

CAS

ANESTHESIA NEWS

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CANADIAN ANESTHESIOLOGISTS' SOCIETY

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www.cas.ca

JOINT MESSAGE FROM



THE CANADIAN ANESTHESIOLOGISTS' SOCIETY PRESIDENT AND CEO



Dr Giuseppe Fuda,
CAS President



Vanessa Foran,
CAS Chief Executive Officer

Dear colleagues,

As summer draws to a close, things are heating up at the Canadian Anesthesiologists' Society (CAS). We are delighted to share highlights from the past few months and give you a glimpse of what's ahead.

Celebrating Our Annual Meeting

We are still energized by the truly memorable 2025 CAS Annual Meeting in St. John's, Newfoundland. Thank you to everyone who joined us—whether in person or virtually. It was inspiring to come together as a community and celebrate the strength of our specialty together.

Be sure to check out the [recap and event photos](#), and mark your calendars for June 5–7, 2026, when we will gather in Ottawa, our nation's capital, for the 2026 Annual Meeting. Planning is already underway, and we look forward to another outstanding program.

At this year's meeting, we proudly recognized our 2025 Award Winners. Congratulations to each of you—your achievements highlight the strength, innovation, dedication, and excellence of Canadian anesthesiology. The [full list of winners](#) is outlined in this newsletter. With fall approaching, the next awards season will soon be opening. Stay tuned for details in the coming weeks.

We also extend our gratitude to Dr Jason Chui and the Scientific Program Committee for their tremendous work in creating such a rich and engaging program. We are excited to continue building on this momentum with Dr Virendra Arya as the incoming Chair.

Advocacy and Strategic Progress

Advocacy continues to be a top priority for CAS and this summer was an exceptionally active one for the organization. Together, CAS' President and CEO met with policy makers to move environmental sustainability and HHR issues forward.

Additionally, the CAS Board approved the endorsement of **WFSA's declaration to patients' rights to Labour Analgesia**, a powerful step toward global equity in maternity care. We also launched a **new patient education section** on the CAS website, expanding public awareness of anesthesiology and recruited the full complement of volunteers to establish CAS 'new Anesthesia Taskforce.

...continued on page 2

Education and Engagement

As we head into the final months of 2025, there is plenty to look forward to - our Pinnacle Rounds and SAMBA Rounds continue to offer engaging, high-quality learning opportunities and a chance to learn valuable CME Section 1 credits.

We also encourage you to explore updates from our Foundations and Sections in this newsletter, both of which play a vital role in advancing our mission.

Honouring Service and Welcoming New Leaders

We would like to recognize and thank **Dr Andrew Nice** for his many contributions to CAS during his term as Secretary on the Board of Directors, including his leadership role in shaping the Anesthesia News. We are deeply grateful for his dedication and wish him the best in the future.

At the same time, we're thrilled to welcome four new **colleagues to the Board**. We look forward to working together with this fantastic group to help guide the future of CAS.

Thank you to all members for your continued commitment and support. Together, we have achieved so much already in 2025, and we are confident the months ahead will be just as rewarding.

Warm regards,


Dr Giuseppe Fuda,




Vanessa Foran,

BOARD OF DIRECTORS AS OF SEPTEMBER 2025

EXECUTIVE COMMITTEE

Dr Giuseppe Fuda, President
Dr James Kim, Vice President
Dr Vivian Ip, Secretary
Dr Hilary Grocott, Treasurer
Dr Lucie Filteau, Past President
Ms. Vanessa Foran, CEO (Non-Voting)

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Dr Jadon Harding (Newfoundland & Labrador)
Dr Nikola Joly (Quebec)
Dr Melanie Orvold (Saskatchewan)
Dr Soniya Sharma (Ontario)
Dr Annika Vrana (British Columbia)

EX-OFFICIO MEMBERS

Dr Mateen Raazi, ACUDA President
Dr Alex Bak, Resident Representative

[CLICK HERE TO VIEW ONLINE](#)

NEW BOARD MEMBERS:



Dr Yannick Duguay,
New Brunswick



Dr Thomas Hall,
Manitoba



Dr Darcy Bishop,
Nova Scotia



Dr Alex Bak,
Resident
Representative

Thank You, Dr Andrew Nice

The Canadian Anesthesiologists' Society extends sincere thanks to Dr Andrew Nice, who recently completed his term as Secretary after serving with dedication since 2019. A valued voice and major contributor to this very newsletter, Dr Nice has played a key role in advancing CAS initiatives, most recently through his work on our new **Strategic Plan** launched in 2025. We are grateful for his leadership, commitment, and countless contributions over the past six years.



Dr Andrew Nice (center) at the 2025 CAS Soirée with Dr Angela Ridi, CAS CEO Vanessa Foran and Dr Lesley Johnston in, St John's Newfoundland.

Welcome Dr Vivian Ip!

CAS is delighted to welcome Dr Vivian Ip as the new Board Secretary and Editor of *Anesthesia News*. Named the 2024 CAS Volunteer of the Year, Dr Ip is a nationally and internationally recognized leader in regional anesthesia, sustainability, and medical publishing.

Trained in the UK, she completed fellowships in Toronto and Edmonton before joining the University of Calgary's South Health Campus, where she serves as Director of Regional Anesthesia and the Fellowship Program. She has chaired the CAS Environmental Sustainability and Regional Anesthesia Sections, and holds leadership roles with the American Society of Regional Anesthesia Pain Medicine and the World Federation of Societies of Anaesthesiologists. She is also Editor of *Regional Anesthesia and Pain Medicine* and serves on the *Canadian Journal of Anesthesia* Editorial Board.



ADVOCACY UPDATE

Working hard for our members—your voice at the table Elevating Member Issues with Policy Makers

Federal Engagement:

CAS' President, Dr Giuseppe Fuda, and CEO, Vanessa Foran, met with several federal policy makers over the summer to ensure your priorities remain front and centre, focusing on key issues related to HHR and environmental sustainability. Meetings included:

- MP Eric St. Pierre (a champion on environmental issues) who expressed enthusiastic support for CAS' sustainability priorities. A follow-up meeting is already scheduled in early October with Mr. St.-Pierre and policy staff from the Health Minister's office.
- Policy staff from both Health Canada and Environment Canada
- Roy Karam, The Ministry of Health's senior policy advisor
- Environment and Climate Change Canada officials who offered strategic advice on moving sustainability initiatives forward.

These meetings reinforced CAS' reputation as a trusted, solutions-oriented voice for anesthesiology.



CAS' President, Dr Giuseppe Fuda, and CEO, Vanessa Foran, meeting with newly elected Liberal MP Eric St-Pierre in August to discuss moving CAS' sustainability asks forward.

Provincial Engagement:

Saskatchewan:

In Saskatchewan, the Executive Director of Health Human Resources requested CAS' expertise on education pathways for Anesthesia Assistants, as the province looks to increase their numbers. It was a very positive discussion and nice to see that in the past few years, our proactive government relations approach has established CAS as a trusted source of information on anesthesia practice issues.

Introducing the CAS Anesthesia Taskforce

This year, CAS launched the Anesthesia Taskforce Committee, a working group established by CAS President, Dr Giuseppe Fuda, which has been tasked to assist the Board of Directors in providing leadership and strategic guidance in the practice of anesthesiology in Canada.

The Taskforce is addressing the most urgent challenges facing our specialty:

- HHR assessment and long-term planning
- Surgical backlogs across provinces
- Anesthesia delivery models (including task delegation and coverage ratios)
- Rural and regional service shortages
- Changes in anesthesia practice decreasing supply (such as changes in practice profile)
- Expanding scope of practice beyond the operating room
- Information sharing between the different anesthesia stakeholders
- Remuneration models in anesthesia

Goals of the Taskforce include:

- Preventing future HHR crises
- Recommending safe anesthesia patient-care standards including potential for practice guideline revisions
- Supporting sustainable rural anesthesia services
- Developing strategies that could improve anesthesia practice
- Defining and protecting the role and scope of practice of anesthesiologists in Canada
- Enhancing communication and collaboration across all stakeholders

The first results of the Taskforce discussions plan to be shared with members at the next CAS Annual Meeting in Ottawa, in June 2026. The Taskforce's membership reflects a broad range of perspectives from across the country including FRCPCs, a Family Physician Anesthetist, and an Anesthesia Assistant. The full list of [CAS Taskforce members can be found here](#).

