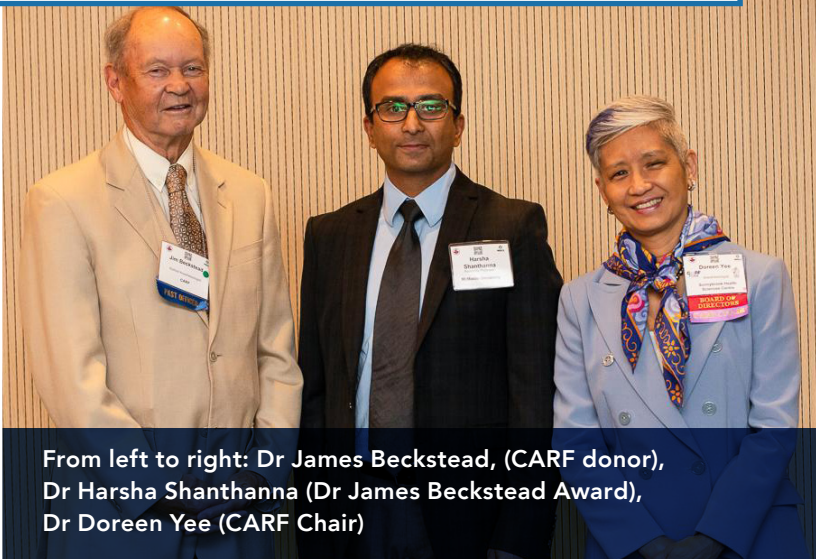


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We thank everyone who made the CAS Annual Meeting possible, including our delegates, volunteers, speakers, exhibitors, supporters and partners. It was a great success, and we look forward to continuing to build on this success in subsequent meetings. Make sure to access your CME certificates on the [CAS Annual Meeting website](#). We hope to see everyone in Quebec City for the next CAS Annual Meeting, June 9-12, 2023.



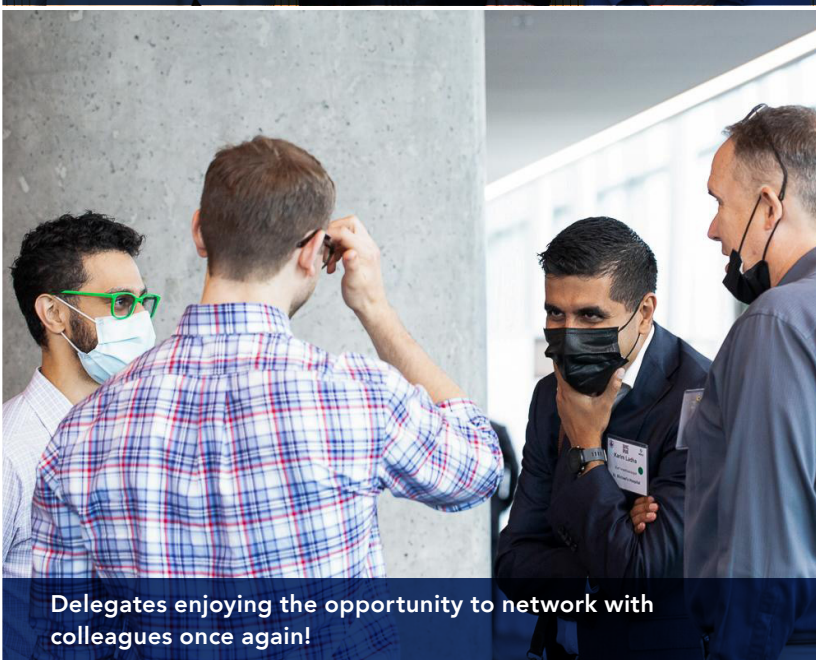
From left to right – Past President Dr Dolores McKeen, Dr Hesham Talab (Clinical Teacher Award), Dr Philip Peng (Gold Medal) and Dr Alexandre Dauphin (CAS Humanitarian Award)



From left to right: Dr James Beckstead, (CARF donor), Dr Harsha Shanthanna (Dr James Beckstead Award), Dr Doreen Yee (CARF Chair)



Cheers to another successful Annual Meeting!



Delegates enjoying the opportunity to network with colleagues once again!

SPOTLIGHT ON MEMBER BENEFITS

CANADIAN ANESTHETIC INCIDENT REPORTING SYSTEM (CAIRS)

CAS members nationwide are able to participate in the Canadian Anesthetic Incident Reporting System (CAIRS), an anonymous reporting system developed to enhance the safety and efficacy of anesthesia and pain management. This information can be used to advocate on behalf of patient safety and help identify larger systemic issues and start the process for identifying potential resolutions. Please see below for a timely message from, Dr Kathryn Sparrow, Chair, CAIRS Committee, on the importance of the **CAIRS system**.

