CAS Newsletter

Editor: Dr. D.W. Fear / Volume 6, Number 1 / Spring 1990

Hale (!) and Farewell

The last presidential message of my year follows the Annual Meeting of the Association of Anaesthetists of Quebec. In the past ten months, I have made some thirteen journeys on Society business, with more to come. In idle moments, I speculate on what effect time changes, poorly humidified planes, a succession of hotel beds, meetings in stuffy, dimly-lit rooms isolated from the exterior, and many lavish meals have had on my personal well-being. However, I certainly feel hale and hearty, despite the demands of my office. As the hubbub dies down, I now look forward to reading unopened journals, including the CJA (!) and browsing through a succession of unread books.

However, in the coming months, I promise not to flee from crises. All "loose ends" must be tied up for my successor, Jacques Samson. As I write, dissent remains in some quarters about anaesthesia technicians. Geoff Dunn has convened a special meeting of the Ontario Division, to enable members to express their concern. Each president faces his own armageddon and, for me, the issue of anaesthesia technicians has proven to be the most enervating in the last year. However, I recognize that many see it as the most important issue to face our specialty in some time, and I would fail the Executive, Council and membership if I ignored the voices raised in concern.

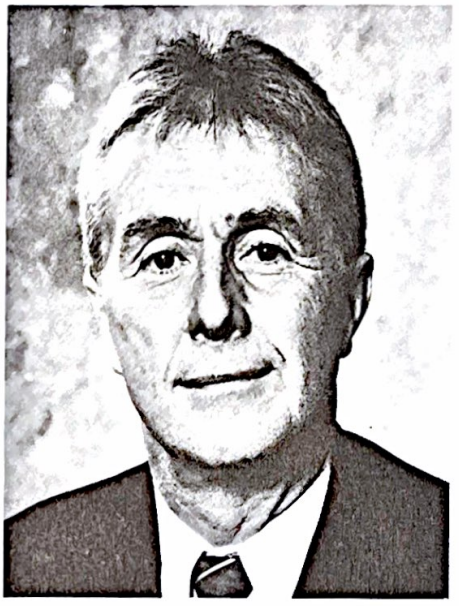
Two other areas call for action before I step down. First, the Society must review the developments in obstetric anaesthesia in recent years. Some institutions discontinued their "epidural service," largely for considerations of quality assurance. I propose to ask the Section on Obstetric Anaesthesia to undertake a national survey of practice in this subspecialty. At its Mid-Winter meeting, Council strongly supported a motion in favour of supplementary funding for hospitals where obstetric anaesthesia is required. I hope the Section will expand our horizons to review other problems in this important field, and will make recommendations to Council.

Secondly, the Society must review mortality and morbidity from anaesthesia in Canada. Reporting systems in the provinces vary, and different jurisdictions offer disparate protection from subpoena for physicians involved with morbidity-mortality review committees. Other international societies (for example, the Association of Anaesthetists of Great Britain and Ireland) have undertaken studies of perioperative mortality. I believe the CAS must consider the development of a database, as one measure to maintain and improve the already high quality of anaesthesia care.

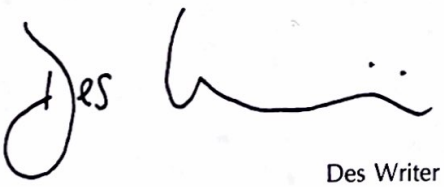
Like all sound business associations, the CAS has a "pyramidal" structure. Members form the base of this pyramid and without their support, the Society would disintegrate. For a brief moment, the President stands at the apex of the pyramid, secure in the solid structure beneath him. The Officers, Executive, Council and Divisions gave me strong support during this year. In addition, I offer personal thanks to my colleagues at Dalhousie, especially the Grace Maternity Hospital, who enabled me to fulfill my commitments. Many members of the Nova Scotia Division also proved supportive in difficult times. The CAS central office staff bore the brunt of my endeavours to represent you. To Ann Andrews, Cynthia Lank, Jane Leckey, Christine Kofler, Stephanie Signorile and our latest recruit, Sam Breen, I express my grateful thanks.