Global Advocacy: Endorsement of WFSA Position Statement

In July, the CAS Board approved the endorsement of the [WFSA Declaration of Patients' Rights to Labour Analgesia](#), which states:

There are 140 million births per year globally, mostly in low- and middle-income countries (LMIC) where the vast majority of pregnant patients do not have access to labour analgesia. WHO emphasizes the necessity of high-quality, respectful maternity care and champions women's right to a safe and positive experience during pregnancy and childbirth, regardless of the circumstances.

During childbirth it should be unacceptable for laboring patients to experience untreated severe pain that is amenable to safe interventions. Untreated pain can have serious consequences for both maternal and fetal wellbeing.

Availability and accessibility of labour analgesia is disproportionately lacking in LMICs. This inequity underscores an urgent need to democratize pain management solutions, ensuring that every pregnant patient, irrespective of their geographical or economic position, has the right to opt for pain relief during labour, if they so desire.

The WFSA acknowledges the essential role of anesthesiologists in providing labour analgesia. This has also been emphasized in the context of the acute pain call for action, which encourages national health planning for effective acute pain management.

Anaesthesiologists' expertise empowers pregnant patients by offering them choices in managing labor pain and also enhances the safety and security of obstetric patients across the globe.

The WFSA emphasizes the right of every pregnant patient to receive analgesia for labour pain upon request.

In supporting this position statement, CAS is committed to working in collaboration with national and international health authorities, professional societies, and civil society to advance equitable access to effective pain relief during childbirth.

Raising Public Awareness: Public section of website launched

In August, CAS—working with the Public Affairs Committee—launched a [new public-facing section](#) of our website dedicated to anesthesia education for patients and families.

This initiative will serve as the foundation of CAS' upcoming public awareness campaigns, helping Canadians better understand who anesthesiologists are, what we do, and why our work matters. **Stay tuned for the first campaign launch this fall!**

CAS STRATEGIC PLAN – QUARTERLY UPDATE

Thanks to the incredible efforts made by CAS' volunteers, staff, partners, and Board, we have advanced our five-year strategic plan priorities significantly in 2025.

As we start to approach the end of the year, we've finalized key performance indicators (KPIs) that we will use to continuously assess progress for the priorities that fall under the five sections of the plan: **members, stakeholders, people, internal systems, and finances.**

CAS will leverage the following KPIs and annual metrics to remain accountable to the member priorities we've established – and ensure we deliver high-value offerings for our membership and continue to champion Canada's national Anesthesia community. We strongly encourage you to engage with any opportunities to provide feedback about the member experience mentioned here:

Desired Outcome	Annual Metrics
High, quantifiable member satisfaction 	<ul style="list-style-type: none">• Satisfaction question scores on Member Experience and Needs Assessment surveys• Qualitative feedback from member surveys and conversations• Annual Meeting attendance numbers• Annual Meeting attendee survey satisfaction ratings• Education webinar attendance numbers• Education webinar post-event survey satisfaction ratings
Membership growth (renewed and joined) 	<ul style="list-style-type: none">• Year-end membership count (all categories)• Overall membership retention (year to year)• Number of new members joining• Number of lapsed members re-joining• Number of former residents converting to paid members
Larger, aligned member voice affecting policies 	<ul style="list-style-type: none">• Both members and non-members agree with or show support for:<ul style="list-style-type: none">◦ CAS position statements◦ Stakeholder groups led by the Society◦ CAS' work with coalitions
Higher engagement with advocacy initiatives 	<ul style="list-style-type: none">• Quality of government discussions, advocacy meetings, and participation at stakeholder tables• Number of social media followers• Qualitative feedback on advocacy initiatives from volunteers and other members

In our December *Anesthesia News* issue, we'll provide an update on activities completed to support strategic plan priorities during the second half of the year.

Our 2025 **Annual Report**, which details our biggest achievements and organizational milestones for the year, will be released for your review in Summer 2026.

We also encourage you to review the full **CAS 2025–2030 Strategic Plan** if you haven't already, and reach out to us at anesthesia@cas.ca with any questions.



CANADIAN
ANESTHESIOLOGISTS'
SOCIETY

WHO ARE ANESTHESIOLOGISTS? – CAS' PUBLIC AWARENESS CAMPAIGN

CAS recognizes that deepening our engagement with the public is critical to fulfilling our mission. Almost everyone who goes into surgery is likely to feel some level of anxiety. We feel strongly that driving awareness of everything anesthesiologists do to keep patients safe and comfortable, and dispelling common anesthesia misconceptions, will reassure more patients and their loved ones, as they prepare for an operation.

Many Canadians lack a clear understanding, not only of how essential anesthesia care providers are to every area of acute healthcare, but also the impact of anesthesiologist shortages on surgical care accessibility across the country. We are confident that increasing awareness of health human resource (HHR) issues surrounding the profession will strengthen public support for safe, proven, physician-led solutions to these challenges.

Last year, we began developing a **new section of our website** dedicated to public awareness. We drew inspiration from patient-facing webpages created by CAS' common interest groups to build a content framework, which was approved by our Public Affairs Committee (PAC).

The structure was divided into five webpages that deal with the following topics:

- Anesthesiologists' and Anesthesia Assistants' roles and responsibilities, training, workplaces, and professional challenges
- Understanding different types of anesthesia (general, IV sedation, regional, and local)
- Common and rare anesthesia side effects and risks, and anesthesia FAQs
- What to expect before, during, and after surgery
- Get involved – donate to our foundations or tell us how an anesthesiologist helped you

Our national office and PAC worked together closely to ensure the content was accurate, balanced, and prioritized the most important information for patients and their loved ones. The web section is **now live**, and we encourage you to read through it.

www.cas.ca/en/who-are-anesthesiologists

Pre-surgery wellness tips



Educate yourself: Ask your anesthesiologist for educational resources to better understand your procedure or speak to someone who has had a similar operation.



Quit smoking: Improve your respiratory function by quitting as soon as possible before surgery. Your doctor can provide you with resources to help you stop for good.



Get plenty of exercise: Even if you're not a fan of the gym, regular light to moderate exercise such as walking or swimming can go a long way to helping you recover faster.



Limit alcohol: Drinking less or not at all puts your body in a better condition for surgery. Your anesthesiologist will advise how long to abstain from alcohol before the operation.



Reexamine your diet: If you're overweight, speak to your anesthesiologist about setting an attainable weight loss goal prior to surgery if needed.



Pre-existing or ongoing health issues: Be sure to carefully follow your anesthesiologist's instructions on how to manage your condition before surgery. Do not discontinue or switch any medication without discussing it with them first.



Aspirin or oral contraceptive use: Tell your anesthesiologist if you use these regularly or daily. They may advise temporarily discontinuing them.



Cold or flu symptoms before surgery: Contact your surgeon's office or hospital if you feel ill the week leading up to your operation to determine if it needs to be postponed.



Voice your concerns: If you experience anxiety about your operation, talk to your anesthesiologist. They are there to support you and answer your questions.



Practice relaxation techniques: Try deep breathing, guided meditation, or soothing music to calm your anxiety as needed.

What's Next?

The new **Get Involved** page includes a contact form for patients to share stories about an anesthesiologist who provided them with excellent care. We encourage you to refer any patients who may be interested in participating. We are also working towards adding a "Meet an Anesthesiologist" page to the new web section. These interviews will ask CAS volunteers and members to discuss what being an anesthesiologist means to them and what they hope for the future of the specialty. If you're interested in participating, please contact us at anesthesia@cas.ca.

GET INVOLVED

2025 CAS ANNUAL MEETING RECAP – ST. JOHN'S, NEWFOUNDLAND

From June 20–22, 2025, anesthesiologists from across Canada and beyond gathered in St. John's, Newfoundland for an inspiring weekend of education, collaboration, and connection at the 2025 Canadian Anesthesiologists' Society (CAS) Annual Meeting. This year's program blended hands-on learning, high-level discussions, and memorable networking opportunities, all set against the charm of the East Coast. A select virtual program was also available for those unable to attend in-person.