The goal of the CAS Canadian Anesthetic Incident Reporting System (CAIRS) is to collect all incidents, errors, and complications that take place during perioperative care and to provide analysis and timely feedback. CAIRS can uniquely offer real-time feedback on both a local and national level.

Currently we strongly encourage members to document Epidural Catheter/Kit Medical Device Shortage-related events and experiences that occur in **CAIRS**. Our objective is to determine the impact of critical patient safety incidents in

Canada during this medical device shortage to better prepare for the future. Examples of key incidents include patient safety incidents, critical equipment shortages, triage and scarce resource allocation, equipment malfunction, and unintended consequences of abnormal practice circumstances. Data entry is quick and easy. Our objective is for the CAIRS team to provide feedback with regular updates (weekly) to CAS members and related care team members.

Another project that CAIRS has been actively involved in is the "Canadian Anesthesia Perioperative Safety (CAPS) Study". This prospective, observational cohort study will generate novel data on how often perioperative patient safety incidents occur in Canada and how often patient safety incidents adversely affect patient outcomes. This study will explore the impact that processes of care, geographical, patient, and hospital-based factors have on perioperative patient outcomes. With the engagement of patient partners, this study will address Canadian Anesthesia Research Priority Setting Partnership priorities for anesthesia and perioperative research.

We look forward to having all CAS members involved in this research study!

2022 CANADIAN ANESTHESIOLOGISTS' SOCIETY AWARD WINNERS

For more than half a century, CAS has recognized, promoted and fostered excellence in anesthesia through our **extensive award programs**. Each year, on the final day of the CAS Annual Meeting, members celebrate the achievements and contributions of their peers during a ceremony dedicated to those who have made significant contributions to the practice, teaching

and advancement of anesthesia. We thank everyone who attended, and offer huge congratulations to the winners! We'd also like to thank our committees, sections, volunteers, donors, applicants and nominators for their invaluable contributions to our award process.

Congratulations to our **2022 Winners!**

2022 CAS HONOUR AWARDS WINNERS

 CAS Gold Medal Dr Philip Peng Toronto, ON	 CAS Emeritus Award Dr Davy Cheng London, ON	 CAS Humanitarian Award Dr Alexandre Dauphin Hamilton, ON	
 John Bradley Young Educator Dr Natalie Clavel Toronto, ON	 Research Recognition Award Dr André Denault Montreal, QC	 Clinical Practitioner Award Dr Gabriele Baldini Montreal, QC	 Clinical Teacher Award Dr Hesham Talab Ottawa, ON

Call for Nominations 2023! *Nominations for the 2023 program are now open!*

To nominate someone is to celebrate their achievements and recognize how they have set the bar for excellence in their respective fields of anesthesia or research. On top of recognizing your colleague, writing a nomination is a great way to pause and express gratitude. In writing a nomination, you learn a bit about yourself, what you value and what you plan on achieving in your own career.

CAS Awards are chosen from the nomination pool, so please consider diversity in your choices. CAS values diversity as a source of strength that can only be fully realized through equitable and inclusive involvement of all. We aim to recognize the incredible contributions of anesthesiologists, across the country.

For eligibility, nomination and selection information, please visit www.cas.ca/honourawards. Note that all nominees must be active members of CAS.

The deadline for all nomination submissions is **November 30, 2022**.

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CAS Research Program Winners

The CAS Research Program administers almost \$200,000 annually through the Canadian Anesthesia Research Foundation (CARF), providing support to CAS member researchers in anesthesia. The competition will reopen in the fall. Please [visit our website](#) for updates, follow us on social media and keep an eye out for an email announcement.

Congratulations to the **2022 Winners!**

2022 RECIPIENTS - RESEARCH OPERATING GRANTS

New Investigator Grants				Open Grants		
Ontario's Anesthesiologists - CAS Residents' Research Grant	Canadian Anesthesiologists' Society Research Award	Dr Earl Wynands Research Award	Dr James Beckstead Award – NEW	Dr R A Gordon Research Award	CAS Research Award in memory of Adrienne Cheng	CAS Career Scientist Award
Dr John Peel Toronto, ON	Dr Kazuyoshi Aoyama Toronto, ON	Dr Michael Sklar Toronto, ON	Dr Harsha Shanthanna Hamilton, ON	Dr Philippe Richebé Montréal, QC	Dr David Ogez Montréal, QC	Dr Manoj Lalu Ottawa, ON

Medical Student Prize Winners

The Medical Student essay competition seeks to increase awareness among undergraduate medical students of the specialty of anesthesia and the role of anesthesiologists in modern healthcare. A first, second and third prize are awarded annually. Full details on the prize are [available on our website](#). The winning paper [is featured in this issue](#) of CAS newsletter *Anesthesia News*.