My long-suffering secretaries, Janet Dorey and Shirley Carter, worked hard, filed incessantly, and buoyed up your President in times of despair. I reserve the last word for them, for their undivided loyalty and untiring efforts.

For my successor, Jacques Samson, I wish only that he be able to draw on that type of support which has sustained me. I bid you all farewell, and pledge my continued support, as a past-president, to the future growth and well-being of the CAS.



I extend sincere good wishes, and look forward to greeting you in Vancouver!



Des Writer

WFSA Funds Overseas Training Programs

WFSA provides about $50,000 US in educational aid worldwide each year. The aid program is implemented by the WFSA Education Committee, Chaired by Dr. T.C.K. Brown of Australia. Thus far, the WFSA Education Committee has concentrated on sponsoring trainers in response to the requests of WFSA member Societies: this would appear to provide the greatest benefit to the greatest number of trainees. Committee members are drawn from a worldwide selection to attend to the needs of developing countries throughout the world. Requests for aid can be directed to Dr. T.C.K. Brown, Chairman, or to any of the Committee members: Professor John Couper (South Africa), Dr. Roger Eltringham (U.K.), Professor Mtsugu Fujimori (Japan), Dr. Virgilio Paez (Ecuador), Dr. W.D. Pope (Canada), Professor Philippe Scherpereel (France) and Dr. Jamal S. Al-Shanableh (Qatar).

Canadian Anaesthetists in Viet Nam

For eight days in February of 1990, two Canadians, Dr. David Fear and Dr. Fred Burrows, both paediatric anaesthetists at the Hospital for Sick Children, joined a team of health care personnel under the auspices of Operation Smile International in a visit to Hanoi, Viet Nam. The following is the story of that experience.

There was an air of quiet apprehension as our Thai Airways 767 approached the landing strip at Noi Bai Airport, on the outskirts of Hanoi, North Viet Nam. As the wheels touched, a glance out the port window revealed twenty MIG jet fighters parked on an adjacent runway. After taxiing a short distance, we pulled to a stop on the tarmac in front of a small old terminal building. As we disembarked into the cool, damp Viet Nam air, we were met by a reception party led by Dr. Tran Van Truong, Vice-Director of the Branch Institute of Stomatology at Viet Duc Hospital. We then proceeded to the VIP lounge at the airport where, amidst TV cameras, welcoming speeches were made by our hosts, accompanied by the traditional drinking of tea.

We boarded an old yellow school bus for the 50-km trip to Hanoi. Where in North America one would find four-lane highways and many late-model cars, here was a narrow road in poor repair covered with people, bicycles and the occasional truck. Our driver drove us past miles of lush green rice paddies and basic brick houses, honking his horn incessantly. As we approached Hanoi, the mass of humanity became thicker and parted like a wave around a boat, quickly closing in behind us.

We arrived at the Hoa Binh Hotel, which was to be our base for the week. It is an old hotel of French design in downtown Hanoi. Despite its advanced state of decay, its owners were busy building a fourth floor using primitive bamboo scaffolding and outdated tools. Throughout the hotel there were old tile floors, gracious twenty-foot ceilings and, to the amazement of the group, a pair of large rats which scurried about the hallways.

There are few hotels for foreigners in Hanoi. We were told that there are about 800 hotel rooms available for a city of 3.5 million people. However, this number will obviously increase as the tourist industry develops.

On Saturday afternoon we had the first meeting of the 44 members of the Operation Smile International team. Bill and Kathy McGee, the founders of the organization, were introduced along with Scott Amuller, our Hanoi C.O. Bill reviewed some of the background of the trip for us.

Operation Smile International is a non-profit humanitarian medical organization founded in 1982 by Bill McGee, a plastic surgeon from Norfolk, Virginia, and Ben Rigor, an anesthesiologist from Louisville, Kentucky. Teams have travelled to the Philippines, Columbia, Kenya and Liberia and approximately 3100 children have been treated since the program's inception.

Operation Smile is specifically involved in cleft lip/palate and orthopaedic surgery; however, this particular year, the team invited a couple of microvascular surgeons to perform some free-flap tissue grafts.