FRIDAY HIGHLIGHTS

For the first time in 2025, the CAS Annual Meeting ran a full Friday program, including:



- **POCUS Workshops – Basic & Advanced** offered practical, hands-on learning where participants refined their point-of-care ultrasound skills with expert faculty.
- **Ace It! – A Prep Course for the Royal College Exam** made its debut, providing strategy-driven exam preparation with pre- and post-testing.
- **CAS Expert Insights**, a new session format, engaged attendees with pre- and post-session testing for high-value Section 3 CME credits.
- **Opening Session** *Balancing the Scales: Global Health Burdens, Sustainable Policy and Ethical Insights* sparked discussion on global health equity, sustainability, and the ethical role of anesthesiology.
- **The Welcome Reception** brought delegates together to reconnect and network with colleagues from across the country.



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SATURDAY HIGHLIGHTS

The momentum continued with a full day of education, recognition, and celebration:



2025 Keynote Speaker Brad Gushue

- **Opening Ceremony** keynote speaker, Olympic Gold Medalist **Brad Gushue**, delivered *The Roadmap to Success*, sharing insights on perseverance and achievement.
- Honour Awards and Research Award winners were recognized for their exceptional contributions ([full list available below](#))
- Scientific programming featured plenary sessions, workshops, and PBLDs covering neuroanesthesia, perioperative care, pediatrics, cardiovascular and thoracic anesthesia, obstetrics, environmental sustainability, and more.
- The 5th Annual CAS Resident Simulation Olympics, hosted by the CAS Residents Section, took place at the Clinical Learning and Simulation Center (CLSC) at Memorial University of Newfoundland. Congratulations to the winning team from **British Columbia** – **Dr Naomi Abayomi, Dr Kate Koh, Dr Jiachen Liang and Dr Nicole Ng**.
- The **Richard Knill Competition** showcased leading research from anesthesiologists nationwide, with winners revealed Sunday. Congratulations to the 2025 winner - **Dr François M. Carrier** – *Association between intraoperative fluid balance and vasopressors doses with postoperative complications in liver transplantation: preliminary results from a multicentre cohort study*



CAS Outstanding Volunteer Award winner Dr Kathryn Sparrow

- **Poster presentations** ran throughout the weekend, highlighting diverse research topics in the specialty.
- **CASIEF Symposium:** *Subspecialty Anesthesia Training in Resource-Limited Settings.*
- **Canadian Journal of Anesthesia Symposium:** *From Inquiry to Insight in Anesthesiology: Are We Asking the Right Questions and Optimizing Methodology?*
- **13th Annual Anesthesia History Symposium:** *Laryngoscopes, Endotracheal Tubes, and Other Historical Equipment: Past and Future Standards and Innovation in Education: What Does the Future Hold?*
- The evening concluded with the **CAS Soirée**, a lively celebration of East Coast culture and collegiality.



SUNDAY HIGHLIGHTS

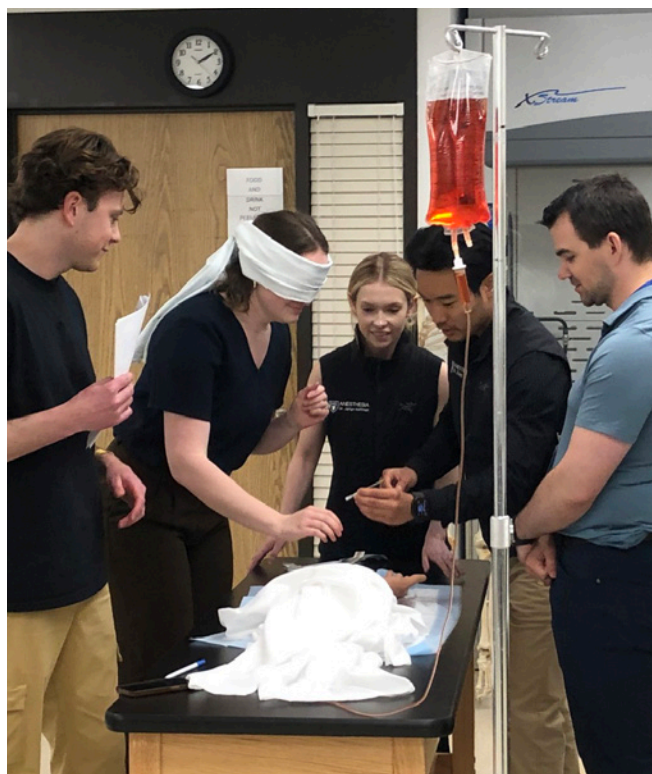
The final day delivered engaging discussions, high-profile competitions, and future-focused insights:



- Dozens of sessions, workshops, and PBLDs across anesthesia subspecialties, including perioperative, cardiovascular and thoracic, patient safety, neuroanesthesia, critical care, and more.
- **CAS Discovery Talks** returned, offering four interactive sessions on pressing topics in anesthesia.
- **Residents Oral Competition** featured the top resident abstracts from across Canada. Congratulations to the 2025 winner **Dr Raphaël Rivière** – *Development, Validation, and Comparison of a Logistic Regression Model with a Machine Learning Algorithm to Predict Postoperative Delirium in the Elderly*
- **CAS Annual Business Meeting** provided updates from CAS leadership, CJA, CARF, and CASIEF, outlining achievements and plans for the year ahead.



- **President's Symposium** with Dr Giuseppe Fuda: *From Burnout to Balance: Promoting Civility and Engagement in the OR.*
- **John Wade Patient Safety Symposium:** *Quality Improvement and Patient Safety in AI.*
- **Closing Symposium:** *Task Shifting and Task Sharing in Evolving Canadian Anesthesiology Care Models.*
- Delegates bid farewell to St. John's with a **closing social hour.**



Thank You!

CAS 2025

ANNUAL MEETING



CANADIAN ANESTHESIOLOGISTS' SOCIETY
SOCIÉTÉ CANADIENNE DES ANESTHÉSIOLOGISTES

**Thank you to our
generous 2025 sponsors**

We applaud their leadership position
and support of the Society.

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www.cas.ca/annual-meeting
#CASAM2026

**JOIN US
NEXT YEAR!**

Ottawa
JUNE 5-7, 2026

ANNUAL MEETING SCIENTIFIC PROGRAM COMMITTEE UPDATE



Dr Jason Chui at the 2025 CAS Annual Meeting

The Annual Meeting Scientific Program Committee welcomes Dr Virendra Arya as its new Committee Chair! Thank you to Dr Jason Chui for his leadership as he moves into the Past Chair role.

CALL FOR CONTENT

The 2026 Annual Meeting "Call for Content" is now accepting session proposals. Get your proposals in by **Monday, November 17, 2025** to be considered.

[SUBMIT CONTENT HERE](#)



Dr Virendra Arya

"I am honored and thrilled to be stepping into the Annual Meeting Scientific Program Committee Chair role of the CAS. Creating the conference and developing a rich and engaging scientific program is truly a collaborative effort of a team of committed volunteers: thanks to the dedication of program reviewers on the committee, abstract reviewers on the Abstracts Subcommittee and session organizers made up of our CAS sections, committees, affiliates and independent CAS members. We welcome submissions from all groups and look forward to showcasing a program that reflects the diversity, inclusiveness, innovation, and excellence of our community. I am grateful for the opportunity to oversee a scientific program created by and for CAS members and excited for what lies ahead."

- Dr Virendra Arya

2025 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.

Every year at the CAS Annual Meeting, we honor the accomplishments and impact of our colleagues in an awards ceremony recognizing their significant contributions to anesthesia practice and education. This year, we presented the awards at the opening ceremony in St. John's,

Newfoundland on June 21. We extend our gratitude to everyone who joined us and offer heartfelt congratulations to all the deserving winners!

We'd also like to thank our Committees, Sections, volunteers, donors, applicants and nominators for their invaluable contributions to our award process. Nominations for the 2026 Awards and Grants program will open in the fall.