Congratulations to the **2022 Winners!**

2022 CAS MEDICAL STUDENT PRIZE WINNERS

First Place	Second Place	Third Place
Michael Paille	Dmitry Neymark	Bridgette Chan
Winnipeg, MB	Richmond Hill, ON	Halifax, NS

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Best Abstract Winners

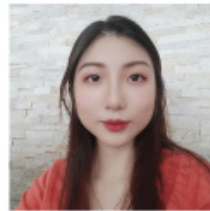
Annually CAS recognizes the best abstracts submitted to the CAS Annual Meeting. Abstracts are available in a wide variety of anesthesia streams, and the abstract competitions are sponsored by CAS Sections and Committees.

Congratulations to the **2022 Winners!**

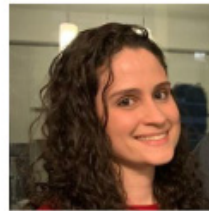
BEST ABSTRACT WINNERS



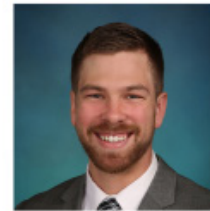
Ambulatory Anesthesia
Dr Tripti Nagdev



Chronic Pain Anesthesia
Dr Maggie Xiao



Obstetric Anesthesia (Anesthesiologists)
Dr Natalie Portela



Obstetric Anesthesia (residents)
Dr Brendan Morgan



Perioperative Medicine Anesthesia
Dr Paula Perez



Regional and Acute Pain Anesthesia
Dr Maxime Caron-Goudreau



CAS Critical Care Medicine Award
Dr Louis Morisson



Ian White Patient Safety Award
Dr Tariq Esmail



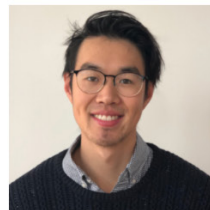
BEST ABSTRACT WINNERS - ONSITE



Richard Knill Competition winner
Dr Clyde Matava



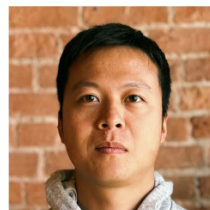
Richard Knill Competition Honourable Mention
Dr Gianni Lorello



Residents Competition winner
Dr Chenchen Tian



Residents Competition Honourable Mention
Dr Julien Vaillancourt



CVT Raymond Martineau Award
Dr Kyle Chin



Best Abstract in Education and Simulation in Anesthesia
Dr Sabine Nabecker



Best Abstract in Pediatric Anesthesia
Dr Katherine Impey





2022 CAS OUTSTANDING VOLUNTEER AWARD WINNERS

THIS IS AWARDED TO CAS MEMBERS WHO HAVE MADE A SIGNIFICANT AND SUSTAINED CONTRIBUTION TO THE SOCIETY AND HAVE HELPED IMPROVE ITS IMAGE AS VOLUNTEERS.

CONGRATULATIONS TO OUR INAUGURAL WINNERS!



Dr Doreen Yee

Dr Yee started her extensive volunteer involvement with CAS in 1998 when she was the Local Arrangements Chair for the CAS Annual Meeting. She has chaired CARF (the Canadian Anesthesia Research Foundation) and via that important position contributed to the CAS board for numerous years. CARF has enabled CAS to support Canadian research and advance the field on national and international levels.



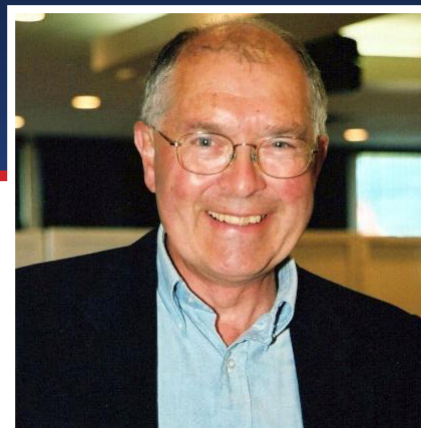
Dr James Kim

Dr Kim has been a CAS member since 1999, having contributed to CAS in a wide variety of ways. Select contributions include: representing CAS on the Board for the CAS British Columbia Division, serving on various committees and performing ambassador roles throughout the years, and performing Treasurer duties on the Executive Committee, part of which was during the Covid-19 pandemic.

WWW.CAS.CA/HONOUR-AWARDS

IN MEMORIAM

DR KENNETH TURNBULL



Dr Kenneth Walter TURNBULL, BASc MD FRCPC
December 22, 1937 – July 3, 2022

*Prepared by Dr Richard Merchant, colleague
of Dr Turnbull, and CAS member*

Dr Ken Turnbull passed away at 84 years of age in Vancouver. He was born, raised, and educated in Vancouver; valedictorian of his high school graduating class, taking an undergraduate degree in Civil Engineering, then entering Medicine at UBC, culminating in the anesthesia residency at UBC. On graduation he was appointed at the Vancouver General Hospital (VGH) where he practised for 30 years. His practice was broad, and he was involved all areas, and including cardiac anesthesia and ICU care.