A pre-op team of surgeons, anaesthetists, paediatricians and nurses had arrived in Hanoi three days prior to the rest of the team to screen approximately 300 patients from all parts of Viet Nam. This process included basic history and physicals, hematology and urinalysis. The list was pared to about 130 children. The team elected not to work on children under one year of age.

On Sunday, February 3, the second Viet Nam/Operation Smile International Scientific Day was held at the Viet Duc Hospital. This was a joint education venture in which many of us participated by giving twenty-minute talks on topics ranging from acute management of hand injuries, pain management with regional anaesthesia and fluid balance in the paediatric patient. The Vietnamese presented some of their work in plastic surgery along with the patients as visual proof of their success. We were indebted to Dr. Nguyen Giang, a senior surgeon at the hospital who acted as our translator. He is a delightful and fascinating man who speaks fluent French, German, Vietnamese and English.

The Viet Duc Hospital is an 83-year-old institution founded during the French occupation of Indo-China. It has 400 beds, and the medical staff treats about 15,000 outpatients and performs around 6,000 operations per year, primarily neurosurgical, pulmonary, orthopaedic, gastrointestinal and urological. Viet Duc is also a major university hospital, with about 300 students, and is the primary referral centre for all of Viet Nam. The staff consists of around 100 physicians, of which 50 are surgeons.

The operating rooms were spacious, typical of the French style at the turn of the century, and featured tile floors, 18-foot ceilings and large windows overlooking the hospital outbuildings. Unfortunately, there were neither fans nor any sources of heat. At that time of year, the rooms were cold, making it difficult to ensure that the children were sufficiently warm.

The anaesthesia department, under the leadership of Dr. Ton Duc Lang, consists of eleven physicians and twenty-four nurses. Some spoke English, while many of the senior anaesthetists spoke French. Some of the staff had studied in Europe, specifically, Holland and France.

The gas machines were old, and were of French, East German or Czechoslovakian design. The gasline piping system was not colour-coded; however, the gases, oxygen (O_2 concentrator source) and air, were labelled. Nitrous oxide was not available because of its cost. Volatile agent vaporizers were available (Mark II Halotex). To ensure safety, most of our cases were performed with a Jackson Reese modified Ayre's T-piece or a coaxial circuit which, along with oxygen analyzers, allowed us to provide spontaneous ventilation with air/oxygen and halothane. The Operation Smile team was fortunate enough to have brought oximeters which facilitated our task. For some of us to use real hands-on techniques, such as a continuous precordial stethoscope and finger on the pulse, was a real challenge. However, there were no mishaps, and the anaesthetics were conducted with a greal deal of skill and ingenuity.

From Monday to Friday, beginning at 7:30 am, we worked with our Vietnamese counterparts on a variety of children who ranged in age from one to eight years, all of whom had significant cleft lips or palates. It was incredible to see the deformities on children of four or five who had obviously survived only as a result of the devotion of their parents. In some cases, the results of surgery were so striking that the parents were unable to identify their own children post-operatively.

The children were brought to the OR wearing, in some cases, woollen hats, three sweaters, two pairs of pants and socks. It was not