CAS Honour Awards

The **CAS Honour Awards** are dedicated to recognizing the remarkable individuals who have advanced anesthesiology through innovative leadership and excellence.



Dr Sugantha Ganapathy

Gold Medal
London, ON



Dr Anita Rao

Clinical Practitioner Award
Toronto, ON



Dr Jacobo Moreno

Clinical Teacher Award
Toronto, ON



Dr Farrukh Munshey

**John Bradley Young
Educator Award**
Toronto, ON



Dr Jason McVicar

Humanitarian Award
Kamloops, BC



Dr Kathryn Sparrow

**CAS Outstanding Volunteer
Award**
St. John's, NL



Dr Alexis Turgeon

Research Recognition Award
Quebec, QC



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2025 CAS OUTSTANDING VOLUNTEER AWARD WINNER

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



Dr Kathryn Sparrow

Dr Kathryn Sparrow is an Associate Professor at Memorial University of Newfoundland's Discipline of Anesthesia. She is an anesthesiologist at St. Clare's Mercy Hospital in St. John's, Newfoundland and Labrador. Following her Anesthesiology training at Memorial University of Newfoundland, she completed an Airway Fellowship at Dalhousie University in 2016 and an MSchQ at Queen's University in 2018.

Dr Sparrow is the current *Canadian Journal of Anesthesia* Continuing Professional Development (CPD) Editor and Chair of the Canadian Anesthesiologists' Society (CAS) CPD Modules Planning Subcommittee. She is a PACT Steering Committee member, member of the CAS Standards Committee, and the former Chair of the Canadian Anesthetic Incident Reporting System (CAIRS). She serves as the Memorial University Faculty of Medicine Postgraduate Medical Education QI/QA Educational Director, and is a Royal College of Physicians and Surgeons of Canada Anesthesiology Exam Board examiner. She has previously served as a member of the Canadian Anesthesiologists' Society Research Advisory Committee and CAIRS Representative to the CAS Quality and Patient Safety Committee.

Her areas of interest include healthcare and quality improvement, patient safety, quality metrics, and airway management. Her continued goal is to promote excellence and advance care through social accountability, leadership, and education.

WWW.CAS.CA/HONOUR-AWARDS

CAS Research Program

The **CAS Research Program** administers \$200,000 annually, through the **Canadian Anesthesia Research Foundation (CARF)**, and provides support to researchers in anesthesia who are CAS members.



Dr Jordan Leitch

CAS Research Award -
\$30,000
Kingston, ON



Dr Michael Verret

Dr James Beckstead Award
- \$20,000
Laval, QC



Dr Naheed Jivraj

Dr R A Gordon Research
Award - \$30,000
Toronto, ON



Dr André Denault

Dr Earl Wynands CVT Section
Research Grant - \$30,000
Montreal, QC



Dr Curtis Nickel

Education and Simulation in
Anesthesia Section Research
Grant - \$10,000
Ottawa, ON



Dr Anita Rao

Environmental Sustainability
Section Research Grant -
\$10,000
Toronto, ON



Dr Mrinalini Balki

Obstetric Anesthesia
Section Research Grant -
\$20,000
Toronto, ON



Dr Jonathan Bailey

The Su Ganapathy Regional
Anesthesia Research Award
- \$10,000
Halifax, NS



Dr Alana Flexman

BCAS Dr Pieter Swart
Perioperative Research
Award - \$10,000
Vancouver, BC



Dr Teresa Skelton

Perioperative Blood
Management Research
Award (PBM) - \$20,000
Vancouver, BC



Dr Alex Bak

Ontario's Anesthesiologists
- CAS Residents Research
Grant - \$10,000
Toronto, ON



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CAS 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. Read all abstracts [here](#).



Dr Helen Parker

Ambulatory Anesthesia
Vancouver, BC



Dr Ryan Pretty

Chronic Pain
St. John's, NL



Dr Sameera Vattipalli

Neuroanesthesia
London, ON



Adam Hussain

Environmental Sustainability
Saskatoon, SK



Dr Ronald George

Obstetric Anesthesia
(anesthesiologist)
Toronto, ON



Anuja Mandavkar

Obstetric Anesthesia
(residents/medical students)
Toronto, ON



Victoria Tucci

Perioperative & Ian White
Patient Safety Awards
Toronto, ON



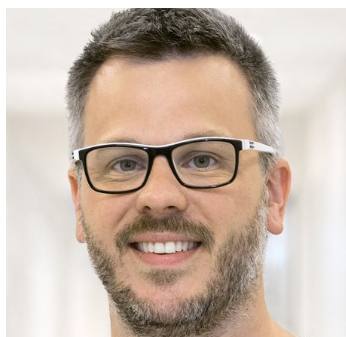
Dr Alex Cojocar

Regional Anesthesia and
Acute Pain
Calgary, AB



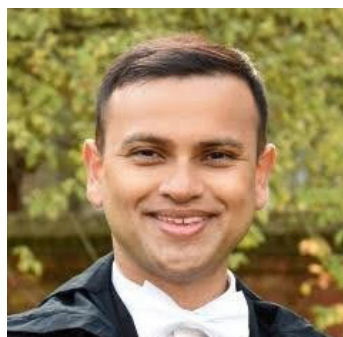
Dr Saud Sunba

Education and Simulation
in Anesthesia
Calgary, AB



Dr François Martin Carrier

CVT Raymond Martineau
Prize & Richard Knill
Competition
Montreal, QC




Dr Raphaël Rivière

Residents' Oral Competition
Toronto, ON






CAS 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. The winning paper is featured in this issue.



**2025
CAS
MEDICAL
STUDENT
PRIZE
WINNERS**

		
First Place	Second Place	Third Place
Ronny Thomas	Maximilian Walter Ernst Strauss	Kayla Sage
UNIVERSITY OF TORONTO	WESTERN UNIVERSITY	UNIVERSITY OF ALBERTA



MEDICAL STUDENT PRIZE CELEBRATES 25 YEARS

This year marks the 25th anniversary of the **CAS Medical Student Prize**, an essay competition designed to spark interest in the specialty of anesthesiology among Canada's future physicians.

Two long-time members of the Society founded the competition — **Dr Francesco Carli** (member since 1995) and **Dr Frances Berry** (member since 1987) — and was coordinated for many years by **Dr Carol Loffelmann**.

Open to undergraduate medical students across Canada, the competition invites submissions on a range of topics exploring anesthesiology's role in education, patient safety, research, history, professionalism, and pain management, as well as its humanistic and innovative dimensions.

Each year, first, second, and third prizes are awarded. The **1st Prize includes** \$1,000, complimentary registration for the next CAS Annual Meeting, and publication of the winning essay in *Anesthesia News*.

Stay tuned for details on the **2026 Medical Student Prize competition**.

LIST OF WINNERS (click on name for access to essays):

- | | |
|------------------------------------|--------------------------------|
| 2024: Fannie Gélina-Gascon | 2012: Andrew Wei |
| 2023: Robert D'Cruz | 2011: Alistair Smith |
| 2022: Michael Paille | 2010: Marina Belda |
| 2021: Isabelle Halley | 2009: Austin Lamb |
| 2020: Anulika Nwakaeze | 2008: Trevor Arnason |
| 2019: Yvgeniy Oparin | 2007: Ada Poranek |
| 2018: Rui Hu | 2006: Paula Holinski |
| 2017: Youngseo Lee | 2005: Rachael Seib |
| 2016: Steven Lee Long | 2004: Christopher Pysyk |
| 2015: Hai Chuan (Carlos) Yu | 2003: Edward Lee |
| 2014: Douglas Cheung | 2002: Shawn Hicks |
| 2013: Jayden Cowan | |



Second and Third Place Winners Maximilian Walter Ernst Strauss and Kayla Sage with Dr Shalini Dhir at the 2025 CAS Annual Meeting in St. John's. Not pictured 1st place winner – Ronny Thomas.