Ken will perhaps be remembered for his ever-constant smile and laugh. He loved his work, his friends and his family and brought to all of them tremendous *joie de vivre* that he shared with all.

Ken was a passionate clinician, instructor, academic, leader and mentor. Ken excelled as a clinician and teacher—he was frequently requested by his colleagues for their own care. One colleague commented, "with his excellent clinical judgment and EQ Ken could mentor in such a subtle manner that he built confidence in my own dubious abilities. I particularly admired how he never talked down to patients when they were at their most vulnerable." Another commented: "Ken was always a delight to be around. He had tremendous, good humour and always seemed to be laughing." This was universal, as another commented: "I am one of the few younger generation anesthesiologists who had the great fortune to have him as my medical school mentor and was able to seek his guidance and support throughout my anesthesiology training. He truly was an

exceptional clinician, leader, teacher, and mentor. He was also a pioneer in our field."

Ken was also a leader in the VGH department throughout his career. He was responsible for the Visiting Professor Program for many years, and an early leader in the developing field of resuscitation, and much later of simulation. Outside of his own department, he was President of the BC Anesthesiologists' Society, and a representative to the CAS Council in the 1970s. While not being a researcher, he had several publications (including co-authoring one on chronic bronchitis as a student). He was a popular visiting professor nationally and internationally.

Ken was awarded the Canadian Anesthesiologists' Society Clinical Practitioner's award in 2002, only the second time this award was given and the first from BC. He was recognized with the Canadian Medical Associations' (CMA) Senior Member Award in 2016, and was the recipient on two occasions of the Physicians Recognition Award for Service from the American Medical Association (AMA).

Outside of the OR Ken was equally known - he had friends all over the world because of his passion for HAM radio. He was an active flyer, piloting a Republic RC-3 Seabee (an amphibious sports aircraft), flying with friends to lakes around BC for camping and fishing.

Dr Turnbull and his ever-present smile will be sorely missed by his family (Deanna, 3 children, 6 grandchildren) and many colleagues and friends.

MEMBER NEWS



The Royal Society of Canada (RSC) and its members have elected this year's new Fellows and named the incoming class of the RSC College. This list includes CAS member and former Perioperative Section Chair **Dr Duminda Wijeyesundera**. Fellows are elected by their peers for their outstanding scholarly, scientific and artistic achievement. Recognition by the RSC for career achievement is the highest honour an individual can achieve in the Arts, Social Sciences and Sciences.

Dr Wijeyesundera's was recognized in particular for his research in the field of anesthesiology and perioperative medicine. His research seeks to discover new ways to prevent and treat complications after surgery, and to help people recover from surgery more effectively.

[Learn more on their website](#)

Congratulations to Dr Wijeyesundera!



In September, **Dr Angela Enright** was awarded the Uwambazimana Jeanne D'arc award by the All Africa Anaesthesia Congress (AAAC). Dr Enright was recognized for her incredible services in building anesthesia capacity in Rwanda. The meeting is hosted every two years by the African Regional Section (ARS) of World Federation of Societies of Anesthesiologists (WFSA).

Well known both nationally and internationally, Dr Enright has been widely recognized for her significant humanitarian efforts and contributions to the profession. Dr Enright was also the first female President of CAS, and recently received the Order of Canada.

Congratulations to Dr Enright!



Dr Alana Flexman has been elected as the new President of the Society for Neuroscience in Anesthesiology and Critical Care (SNACC). The mission of the Society for Neuroscience in Anesthesiology and Critical Care (SNACC) is to advance the art and science of the care of the neurologically impaired patient through education, training and research in perioperative neuroscience. Dr Flexman is an experienced neuroanesthesiologist and long serving member of CAS, having previously served as CAS' Neuro Anesthesia Section Chair, as well as a founding member of the Diversity, Equity and Inclusivity Committee.

Congratulations to Dr Flexman in her new role!

ANESTHESIA HISTORY CORNER

ANAESTHESIA'S PR PROBLEM



By: *Dr Michael Wong*

Brought to you by the Archives & Artifacts Committee

"Public awareness of anaesthetists in Canada runs the disappointing gamut from vague to non-existent. Many of our patients don't realize that we are physicians, and even our medical colleagues are sometimes not as knowledgeable as they should be regarding anaesthesia."