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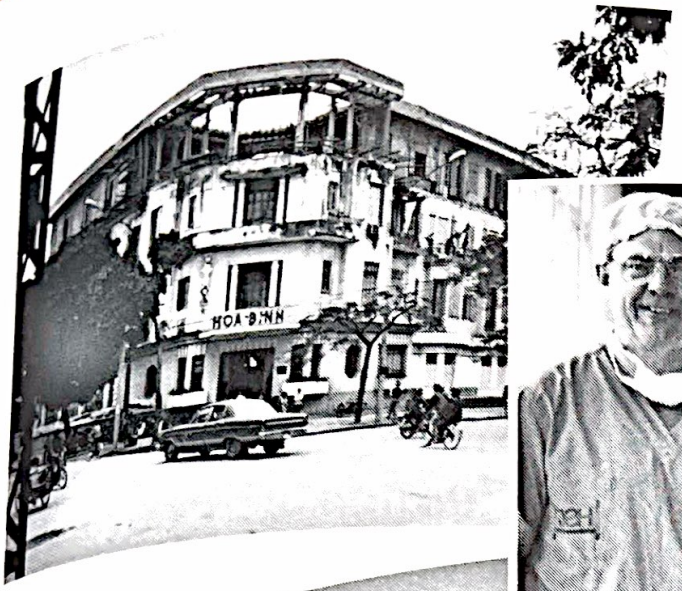
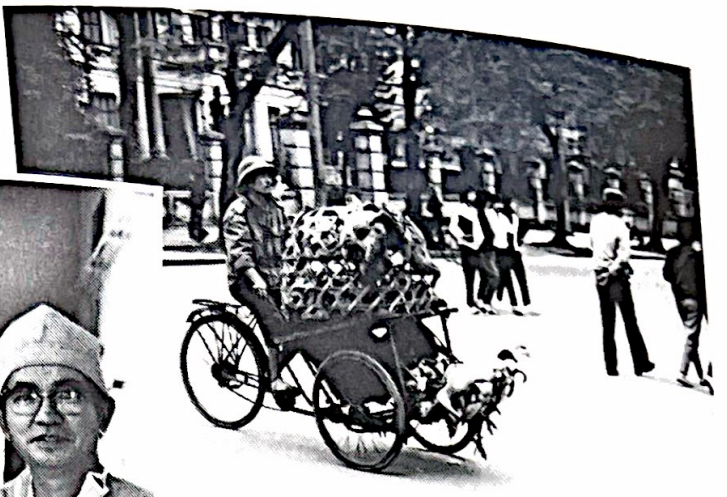
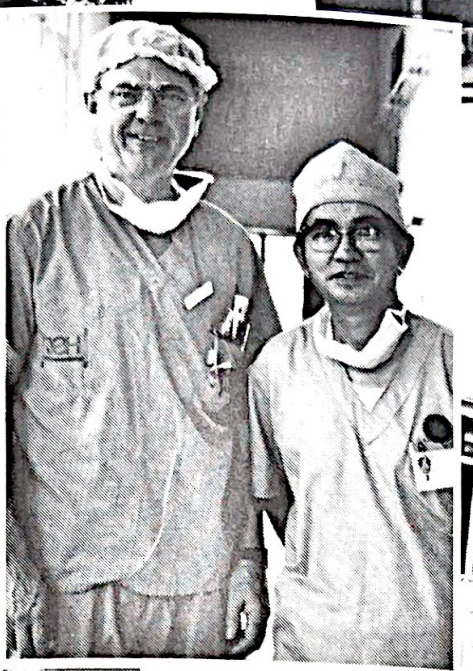
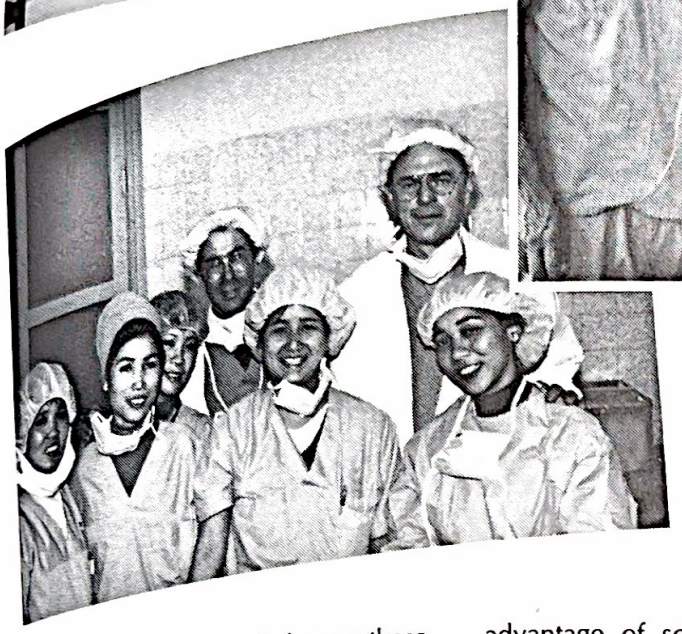
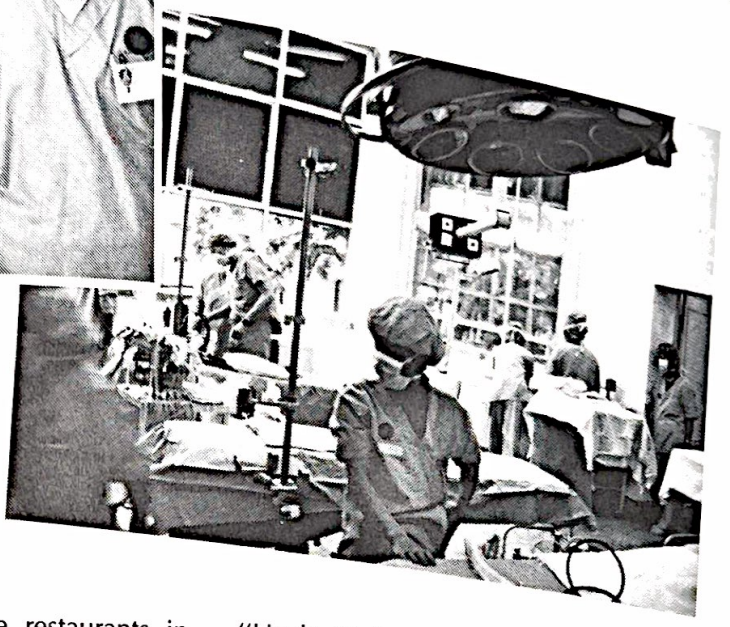