2025 MEDICAL STUDENT WINNING ESSAY – GENERAL ANESTHESIA AND QUANTUM MECHANICS: A SOLUTION TO THE HARD PROBLEM OF CONSCIOUSNESS



By Ronny Thomas, University of Toronto

The goals of general anesthesia during medical procedures include the safe and reversible induction of paralysis, analgesia, amnesia, immobility, and unconsciousness.¹ Despite the prevalent use of general anesthetics for these purposes, there is still uncertainty surrounding the mechanisms of their actions on the human body and mind. In particular, how anesthesia induces a loss of consciousness is not well understood.² Recently, a theory that has received increased coverage by popular science media is Orchestrated Objective Reduction (Orch-OR).³ This is a controversial theory posited by Nobel laureate physicist Roger Penrose and anesthesiologist and professor at University of Arizona Stuart Hameroff, that argues that quantum processes in microtubules play a role in the experience of consciousness and that anesthesia disrupts these microtubules leading to unconsciousness.³

Philosophically, the conscious mind has often been seen as separate from the body. Take Descartes for example: According to his famous statement “cogito ergo sum” (I think therefore I am), the existence of anything can be doubted, even the entirety of the external world and one’s own body. But we can know that our mind exists, for without it we could not doubt our existence. Thus, Descartes draws a distinction between mind and body, resulting in what is known as Cartesian dualism.⁴

The problem with Cartesian dualism, however, is that neuroscience has shown that mental states are correlated with neural activity.⁵ Current trends in neuroscience thus opt for a perspective on consciousness grounded in scientific materialism, arguing that consciousness is an emergent property of complex brain processes that are integrated together, and are thus, based in the physical matter of the body. Global Workspace Theory and Integrated Information Theory are examples of theories that attempt to explain the phenomena of consciousness in this manner.^{6,7}

However, the philosopher David Chalmers argues that material explanations for consciousness may have strict limitations. Chalmers argues that there is no explanation for why consciousness occurs. A person may look at a tree, and a scientist may be able to trace the neural pathways in the brain that transmit this information, but Chalmers argues that the subjective experience of “tallness” or “greenness” or “treeness” cannot be understood from brain activity.⁸ He goes further to demonstrate this idea by constructing what he calls “philosophical zombies.” Imagine human beings who look and behave exactly as humans do, but without any subjective sensory experience. The synaptic and electrical activity in their brains would be exactly like normal humans, but they would have no sense experience. The fact that these beings are possible to conceive of implies that subjective experience is different from the physical processes in the brain.⁹ This so-called “Hard Problem of Consciousness” indicates that although Cartesian dualism is flawed, consciousness cannot be entirely explained by our current understanding of neuroscience.

Due to this weakness of traditional methods of explaining consciousness, Roger Penrose decided to propose a new mechanism grounded in abstract mathematics. For some background, in 1931 the mathematician Kurt Godel published his incompleteness theorem, which states that there are some things that are true but cannot be proven within a rigorous framework.¹⁰ For example, consider the Godel sentence “this statement cannot be proven true.” If this statement is provable, then it is inconsistent. But if it is not provable, then it is true, but its truth cannot be proven.¹⁰ The larger implication of Godel’s Incompleteness theorem is that any formal proof system (such as those used to run computer algorithms) has ‘holes’ that cannot be patched through formal proofs alone. However, Penrose noticed that human mathematicians could prove things that formal proof

...continued on page 18

systems cannot, through the use of intuition or insight. Thus, he posited that the human mind runs a “non-computable algorithm,” different to that of machines or traditional neuroscientific theories on brain activity. He then proposed that quantum mechanics could be the source of this non-computable algorithm within the human mind.¹¹

Specifically, Penrose posited that the wave function could be a possible explanation for certain aspects of consciousness. The wave function is a mathematical description of the state of a quantum system. It's also a superposition of different states (called eigenstates), and it has a unique property that when interacting with a classical system (i.e., when an observer measures it), it collapses into one of its eigenstates (this is the source of Schrodinger's cat, which is both dead and alive until you open the box it is in). However, this results in an inherent randomness, which is unhelpful in describing consciousness, as it is evidently non-random. To modify this theory, Penrose argued that at the smallest level of reality (the Planck length), there are blisters of spacetime which each have their own wave function, and due to the effects of gravity and the inherent properties of spacetime, collapse in a non-computable but also non-random way, resulting in the theory he called Objective Reduction.¹¹ However, he still lacked a physical mechanism in the brain to ground this theory in human physiology, and for the most part, this theory was not taken seriously.

This is where anesthesiologist Stuart Hameroff's expertise was crucial. In the 1970s while he was an undergraduate working in a cancer lab, he became fascinated with microtubules and as an anesthesiologist, wondered if they played a role in human consciousness.¹² At the time, there was some research on the topic,¹³ but not much consideration was given to this new and radical idea. Yet, due to his unique experiences in research as well as his clinical expertise in anesthesiology, Hameroff became convinced that the key to the human mind had something to do with microtubules.¹² After reading 'The Emperor's New Mind' (1980) by Roger Penrose and learning about the Objective Reduction theory, he reached out to him and together they worked to propose a new model based on microtubules. This eventually became known as the Orch-OR theory.^{11,12}

The Orch-OR theory builds upon the Objective Reduction theory by presuming that wave function collapse occurs along microtubules, and that the unique properties of the tubulin dimers that make up microtubules allow for other quantum properties

which would contribute to large scale quantum activity throughout the brain.³ As well, general anesthesia's role in rendering patients unconscious for medical procedures could be explained by its interaction with microtubules, providing a theoretical framework for the mechanism of anesthesia.³ In short, quantum interactions along microtubules could explain consciousness.^{3,14}

For much of its lifetime, Orch-OR has been considered to be a fringe theory, but recent studies have shown some support for its contentions. In a 2023 study done at Princeton University, researchers used lasers to excite tubulin dimers, causing a transfer of excitation energy across microtubules. However, the presence of anesthetics (etomidate and isoflurane) reduced this effect.¹⁵ Further, in a 2024 study in which rats were given a drug that binds to microtubules (epothilone B) the rats took over a minute longer to fall unconscious under anesthetic than controls.¹⁶ Both studies point to a connection between anesthesia, microtubules, and consciousness. Lastly and most remarkably, a 2024 study demonstrated a phenomenon known as superradiance occurring in large-scale tryptophan structures. Superradiance is essentially a constructive interference of quantum activity, and its presence in large structures made of tryptophan (which is present in microtubules), indicates that large-scale quantum activity can occur in biological systems at significant levels, including, perhaps, for consciousness.¹⁷

However, the Orch-OR theory is not without valid criticism. Many have criticized how the theory lacks explanatory power and that it is merely speculation. Other criticisms include the fact that it is unlikely that quantum fluctuations would be of sufficient magnitude or exist for sufficient time spans to have a noticeable effect on consciousness, or that in biological systems there would be an effective wave function collapse before any effect on consciousness could possibly occur, due to the chaotic environment.¹⁸

To conclude, the hard problem of consciousness remains one of the most difficult to crack. But although the Orch-OR theory has its flaws, its creation is a remarkable story of how different fields of science like cell biology, quantum physics, mathematics, and neuroscience can come together to create new and exciting ideas about how the mind works. And it would not exist without the keen insight and curiosity of an anesthesiologist. And as for whether or not quantum mechanics holds the key to understanding anesthesia and consciousness, it is still too early to tell, and new

discoveries only raise more questions. The experience of “going under” is still as enigmatic and mysterious as ever. But perhaps one day we will discover that the magic of anesthesia isn’t just rife with secrets pertaining to the human body, but perhaps it contains the secrets of the universe itself.

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Dr André Bernard appointed as new Canadian Medical Association Board Chair

Dr André Bernard, a member of the Canadian Anesthesiologists' Society, has been named the new Chair of the CMA Board of Directors, effective August 21, for a three-year term.

An anesthesiologist and associate professor at Dalhousie University, Dr Bernard brings more than 20 years of leadership experience within the CMA and other physician organizations. He previously chaired Doctors Nova Scotia, the Medical Society of PEI, and the CMA Governance Committee.

Recognized for his commitment to physician-led change and health system improvement, he also holds formal board training (ICD.D) and a Master's in Health Policy from the London School of Economics.