The above sentiment, as articulated by former CAS president Dr Tony Boulton twenty-five years ago in an issue of the **CAS Newsletter** (now **Anesthesia News**), arose from a growing sense that the specialty of anesthesia was under-recognized and under-appreciated among both the public and other healthcare professionals. Despite the myriad of roles played by anesthesiologists in the operating room, intensive care unit, pre-admission clinic, labour and delivery unit, trauma bay – and practically any environment in the hospital – the specialty did not enjoy a high profile. Rather, many aspects of anesthesiologists' contribution to patient care were essentially invisible, despite their vital importance to safety and positive outcomes. As Dr Boulton stated in a later issue, *"It is hard to be impressed by something you know nothing about."*

A CAS Working Group on Image was struck in 1997 to improve awareness of our specialty around the country (later becoming the Public Relations Committee). Working with a public relations consulting firm, the Society undertook the **Image Campaign**, a nationwide effort to enhance general appreciation of the practice of anesthesia. Volunteers set up informative displays in hospitals around the country demonstrating the scope of anesthesia and informing the public about the role of anesthesia in patient care. Television and radio appearances were organized. At some sites, full-scale OR mock-ups with simulated patients were set up, with real anesthesiologists present to answer questions about the specialty. The campaign culminated in the 2000 World Congress of Anaesthesiology in Montreal.

Modelled after our Australian colleagues' **National Anesthesia Day** campaign, on April 28, 1999, **Canadian Anesthesia Day** was also rolled out as a grassroots

effort by CAS and its local divisional leaders. In later years, we shifted to observing **World Anesthesia Day** on October 16 – the anniversary of Morton's public demonstration of ether anesthesia in 1846 – along with other organizations affiliated with the World Federation of Societies of Anaesthesiologists.

Along with the public awareness efforts, the Image Campaign also involved a rebranding of the Society and specialty to improve their relevance to contemporary life. The Canadian Anaesthetists' Society was renamed the Canadian Anesthesiologists' Society, reflecting North American parlance which would more clearly indicate that CAS members were physicians. The Society's Greek mythology-inspired crest, designed in 1920 and featuring the semi-nude god of sleep Hypnos, was replaced with the current logo featuring the Aesculapian staff and maple leaf. *Science Vigilance Compassion* replaced *Katheudontas parateroumen* [We watch closely those who sleep] as the Society motto.

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Announcements

- Follow us on Twitter (@CAS_History) for updates and interesting glimpses from yesteryear!
- If you have suggestions on future History Corner topics, please contact history@cas.ca

DID YOU KNOW...

SINCE 1985, CARF HAS
FUNDED 276 RESEARCH
AWARDS?

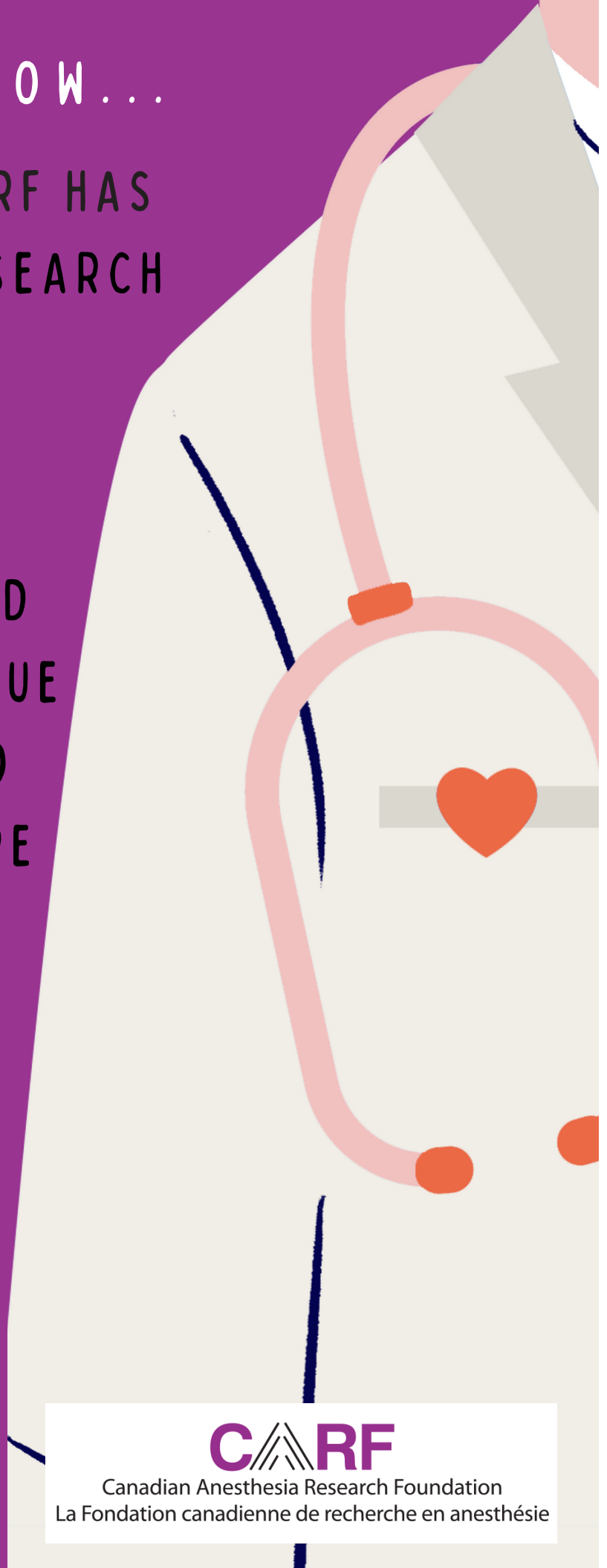
PLEASE GIVE TO
CARF TODAY AND
HELP US CONTINUE
OUR EFFORTS TO
PAVE THE FUTURE
OF ANESTHESIA
RESEARCH IN
CANADA!