practical to remove their clothes as these were their only defence against hypothermia. However, appropriate monitors were employed and induction was carried out either by inhalation or by IV-pentothal. Often two cases were running concurrently in each OR and one day, there were three surgeries. At least the presence of all the observers and the OR staff was of some assistance in slightly increasing the temperature of the room.

Post-operatively the children were placed in cribs packed with hot water bottles and blankets and were taken to the recovery room which was by way of an elevated wood-floor walkway to another building. Our post-op team worked hard all week to ensure patient safety and to return the children to extremely grateful parents.

Although our days were busy, there was a tremendous sense of accomplishment: we had, in fact, made a major contribution to the life of a Vietnamese child.

It was fascinating to stroll back to the hotel about a mile and a half away, past the Lake of the Returned Sword, the Hanoi Hilton, and the markets where the people were cooking chicken and fish and selling fresh fruits and vegetables. There were many stores selling Vietnamese pottery, lacquer-ware and art-work, all of which was inexpensive by our standards. In the evenings many of us took advantage of some of the restaurants in Hanoi. The most popular were the 202 and the Cha Ca, which were privately owned establishments where one could eat classical Vietnamese food such as pho, a delicate beef and noodle soup, cha gio, a small spring roll of meat wrapped in rice paper and deep fried, and fish stir-fried with vermicelli. Many of the foods are accompanied by nuoc mam, a salty fish sauce into which food is dipped.

On the last day of surgery we met with Dr. Lang and his staff. It was interesting to learn that Dr. Lang is the President of the Vietnamese Anaesthesia Society. When he learned of our responsibilities in the Canadian Anaesthetists' Society, he became excited about developing a formal relationship between our two Societies. We felt that our Society could offer some support in the form of educational material through the Training and Relief Fund. Although we could not promise him a formal liaison with the CAS, we encouraged Dr. Lang to maintain his contact with the WFSA and, in this way, maintain access to anaesthesia societies around the world.

Although we were not able to participate in many sightseeing tours, our hosts provided us with an opportunity to visit the Ho Chi Minh Mausoleum. It was a memorable experience to view the preserved remains of "Uncle Ho", as he is commonly called throughout Viet Nam. He was a revolutionary leader whose efforts were instrumental in the conflicts of Viet Nam with the French and the Americans. Although he had wished that his remains be scattered throughout the country after his death, the government decided to stuff him and erect a building dedicated to his memory, thereby keeping his preserved body in public view. After depositing our cameras and recording equipment, we proceeded to march in single file to the entrance of a large black marble structure in the centre of Ba Dinh Square. On entering the tomb, we were urged by numerous guards to remain silent and to keep our hands at our sides. Deep inside, we came upon a large room which contained the Vietnamese hero and the flags of the USSR and Viet Nam hanging side by side.