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CAS Members Awarded \$1M CIHR Grant for Chronic Pain Trial

Dr Akash Goel, an early career investigator and member of the Canadian Anesthesiologists' Society (CAS), together with CAS members Drs. James Khan and Duminda Wijeysondera and a team of national collaborators, has been awarded more than \$1 million in Canadian Institutes of Health Research (CIHR) funding for the EASE Pain trial. This multi-centre pilot randomized controlled trial is the first to evaluate MDMA-assisted Cognitive Behavioral Therapy and Mindfulness-Based Meditation for chronic neuropathic pain—a condition affecting 1 in 10 Canadians and associated with an estimated \$40 billion annual economic burden. The project will assess whether this approach can be delivered safely and consistently across three provinces, with the findings informing future large-scale trials.

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Dr Duminda Wijeysondera Elected Fellow of the Canadian Academy of Health Sciences

On August 19, 2025, Dr Duminda Wijeysondera, anesthesiologist and Clinician-Scientist at St. Michael's Hospital, was elected Fellow of the Canadian Academy of Health Sciences—one of the highest honours in Canadian health sciences. An internationally recognized leader in anesthesiology and perioperative medicine, Dr Wijeysondera has shaped global clinical guidelines through pioneering research in surgical risk, recovery, and patient outcomes. With over 380 peer-reviewed publications, he is also a dedicated mentor, advocate for diversity, and influential leader in international organizations.

Read the full CAHS announcement and list of 2025 Fellows [HERE](#)

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SOCIÉTÉ CANADIENNE DES ANESTHÉSIOLOGISTES

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EDITORIAL UPDATE FROM THE CAS CHRONIC PAIN SECTION

Ameya Bopardikar MD FRCPC and Howard Meng MD FRCPC

Intracranial hypotension and Spinal CSF leak: An Evolving Anesthesia Subspecialty

Headaches following neuraxial procedures are a familiar challenge in anesthesia. But what if that headache persists for weeks or months? Or what if a patient presents with a severe, positional headache with no prior dural puncture? Spinal cerebrospinal fluid (CSF) leaks, whether iatrogenic or spontaneous, are gaining increased attention within chronic pain, radiology, neurology, and neurosurgical circles. As anesthesiologists, we are often at the initial point of contact for these patients, and increasingly, we are integral to their definitive management. This update precedes an upcoming set of Canadian guidelines on the diagnosis and management of spontaneous intracranial hypotension (SIH), a national multidisciplinary collaboration set for release later this year. These guidelines, which include anesthesiologists as key contributors, represent the first Canadian effort to standardize the approach to this underrecognized condition.

The Unseen Burden of CSF Leaks

Spontaneous CSF leaks remain significantly underdiagnosed, despite their potentially disabling course. Recent Canadian data highlights the patient journey: a 2024 cross-sectional survey of confirmed CSF leak patients found that over half remained symptomatic even after diagnosis and treatment. Many had experienced substantial diagnostic delays, often exceeding a year, and had seen multiple providers without being referred to a specialist.¹ The clinical sequelae are substantial. Beyond debilitating orthostatic headaches, CSF leaks can lead to cognitive dysfunction, neck pain, nausea, and various visual and auditory symptoms. The impact on quality of life is significant; one study showed that the physical component of quality of life in these patients is comparable to conditions like congestive heart failure.² For anesthesiologists in both perioperative and

chronic pain practice, this is a two-fold issue: we are a potential source of iatrogenic leaks, and we are uniquely positioned to provide therapeutic interventions.

The Evolving Role of Anesthesia

While some CSF leaks are clearly post-dural puncture, a growing number occur spontaneously or in the context of minor trauma or connective tissue disorders. Regardless of etiology, the hallmark symptom is often a positional headache, which improves when supine and worsens when upright. The initial management with conservative therapy (bed rest, hydration, caffeine) is standard. When this fails, epidural blood patching (EBP) remains the first-line intervention. This is a procedure anesthesiologists are trained to perform.

Critically, the diagnostic and therapeutic landscape for CSF leaks is advancing. Anesthesiologists are now partnering more closely with interventional neuroradiology and neurology to provide targeted blood or fibrin glue patches under image guidance. This targeted approach is crucial for localizing and treating elusive or high-flow leaks.

Supporting this evolution are encouraging data:

- First-attempt EBP success rates for post-dural puncture headache range from 70% to 90%.³
- For spontaneous leaks, initial success rates are lower but improve significantly with repeat, targeted interventions under imaging guidance. A single-center study found that a majority of patients with spontaneous leaks required repeated procedures for full recovery.⁴
- Post-treatment rebound intracranial hypertension occurs in a significant number of patients (up to 27%), requiring careful follow-up and medical management.⁵

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Actionable Steps for Our Practice

Before the new SIH guidelines are released, anesthesiologists can:

- Maintain a high index of suspicion for persistent or delayed-onset positional headaches, especially post-neuraxial procedures.
- Understand the role of advanced imaging, such as dynamic CT myelography, in localizing leaks and guiding therapy.
- Become proficient in image-guided EBP, or advocate for its implementation within your institution.
- Ensure close follow-up for patients post-EBP to monitor for recurrence or rebound hypertension.

A Leadership Role in Collaborative Care

The upcoming Canadian SIH guidelines will provide a clear, evidence-based framework for diagnosis and management. Importantly, it formalizes the role of anesthesiologists as vital partners in prevention, early identification, and therapeutic intervention.

By advancing our expertise in CSF leak management, our field can lead in providing collaborative, evidence-based care that improves patient outcomes and reduces chronic disability. This is not just a clinical update; it is an opportunity for anesthesia to further define its role at the intersection of pain, neurology, and interventional medicine.

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FALL & WINTER EDUCATION SEASON LAUNCH

As the weather cools, CAS is heating up its member-exclusive education offerings with a robust lineup of virtual events for the fall and winter. This season features thought-provoking topics, expert presenters, and opportunities to connect with peers across the country — all while earning valuable CME credits.

CAS PINNACLE ROUNDS: CELEBRATING NATIONAL ANESTHESIA EDUCATION

Our member-exclusive education series concludes in the fall with 1 final anesthesia teaching rounds submitted by universities across Canada, offering diverse perspectives to enhance your clinical practice. The series will continue in 2026 – details will be available in January.

- **Perioperative Management of the Patient with Liver Disease – November 5, 2025, 8 pm ET**

Chronic liver disease is an escalating healthcare crisis in Canada, affecting an estimated 1 in 4 Canadians. Patients with liver disease present unique perioperative challenges, and this session equips anesthesiologists with the latest knowledge, evolving nomenclature, and risk-stratification tools to lead in perioperative planning.

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8 pm ET



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Presenter:
Dr Sonja Payne

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- **Preoperative Evaluation and Criteria for Ambulatory Surgery – October 1, 2025 - 8 pm ET**
- **Sleep-Disordered Breathing and Ambulatory Surgery: A collaborative round with CAS, SAMBA, and the Society for Anesthesia and Sleep Medicine (SASM) – December 3, 2025 - 8 pm ET**

CAS SAMBA AMBULATORY ANESTHESIA COLLABORATIVE ROUNDS SERIES

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October 1, 2025 - 8 pm ET



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Presenter:
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Sleep-Disordered Breathing and Ambulatory Surgery: A Collaborative Round with CAS, SAMBA, and the Society for Anesthesia and Sleep Medicine (SASM)

December 3, 2025 - 8 pm ET



Moderator:
Dr Mandeep Singh

Presenter:
Dr Jaime Hyman

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FALL & WINTER EDUCATION SEASON LAUNCH - cont'd

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CAS WORLD ANESTHESIA DAY WEBINAR

To mark World Anesthesia Day, we are delighted to host this special webinar celebrating the incredible contributions of anesthesia professionals worldwide. This session will highlight the evolution of our specialty, discuss current challenges, and inspire us to continue advancing safe, equitable perioperative care for patients everywhere. Join us as we honor the past, reflect on the present, and look toward the future of anesthesia.

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October 16, 2025 - 8 pm ET



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RAJALEELAN



PRESENTER:
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MILLER



This session will highlight the evolution of our specialty, discuss current challenges, and inspire us to continue advancing safe, equitable perioperative care for patients everywhere.