A LITTLE GOES
A LONG WAY.

WWW.CARF-CAS.CA

CARF

Canadian Anesthesia Research Foundation
La Fondation canadienne de recherche en anesthésie



CASIEF – HALIFAX A GREAT SUCCESS!



Joel Parlow, MD, FRCPC
Chair, CASIEF

The Canadian Anesthesiologists' Society International Education Foundation (CASIEF) is truly grateful for the generous support of all the people who attended the CASIEF annual fundraising dinner. One hundred supporters joined us for a delicious dinner at historic Pier 21 overlooking the Halifax harbour and George's Island. We heard about the latest research into resuscitation and anesthesia in space from Dr Jochen Hinkelbein. While this talk was meant primarily as entertainment, there is a real connection to the incredible work our colleagues in CASIEF's partner countries do every day. The barriers to care in the countries where CASIEF works are very often logistical ones. The lack of trained personnel and equipment create massive barriers to care. The graduates of CASIEF supported residency programs are doing exceptional work but are understaffed by orders of magnitude compared to the physician shortage Canada is facing. Imagine 45 anesthesiologists for a country of 13 million (Rwanda) or even 51 anesthesiologists for a country of 115 million (Ethiopia)! CASIEF is working hard to take some of the burden from our overworked colleagues from Rwanda, Ethiopia, Guyana, and Burkina Faso by helping to train the next generation of physician anesthesiologists. We feel immense gratitude for all our monthly donors who allow us to do this difficult but incredibly rewarding work.

This doesn't mean that CASIEF has turned a blind eye toward issues that face Canadians in marginalized populations. During the CASIEF panel session at CAS, we heard from Jason Pennington, Margot Latimer, Jason McVicar, and Tanas Sylliboy about the health disparities faced by Indigenous Peoples in Canada. This amazing group of leaders gave the audience inspiring advice for improving

care for Indigenous people without sugar coating the harsh reality of present-day health disparities. Jason McVicar is leading ACUDA and CASIEF efforts in improving perioperative care for Indigenous Canadians.

Post-Pandemic Volunteer Teaching Resumes

This year, we have resumed our volunteer visits to Rwanda, with Dr Terri Skelton spending three months teaching and developing a blood transfusion course. More volunteers are needed in the coming year. CASIEF is excited to be a sponsor of the All-Africa Anesthesia Congress, being hosted in Kigali in September, and numerous CASIEF and other Canadian faculty will be attending, speaking and teaching courses.

Visits have also resumed to our programs in Ethiopia, and both Global Health Fellows and Canadian faculty will be teaching in Addis. In September, we are also making our first teaching visit to our partnership at Haramaya University, Harar, in the east of the country.

Similarly, volunteer travel is resuming to assist in teaching in Guyana. The pandemic has helped us focus on building organization within the curriculum and we look forward to incorporating this as we move back towards in-person academic and clinical teaching.

CASIEF is grateful for all of the Canadian anesthesiologists who support colleagues in low resource settings around the world with time and financial contributions. Please visit our NEW website at www.casief.ca, watch our [YouTube videos](#), and contact us to find out how you can help!

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PEDIATRICS SECTION (CANADIAN PEDIATRIC ANESTHESIA SOCIETY) – AN UPDATE

It's a pleasure to report some of the recent and Canadian Pediatric Anesthesia Society (CPAS) ongoings (other than enjoying the glorious Canadian summer), offered to the CAS Pediatrics Section members.

CPAS was pleased to organize several sessions for the 2022 CAS Annual Meeting in Halifax. The pediatric content included a problem-based learning discussion regarding the management of pediatric tonsillectomy; a panel session of common pediatric anesthesia problems in a community practice; a session on pediatric massive transfusion, and a wonderful Pierre Limoges Pediatric Anesthesia Lecture by Dr Davinia Withington. By all accounts the sessions were well received.

Our 2022 Canadian Pediatric Anesthesia Society Meeting will take place in Vancouver from Thursday September 15 to Sunday September 18. The scientific program includes sessions on perioperative crises; novel approaches to classic clinical challenges; global health; anesthesia and oncology; culture and safe care; neuroanesthesia; and new considerations in perioperative pharmacology. Outside world class content, the setting is beautiful. More information can be found on the [CPAS website](#).