The next day we checked out of the Hoa Binh Hotel and made our way to the airport to board our Thai Airways flight to Bangkok. Our hosts bid us a fond farewell. It was an emotional event, and we left with a great sense of pride and accomplishment, having made a small contribution to the well-being of the children and having established a relationship with a people who are truly hospitable, industrious, adaptable and eager to participate in the economic development of Southeast Asia.

Update on Vancouver 1990

Judging from the number of completed registration forms we are receiving, it appears that Vancouver will be a very popular spot in June. Blocks of hotel rooms at both the Hyatt Regency and the Four Seasons have sold out; indeed, most other hotels in the city are filling quickly as Vancouver is enjoying a boom year for meetings.

The commercial exhibit is also sold out, with 66 companies occupying 92 booths.

Arrangements for two workshops are in place: the first, on regional anatomy, will be held off-site at the University of British Columbia and will be led by Bernard MacLeod, who will demonstrate various blocks; the second, on fibreoptic intubation, will be led by David Malm and will feature a demonstration of the pharyngeal mask.

The breakfast seminar on medico-legal problems will allow discussion of some specific cases and will involve a noted Vancouver law firm.

Two events will be held specifically for residents in order to encourage their participation:

Residents' Meeting:
Sunday, June 17, 12 noon – 1 pm
Residents' Seminar:
Monday, June 18, 9 am – 10 am

There will be a paediatric interest breakfast on Tuesday, June 19, organized by David Steward of Vancouver.

Marijke and John Crosby have arranged an excellent social programme and the tours are already proving very popular. If you plan to attend any, be certain to pre-register in order to ensure space on the tour(s) of your choice.

One of the events organized locally will be held on Sunday, June 17, and will feature a "Dine Around": dinners will be held at up to a dozen local restaurants and will be hosted by volunteers from Vancouver. A variety of cuisines and price ranges will be available. There will be an opportunity to sign up for the restaurant of your choice, but space will be limited to small groups. All costs will be borne by the individual. Watch for further information in your registration kit.

We plan to organize pre-seating for the President's Dinner, Monday June 18. A floor plan will be on display at the registration desk (Plaza Foyer), and there will be limited times scheduled from Saturday to Monday for choosing seats. Further information will be provided in the registration kit and at the registration desk.

Please note that this year both the full meeting package and the full resident package include one ticket to the President's Dinner.

We look forward to welcoming as many of our members as possible to Vancouver. If you have any questions, please call our office.

Please also note that we are anxious to recycle whenever possible. If you have a mountain of unwanted paper at the end of the meeting, we will have a recycling box available. Also, we would be happy to take back your plastic name badge holders in order to use them again!!

Ann Andrews
Executive Director

Report on the Western Division Meeting Saskatoon, Saskatchewan — March 1990

The Western Division Biennial Meeting was held in Saskatoon March 1–3, 1990. There were over 80 registrants and 30 commercial exhibitors. Of the 80 registrants, 6 were from Alberta, 3 were from Manitoba and the remainder were from Saskatchewan. There were no registrants from British Columbia, nor were there any out-of-province registrants. The Saskatchewan Division was honoured with the presence of Dr. W.D.R. Writer, President of the Canadian Anaesthetists' Society, for the meeting.

On the Friday morning, Dr. Jerrold Lerman chaired a discussion on problems in paediatric anaesthesia. These were ably addressed by Drs. Peter Duncan, Cathy Bachman and Gerald Goresky. A lively question period followed. Dr. Charles McLeskey led an interesting session on the problems of the aged, which included discussions of the physiology of aging, anaesthesia for cataract surgery, perioperative blood pressure control and pain management in the elderly.

The conference took a different form on Saturday morning: several workshops were scheduled. Topics included fibreoptic intubation, alternative airways, the anaesthesia machine and radiology for the anaesthetist. All were well-attended and allowed registrants "hands-on" experience. The final session of the meeting focused on trauma. Dr. Edward Pavlin discussed the management of shock. Other areas covered included airway and pulmonary trauma, anaesthesia for the early burn patient and management of the head-injured patient.