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RESIDENTS CORNER

2025 ANNUAL MEETING RESIDENT EVENTS RECAP

Our entire team is truly thrilled by residents' responses to this year's Annual Meeting, which took place June 20–22 in St. John's, Newfoundland. Roughly 100 residents from anesthesia programs across Canada participated in an all-weekend schedule of programming curated for PGY1-PGY5s. A big thank you to all our event volunteers, presenters, moderators, facilitators, panelists, and judges for making this program happen!

Ace It! A Prep Course for the Royal College Exam

This course was developed to help residents and international medical graduates go into their Royal College assessments with confidence. Friday's all-day Written Exam Prep Course provided comprehensive, expert-led presentations on 13 key subspecialty topics on the real exam. Saturday morning's Oral Exam Problem-Based Learning Discussion (PBLD) grouped participants with a facilitator, who gave everyone a mock question followed by feedback.

Thank you to all participants who filled out the post-event survey—we are delighted by the positive reaction to the course and grateful for feedback for future improvements. Our special thanks go out to our lead organizers Dr Kan Ma, Dr Alex Rotstein, and Dr Jason Chui for making this event such a success in its inaugural year.

2025 Resident SIM Olympics

This year, five teams from eight different universities faced off in an escape-room-style competition format. Each team completed immersive simulation challenges inspired by advanced vascular access, point-of-care ultrasound (POCUS), technical airway maneuvering, and hemorrhagic resuscitation scenarios—plus an informal anesthesia trivia round. Congratulations to our University of British Columbia team, Drs Naomi Abayomi, Kate Koh, Jiachen Liang, and Nicole Ng on becoming this year's champions!

Residents' Oral Competition

Five abstracts submitted by residents were selected for this year's competition. Each presentation reflected the quality, expertise, and dedication that each finalist brought to their research. Congratulation to this year's winner Dr Raphaël Rivière! [Click here to read Dr Rivière's abstract](#): Development, Validation, and Comparison of a Logistic Regression Model with a Machine Learning Algorithm to Predict Postoperative Delirium in the Elderly.

Resident's Panel

We closed this year's resident programming with: Oh The Places You'll Go: A Panel on Unique Fellowship Opportunities. Panelists Drs Eugene Choo, Jessica Bruce, Geoff Zbitnew, and Matthew Turnock described how their fellowships unlocked out-of-the-box opportunities and influenced their career decisions. They also provided advice on planning for life after residency through questions from the audience and panel moderator, Dr Kyra Moura.



2025 Resident SIM Olympics Winners: Drs Kate Koh, Naomi Abayomi, Jiachen Liang, and Nicole Ng

CANADIAN ANESTHESIOLOGISTS' SOCIETY INTERNATIONAL EDUCATION FOUNDATION (CASIEF) FALL UPDATE



VOLUNTEER TEACHERS NEEDED FOR OUR OVERSEAS PROGRAMS!

Dozens of Canadian anesthesiologists have travelled to our programs in Rwanda, Ethiopia and Guyana, finding these trips exciting, rewarding and fun! Our partners need the experience of our anesthesiology educators to move their medical systems forward. Travel costs and accommodations are reimbursed, so this is also a great opportunity to see the world! Please contact us at info@casief.ca if you'd like to get involved—you will never regret it!

Please visit our [website](#), and if you haven't yet seen the fantastic [videos](#) about CASIEF's partnerships, please visit

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Sincerely,

Terri Skelton, MD, FRCPC, MPH
Chair, CASIEF

terriskelton@casief.ca



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DR PAULINE WAKE – MY EXPERIENCE AND INSIGHTS FROM A CANADIAN VISIT

Actionable Steps for Our Practice

Recently, a review of the impact the World Federation Societies of Anaesthesiologists (WFSA) fellowship programs and its fellows was published in the journal *Anesthesia & Analgesia*¹, to which I contributed to the *editorial*² along the same subject. That editorial was more than just a commentary—it represented a conversation that entailed a dream and the work needed to bring results. It revealed a system that was not perfect but already creating positive changes. It further showed the limitations and a platform from which I could advocate for capacity building in anesthesia – something that would be of value in Papua New Guinea (PNG).

The opportunity to spend time at BC Children's Hospital and speak about my experiences post pediatric anesthesia fellowship at the Canadian Anesthesiologists' Society (CAS) annual meeting in St. John's, Newfoundland allowed for further discussions towards capacity building. It reinforced my determination to learn and build networks. All this was made possible through the support of CASIEF.

In June of this year, I had the privilege of travelling to Vancouver, Canada to spend a week at the BC Children's Hospital. During my time there, I observed several clinical cases, including a complex spinal surgery approached via the intra-abdominal route. I also

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participated in the pain service ward rounds, gaining insights into multidisciplinary approaches to pediatric pain management. One of the most enlightening aspects of the visit was observing the pediatric research assistants as they conducted patient follow-up and data collection. Witnessing their coordinated work provided me with a clear model of how a research team could be effectively organized and run. This experience met one of my key personal objectives for the trip—learning the operational and structural aspects of running a functional and performing research team, knowledge that I hope to adapt and implement in my own setting in PNG.

On the 15th of June I was invited as a guest speaker on the virtual platform for the first CASIEF Guest Speaker Series. I spoke of the challenges in delivery of anesthetic and surgical services for the maternal and child population within PNG that I face. I also shared my experiences, presenting at Department of Anesthesia Rounds at BC Children's Hospital. In both these presentations, I highlighted the importance of international collaborations and the value of improving learning and research within my home country.

At the CAS Annual Meeting in St. John's, I presented on my personal journey as a past fellow of the WFSA program and shared how that fellowship experience had translated into tangible changes within my home country. This was an opportunity not only to reflect on my own career, but also to illustrate how international training can be adapted and applied effectively in resource-limited settings. I spoke about the realities and challenges of delivering pediatric anesthesia in Papua New Guinea, a low- and middle-income country (LMIC) in the Pacific region, the lessons I had brought back from my fellowship training, and the ways in which these had shaped both my clinical practice and my efforts in education and research. The session reaffirmed the value of global collaboration in advancing anesthesia care in LMICs. It was encouraging to see the level of interest and support from colleagues who shared a common vision: that no matter where a child lives, they deserve access to safe anesthesia care.

The Canadian trip and this alignment between the editorial message and my current work has given me renewed purpose. This visit provided an invaluable opportunity to build network, learn from the clinical cases and more importantly, gain insight into the research environment, particularly from the pediatric anesthesia research team. It has reminded me that the advancement of anesthesia in Papua New Guinea will not come from isolated efforts, but from a coordinated approach that values training, collaboration, and translation of global knowledge into local solutions. In many ways, this year has felt like the beginning of a new chapter—one in which advocacy is backed up by individuals, hospitals and societies, and where the conversation about strengthening anesthesia

care through education and research in Papua New Guinea is gaining greater momentum.

Dr Pauline Wake

Pediatric Anesthesiologist
Port Moresby, PNG



Drs. Skelton and Wake (left to right) in the operating room at BC Children's Hospital



Dr Wake in front of the BC Children's Hospital



CASIEF Symposium speakers (left to right) Drs. Youlanda Hendricks, Faye Evans, Pauline Wake and Alan Chu

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CONGRATULATIONS TO 2025 CAS RESEARCH AWARD WINNERS

The **Canadian Anesthesia Research Fund (CARF)** is proud to congratulate the 2025 Canadian Anesthesiologists' Society (CAS) Research Award winners. It was a fantastic year for research and recognition, and we were thrilled to support so **many outstanding recipients** throughout the 2025 season.

These awards highlight the remarkable work being done across the anesthesia community, and we extend our warmest congratulations to all the winners.

Looking ahead, stay tuned for details on the 2026 Awards program, including which grants will be available in the coming weeks. We look forward to continuing to support innovative research and the next generation of anesthesia leaders.