Dr Jonathan Gamble
CPAS Vice Chair

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CAS RESIDENTS SECTION NEWSLETTER

CALL FOR RESIDENT SECTION EXECUTIVE APPLICATIONS

Hello everyone! We hope that you are all doing well and enjoying the summer. The CAS Residents Executive Section is looking for fellow residents to become members of the Resident's Committee. As resident representatives, we create social and academic programming geared towards residents for the CAS Annual Meeting and beyond. The goals of the section are to facilitate a community of Canadian anesthesiology residents, represent residents at the CAS Annual Meeting section and create programming that is relevant to our group. This is an excellent opportunity to gain leadership experience at a national level and we highly encourage you to participate and apply!

Apply for one of the positions below:

- **Vice Chairs (2 positions):**
help organize resident engagement initiatives, arrange resident speaker sessions for CAS conference; and coordinate the SIM Olympics.
- **Finance Officer:**
manage the executive council budget, allocate and distribute funds between various CAS resident initiatives and the SIM Olympics.
- **Communications Officer:**
maintain CAS Residents presence on social media; help organize the Fellowship and Career Fair at the CAS conference; engage university representatives in local events.
- **Resident Engagement Representative:**
act as a point of contact for all CAS university representatives, help to guide the development of campus groups, and help implement resident outreach initiatives.
- **SIM Olympics Representatives (3 positions):**
help create simulation cases and organize the SIM Olympics event at the CAS Annual Meeting.

Generally, most roles will require you to attend 3-5 zoom meetings (usually 1 hour in length) over the course of the year. In addition, depending on your role you can expect to spend approximately 1-2 hours per month on initiatives, emails, or networking.

To apply for any of the roles above, please email us your updated CV, along with a short paragraph indicating your interest and any relevant experience to casresidents@gmail.com.

We look forward to working with you!

Cheers,



Adam Hsieh, MSc MD
PGY3 Anesthesia Resident
University of Toronto
Co-Chair, Residents Section



Melissa Liu, MD
PGY3 Anesthesia Resident
University of Toronto
Co-Chair, Residents Section

2022 MEDICAL STUDENT PRIZE AWARD WINNING ESSAY



“This may hurt”: A critical review of how risk is communicated to patients

By: Michael Paille

In 1963, a group of anesthetists from Boston, Massachusetts sought to test the psychological impact that a preoperative visit with an anesthetist has on a patient. They did not test this, however, using Likert scales or post-operative satisfaction surveys. Instead, Drs Egbert, Battit, Turndorf and Beecher administered two milligrams per kilogram of pentobarbital to 99 patients, half of whom received a preoperative visit from an anesthetist, half of whom did not.¹ Another 57 patients received neither pentobarbital nor a preoperative visit, and 62 received a preoperative visit without a side of psycholeptics. The patients were not told to which group they belonged because they had not even been informed that they were participants in the study. Similarly blinded interviewers assessed the unwitting patients for subjective signs of drowsiness or nervousness. Much to the glee of the researchers, their preoperative visits proved more effective than pentobarbital in decreasing the likelihood that a patient would look or feel nervous before surgery. They proved that bedside manner, or perhaps simply being provided support and information from a clinician, was more helpful than not.

Of course, this study would never be permitted today. Meeting patients, discussing risks and benefits of anesthetics, and obtaining informed consent from patients is the rule, not the exception. Medical students are taught the importance of earning the trust of our patients by establishing meaningful, professional relationships with them. We are reminded of our fiduciary duty to promote their wellbeing while ensuring a practice centred on shared decision making. For anesthetists, the patient-physician relationship is, by necessity, a bit different than most. Anesthetists often meet their patients moments before their scheduled surgery.

Patients are seated in hospital beds inside a buzzing preoperative waiting area, easily distractable and certainly anxious. The full day's slate requires that pre-operative discussions and assessments be time-efficient yet complete. Despite these challenging circumstances, anesthetists strive to be leaders in patient safety. They do so by ensuring patients are clearly informed of the risks that anesthetics carry. There is much more to informed consent, however, than simply providing patients with a list of possible harmful effects and their respective statistical incidence.

With only brief patient interactions inside busy preoperative areas, anesthetists must become expert communicators in order to provide optimal patient care and obtain informed consent. However, communicating risk and benefit to patients is a skill that is inherently limited by human psychology. Frequently, we tell patients their likelihood of experiencing a particular harm may be “about one in ten thousand chance” and expect this to be informative. When health and statistical literacy among patients is tested, however, clinical psychology research has shown that most people, physicians included, will fall short in accurately conceptualizing risk.²⁻⁶ An example of this took place on a grand scale in 1995 when warnings were issued regarding oral contraceptive pills doubling a user's likelihood of experiencing a venous thromboembolism. However, this relative risk was clearly not well explained to the public, as the *absolute* risk increase was from one in 7000 to two in 7000.⁷ This statistical misunderstanding lead to dramatic decreases in the use of these medications and subsequent increases in unintended pregnancies.⁷ Given these challenges, some may opt to omit numeric descriptors of risk from their usual dialogue entirely and instead rely