Social activities were not forgotten. Registration on Thursday night was accompanied by a wine and cheese party, well-attended by registrants, guests and exhibitors. On Friday night, a six-course gourmet dinner was held in the elegant surroundings of the Da Vinci Ballroom. The after-dinner speaker was Senator E.W. Barootes who addressed the issue of Senate reform, a topic dear to the heart of many western Canadians.

Overall, it was a very successful meeting. However, one must wonder about the future of a Western Division Meeting which is so poorly supported by three of the four western provinces.

Angela Enright
Chair, Western Division Meeting

LOOKING TO THE FUTURE

The following is an excerpt from the ASA Newsletter, Volume 54, Number 3 (March 1990):

"Debate will continue as to whether the promulgation of formal standards of practice in anesthesiology is related to improved anesthesia outcome. Whether there actually is improved anesthesia outcome will likely be questioned, but one very pertinent component of the answer is currently coming in from malpractice insurers of anesthesiologists. Many states and regions now benefit from reductions in malpractice insurance premiums for anesthesiologists. Insurance company actuaries are not charitable. They do not give away money. Accordingly, premium reductions must be based on improved loss experience, improved anesthesia outcome and improved risk management. For example, in addition to a 33% premium cut in 1989, anesthesiologists at Harvard were informed in January of an additional across-the-board refund of 25% of 1989 premiums, due to better-than-expected malpractice claims experienced. Other medical specialties are frequently contacting anesthesiologists involved in standard-setting and risk management for information that might help these other types of physicians achieve similarly improved outcomes and consequent premium reductions. This trend should continue."

Resident Concerns

Two residents from the University of Toronto, Drs. Adrien Gauthier and Daniel Riegert, were invited to attend the CAS Mid-Winter Council meeting, held February 3–4, 1990 at the Inn on the Park Hotel in Toronto. Subsequently, they expressed concern over several issues which have a direct impact on residents.

Drs. Gauthier and Riegert lamented the general lack of resident participation in the Society, and encouraged Council to take a more active role in the promotion of activities which pertain specifically to residents. Although attempts are made every year to organize a forum at the time of the Annual Meeting, at which residents from across the country can meet to discuss issues of mutual concern and interest, attendance has been uniformly poor. Drs. Gauthier and Riegert made several suggestions for improving attendance, and we hope to see a dramatic improvement in the number of participants at the Residents' Seminar ("How to Kick-Start an Academic Career") in Vancouver.

They also took the opportunity to comment on the contentious topic of maintenance of competence. The main obstacle in any process to assess competence, they agreed, was the *method* of assessment. Neither denied the value of on-site evaluation, but both expressed strong reservations about making on-site assessment the *sole* means by which to gauge competence. They suggested that Council approach an educational consultant before becoming too dependent on on-site evaluation.

The two shed new light on the subject of anaesthesia technicians. Dr. Gauthier was struck by the similarity of the job descriptions of the anaesthesia technician and the anaesthesia resident. Both seemed to fear that, with the increasing responsibilities of the technician, the government might be able to justify further cutbacks in anaesthesia residency programs.

Both Dr. Gauthier and Dr. Riegert rejected ACUDA's suggestion that a research project be made a mandatory component of the training program. They explained that, as anaesthesia is a clinical specialty, a research project is an inadequate substitute for clinical experience. Furthermore, some individuals, they felt, would resent having to do research because they are not interested; those who are interested will pursue this option voluntarily.

Membership Dues 1990

Our thanks and appreciation to all members who have paid 1990 dues.

Income tax receipts and membership cards have been mailed. If you have any questions, please do not hesitate to contact the central office.

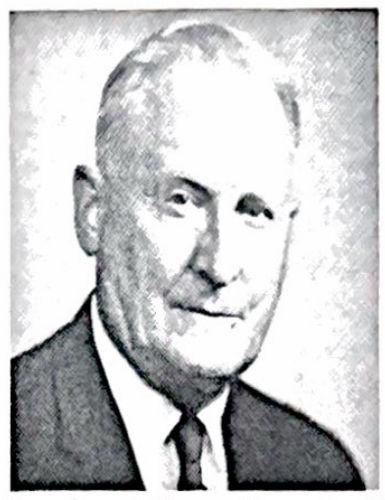
For those who have *not* yet paid 1990 dues, delinquency letters have been sent. If you have received such a letter, please follow the instructions outlined within in order to be reinstated as a member.