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ALANA M. FLEXMAN MD MBA FRCPC

BC ANESTHESIOLOGISTS' SOCIETY
DR PIETER SWART PERIOPERATIVE
RESEARCH AWARD



ALANA M. FLEXMAN MD MBA FRCPC

- Director of Anesthesia Research & Chair of Perioperative Brain Health
- St. Paul's Hospital, Vancouver, BC
- Clinical Associate Professor, University of British Columbia
- Scientist, Centre for Advancing Health Outcomes, Vancouver, BC

I am very honoured to be the inaugural recipient of the BC Anesthesiologists' Society (BCAS) Dr Pieter Swart Perioperative Research Award. I and my co-investigators are grateful to the Canadian Anesthesia Research Foundation (CARF), the BCAS, and the family of Dr Pieter Swart (Suretha, Pieter Jr, and Marna) for providing this grant, which will allow us to conduct our pilot study "RESPonsive Nature-Driven Imagery to Reduce Delirium afTEr Cardiac Surgery (RESPITE): A Pilot Randomized Controlled Trial".

...continued on page 32

Delirium is a frequent and debilitating complication following cardiac surgery, leading to longer hospital stays, increased costs, and higher mortality. Unfortunately, medications are typically ineffective at preventing or treating delirium, and pharmacological management often carries the risk of over-sedation and other adverse effects. In contrast, bundled programs that include cognitive stimulation and reorientation (e.g. HELP) have been shown to be effective, but are costly and typically require dedicated personnel and additional time for already stretched bedside staff. The limited availability of tools to prevent and manage delirium symptoms has inspired me to explore innovative, non-pharmacological approaches for high-risk patients.



The RESPITE trial will evaluate the **MindfulGarden device** (provided in-kind from Mindful Garden Digital Health, Inc for the study), a novel digital interactive display of responsive nature imagery and adaptive biofeedback, designed to engage, distract, and calm patients (see Photo). Our single-centre, open-label pilot randomized controlled trial at St. Paul's Hospital in Vancouver will recruit 60 adults undergoing open-heart surgery with at least one delirium risk factor. We will assess feasibility for a larger future clinical trial, as well as gather pilot data on the device's potential to reduce delirium incidence and severity, quality of recovery, agitation, anxiety, psychotropic medication use, and length of stay. In undertaking this project, I hope to determine whether this approach can be integrated into post-surgical care to improve recovery and patient experience. Our findings will inform a larger trial and leverage new innovations in technology to tackle an old problem.

This award carries special meaning for me, as it honours the memory of **Dr Pieter Swart**, who passed away in 2023 and is greatly missed. Pieter was not only an esteemed colleague and mentor, but also a dear friend.

Pieter was a highly supportive, kind and enthusiastic mentor and I was fortunate to work with him during my training. As trainees, we all looked forward to working with him in the operating room, as he made you feel like you were somewhat competent (regardless of objective evidence to the contrary!). Later as Pieter's colleague, I saw the broader influence, genuine caring and community that Pieter brought to our workplace. Pieter was a highly-respected clinician with an attention to detail and high standards, a sense of humour and a great bedside manner with his patients. He also valued innovation, particularly in perioperative medicine, which is his ongoing legacy. His enthusiasm for life extended far beyond the hospital walls, and his sense of adventure was infectious. We shared a memorable climbing trip together to Mount Baker, WA (see photo) that reinforced to me of the value of trust, perseverance, and loyalty — qualities he embodied in his life. As a beginner climber, I was able to complete this climb only with Pieter's experience, support and confidence in my ability.

It is truly a privilege to undertake this research project in his name, and I will carry his spirit of curiosity, compassion, and excellence into this research. More information and donations to this award can be made through the BCAS (<https://bcanesthesiologists.ca/research/>). Please consider donating to support innovative anesthesia research in Canada.



Dr Pieter Swart and Dr Alana Flexman on the top of Mount Baker, Washington, USA in 2013.

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CJA ON THE CUTTING EDGE

CAS ANNUAL MEETING RECAP

MISSION STATEMENT: “Excellence in research and knowledge translation in anesthesia, pain, perioperative medicine, and critical care.”

Canadian Journal of Anesthesia (CJA) Highlights from CAS Annual Meeting 2025

The CJA was front and centre at the CAS Annual Meeting, held June 20–22, 2025, in St. John’s, Newfoundland.

Featured Session

CJA Symposium: “From Inquiry to Insight in Anesthesiology: Are We Asking the Right Questions and Optimizing Methodology?”

This session explored how asking the right questions and applying effective research methodologies shape practice, patient outcomes, and safety. Participants discussed recently published controversial papers and examined how inquiry drives innovation and improvements in clinical care, research, and education. Common challenges and biases in framing questions were reviewed, alongside methodologies like randomized trials, observational studies, and new data analytics tools that enhance evidence relevance in Canadian anesthesiology. By the session’s end, attendees gained skills to critically evaluate their practice, assess scientific papers’ strengths and limitations, and decide when to implement changes or await further evidence.



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Richard Knill Research Oral Competition

Endorsed by the CJA Editorial Board, this annual competition showcased the highest-scoring abstracts submitted by CAS members. The presenting authors delivered their work to an engaged audience, with CJA editors serving as judges to determine the winners. Congrats to winner **Dr François Martin Carrier** for “Association between intraoperative fluid balance and vasopressors doses with postoperative complications in liver transplantation: preliminary results from a multicentre cohort study.”



Members of the CJA Board and staff at the 2025 CAS Annual Meeting in St. John’s, Newfoundland

ANESTHESIA HISTORY CORNER

DR WALTER MUIR (1880 – 1957)

By Marissa MacInnis, *Dalhousie Medical School, Class of 2026*

Amongst the early pioneers of Canadian anesthesia, Dr Walter Lawson Muir is remembered as a prominent advocate for the specialty in the Maritimes. Muir was born in Truro, Nova Scotia, to general practitioner Dr William Muir and his wife Laura Muir. Muir studied at King's College in Windsor prior to his medical education at McGill University, with subsequent training at the Montreal Maternity Hospital and Montreal General Hospital. Muir began a general practice in Truro following his medical training, prior to enlisting for military service after the outbreak of the Great War.

During the First World War, Muir served in the Canadian Over-Seas Expeditionary Force, from March 20 1916, to December 8, 1919, as a Captain and Medical Officer. Upon returning home, he was appointed staff anesthesiologist at the Camp Hill Military Hospital in Halifax. This period marked significant growth and recognition of anesthesia as an independent medical speciality. From 1927 to 1955 he served as the Head of the Department of Anaesthesia at the Victoria General Hospital, prior to his retirement. In 1955 he was named Honorary Member of the Canadian Medical Association. He died in Halifax in 1957.

In addition to fostering the fledgling specialty of anesthesia in Nova Scotia, Muir was also active on the national stage. He was a member of the Canadian Society of Anaesthetists, a short-lived precursor to the Canadian Anesthesiologists' Society. He served a term as the Society's Vice-President and was subsequently elected its President at its 1923 annual meeting in Montréal, succeeding Dr David Arnott of London in 1924. In his presidential address, he touched upon several of the foundational pillars for the development of the specialty, including the training of future anesthesia providers and consideration for patient perspectives. He also emphasized the anaesthetist's central role in the operating theatre. Muir's career reflected a commitment to both clinical excellence and the development of the profession.

"In our enthusiasm over the scientific, do not let us lose sight of the human side of our specialty." - Dr Walter Muir

His contributions laid the groundwork for future generations of anesthesiologists in Nova Scotia and across Canada. His words a century ago remain as relevant as ever, "In our enthusiasm over the scientific, do not let us lose sight of the human side of our specialty."

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Dr Wesley Rajaleelan, new Archives & Artifacts Committee Chair

Announcements

The Archives & Artifacts Committee welcomes Dr Wesley Rajaleelan as its new Committee Chair!
Make sure to join us on October 16th for our World Anesthesia Day webinar

CAS ANNUAL REPORT – REFLECTING ON 2024, EMBRACING THE FUTURE

The Canadian Anesthesiologists' Society is proud to share our achievements and organizational milestones in our 2024 CAS Annual Report. A big thank you to all our members and volunteer leaders for making 2024 such a successful year.

Highlights include (click on link for details):

- [Joint Statement of the CEO and President](#)
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