...continued on page 22

on verbal descriptors like “rarely” or “commonly.” Unfortunately, a survey found that commonly used simplified verbal descriptors like “there’s a chance of” or “can’t rule out entirely” have been interpreted to mean between 37% to 60% and 24% to 49%, respectively.⁸ It would appear that communicating risk with either numbers or simplified phrases may not provide patients with a clear sense of their anticipated risk. This raises questions of what makes their consent truly *informed*. Is knowing about the mere *possibility* enough to be considered informative? Or must risk be quantified? Unfortunately, this may not even matter. When patients have been tested for their ability to identify from a list the risks they were just informed of, the results were not reassuring. The vast majority – 88% of patients – could not accurately identify the nine risks of an interscalene block that they were informed about only seconds prior to the test.⁹ When asked to only identify the four major risks, only 21% of patients were successful. With the struggles of statistical literacy and general recall in mind, many anesthesiologists have pioneered novel ways of communicating risk to patients.

Efforts in improving patients’ understanding of the risk of anesthesia have included the development of apps. The Personalized Risk Evaluation and Decision Making in Preoperative Clinical Assessment (PREDICT) app was developed in Canada to “improve patient knowledge and satisfaction after anesthesiology consultations.”¹⁰ This app provided patients with information regarding their risks of morbidity, mortality, and length of stay that could be tailored to their own health information. This information allowed patients to be better informed prior to their anesthesiology consultation and therefore engage more meaningfully in their preoperative discussions. Researchers found that patients who used this app were better informed of the risks of anesthesia and experienced greater satisfaction compared to those who did not.¹⁰ Similar findings were noted for an app developed in China, the Anesthesia Service Platform (ASP). The ASP provided a digital means of communication between patients and their attending anesthesiologist prior to their scheduled surgery. Patients were encouraged to ask questions and engage in conversation at their convenience. This allowed

patients to receive new information and subsequently prepare follow-up questions at their leisure. This level of patient communication and empowerment is simply not possible when anesthesiologists are meeting patients the day of their surgery. Patients who were provided access to the ASP app experienced less anxiety, shorter length of stay, and overall greater well-being compared to those without access.¹¹ The findings of these recent studies beg the question, can we truly expect a patient to be educated of their possible risks moments before their surgery and still be able to engage in meaningful dialogue? Evaluations of the PREDICT app and the ASP have revealed an oversight in the contemporary model of preoperative patient communication, and would indicate a resounding “no”.

However, there may be some unforeseen harm associated with discussing risk in excess. Researchers found that users of the ASP app also experienced higher levels of pain and consumed more analgesics after surgery.¹¹ This paradoxical finding, that providing greater access to information about risk can lead to greater pain, may be explained by the nocebo effect. The nocebo effect is the manifestation of negative side-effects simply from the reinforced expectation of these effects. The relevance of the nocebo effect within the practice of anesthesiology has been well documented,^{12,13} as it is not uncommon to provide verbal warnings to patients just before they are poked with needles or injected with propofol. By warning a patient that propofol “burns” or that the injection of lidocaine prior to administering spinal anesthetic is “the worst part” clinicians prime their patients’ minds with a negative expectation.¹² Fortunately, the nocebo effect can easily be avoided by describing anticipated feelings as neutrally as possible.¹⁴ This phenomenon is not merely theoretical. Anesthesiologists have shown that verbal analog scales for pain are significantly lower when clinically neutral language is used to describe anticipated discomforts compared to harm-suggestive language.¹⁵ For example, the common warning of propofol’s “burn” can instead be replaced with the neutral “feel it coming through the IV.” While clinical ethics require that clinicians keep their patients informed of risks and harms, how this is said truly matters.

For the anesthetist, communicating with patients regarding the risks of procedures or anesthetics occurs multiple times a day. These discussions are rarely with patients with whom they share a longstanding clinical relationship. Instead, anesthetists frequently meet their patients so close to surgery that engaging in lengthy discussions is simply not possible. Anesthetists must therefore be trained to become experts in having efficient yet complete discussions with patients about their risks. This is crucial for ensuring patient safety, wellbeing, and autonomy. An uninformed patient is not a safe patient. Being mindful of the inherent struggles most of us have in accurately conceptualizing risk, either by using statistics or simple phrases, is an important first step in improving one's communication skills. Similarly, using neutral descriptors of anticipated harms can go a long way in improving patient satisfaction. Anesthetists can even begin the dialogue regarding risk of anesthesia in the days preceding surgery by encouraging the use of educational apps. We can all be champions of patient safety and autonomy by ensuring we frequently re-evaluate the ways we discuss risk with patients. We can be thankful that Drs. Egbert, Battit, Turndorf and Beecher confirmed what they did: preoperative discussions are an important part of anesthetic care. Who could have believed that?

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