Monitoring Reminder

Please note that at the meeting of the Canadian Anaesthetists' Society Council, February 4–5, 1989, the following recommendation of the Standards of Practice Committee was formally accepted:

> "THAT the CAS recommend that capnography for intubated patients in the operating room become a basic monitor, effective July 1, 1990."

OBITUARY



Stanley Minto Campbell
B.St.J., M.B., FRCPC, FFARCS

Dr. Stanley Campbell died at Toronto on March 6th, 1990, in his 91st year. Born in Toronto, Dr. Campbell was educated at the Toronto Model School, University of Toronto School and the University of Toronto. During W.W.1, after training in the Canadian Officers' Training Corps at the University, he was seconded to the British Army in 1917 as a subaltern in the King's Royal Rifle Corps, and saw service in France and Germany. Returning to the University of Toronto in 1919 he continued in the Faculty of Medicine and graduated in 1924. Following internship at Toronto General Hospital he was invited to join the staff of the Department of Anaesthesia and until 1939 he combined the practice of Anaesthesia with an active general practice and served as an officer in the RCAMC militia. In September 1939 he was mobilized as Anaesthestist in the 15th Canadian General Hospital, and served in this capacity in the United Kingdom from 1940 to 1942, when he returned to civilian practice at the Toronto General Hospital.

From 1952 to 1961 Dr. Campbell was the Professor and Head of the newly independent Department of Anaesthesia at the University of Toronto. He retired from active practice in 1969.

An original member of the Canadian Anaesthetists' Society, Dr. Campbell served on the Council from 1944. He was President of the Society in 1950–51, and Secretary-Treasurer from 1961 to 1969. He served on the Executive Committee of the World Federation of Societies of Anaesthesiologists from 1955 to 1964 and was responsible for the organization of the scientific programme for the World Congress of Anaesthesiologists in Toronto in 1960.

Dr. Campbell was awarded the Gold Medal of the Canadian Anaesthetists' Society of 1968. Other honours were the Scroll of Honor of the International Anesthesia Research Society (1958), Corresponding Fellow of the Association of Anaesthetists of Great Britain & Ireland (1960), and Commander of the Venerable Order of St. John (1976).

Predeceased by his wife Jean (née Rankin) in 1979, Dr. Campbell is survived by two sons, four grand-children and one great-granddaughter.

Roderick A. Gordon

Upcoming Meetings

CANADIAN ANAESTHETISTS' SOCIETY
47th ANNUAL MEETING
(Joint meeting with the Japan Society of Anesthesiology)
Vancouver, British Columbia
June 15–19, 1990

For information:
Canadian Anaesthetists' Society
187 Gerrard Street East
Toronto, ON M5A 2E5
Telephone: (416) 923-1449

THE ROYAL COLLEGE OF PHYSICIANS & SURGEONS OF CANADA
ANNUAL MEETING
Toronto, Ontario
September 14–17, 1990

For information:
Ms. Anna Lee Chabot
Head — Meetings and Assemblies
The Royal College of Physicians & Surgeons of Canada
74 Stanley
Ottawa, ON K1M 1P4
Telephone: (613) 746-8177

CANADIAN ANAESTHETISTS' SOCIETY
ONTARIO DIVISION MEETING
Niagara Falls, Ontario
September 13–15, 1990

For information:
Dr. F. Halliday
Greater Niagara General Hospital
P.O. Box 1018
Niagara Falls, ON L2E 6X2
Telephone: (416) 358-0171, ext. 386 (Operating Room)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS
1990 ANNUAL MEETING
Las Vegas, Nevada
October 19–23, 1990

For information:
American Society of Anesthesiologists
515 Busse Highway
Park Ridge, IL
60068-3189
Telephone: (708) 825-5585