CANADIAN ANAESTHETISTS SOCIETY

CAS Newsletter

Editor: Dr. D.W. Fear / Volume 7, Number 3 / Fall 1991

Environmental Task Force Survey Results

The Task Force on Environmental Issues related to Anaesthesia, had a booth at the CAS Annual Meeting in Quebec City. Visitors to the booth were asked to answer a bilingual questionnaire, the results of which follow. Obviously, the answers are somewhat skewed In that people who completed the questionnaire were a partly preselected group. In some cases they would be aware of the answers we wanted. Nevertheless, the results are interesting to us, and might be of interest to the general membership.

Survey results

Of the 166 completed surveys, 6 questionnaires were answered inadequately and 19 were from out of Canada. The basis of this report therefore is based on the 141 remaining surveys. The respondents were a representational cross section of Canada - 13 from the Maritimes, 36 from Quebec, 61 from Ontario, 16 from Alberta and 11 from British Columbia and the Yukon.

1. **Which circuit do you usually use for adults?**
   - Bain circuit: 31 (9 in Quebec, 17 in Ontario)
   - Circle system: 87
   - Both or "other": 23

2. **Do you always use a new syringe for each patient (or do you sometimes use one syringe per drug and just change the needle between cases?)** (It should be emphasized that these needles are not injected into patients but rather into intravenous tubing, sometimes at a distal port).
   - New syringe for each case: 63
   - Same syringe for each case: 75

   The size of the hospital did not influence these anaesthetists.
   - 500 or more beds: 24 out of 60 used new syringes;
   - 200-500 beds: 21 out of 38 used new syringes;
   - 200 or less beds: 14 out of 30 used new syringes.

3. **Would you use reusable equipment (e.g. endotracheal tubes, circuits) if they were shown to be safe, even if it were more bother to you?**
   - Willing: 125
   - Not willing: 12

   Some people commented that they were already reusing disposables and others indicated that they were more interested in reusing the circuits than the endotracheal tubes.

4. **Would you be willing to "sort at source" (e.g. separate glass, bottles, plastics, and others) in order to facilitate recycling?**
   - Willing: 130
   - Not willing: 8

Some people are already sorting things as paper and IV bags. One person pointed out the need for a cart, organized for this sorting.

Other comments included an objection to the mailings of drug advertising and the issue of overpackaging. Many participants wished the committee well in a worthwhile endeavour.

Compiled by Nancy Ironside, MD, FRCPC

The Executive and Council join the CAS staff in wishing all CAS Members and their families a joyous and safe holiday season. May the New Year bring much happiness to you all.

The CAS Central Office is Moving!

It gives the Executive Committee and the CAS office staff great pleasure to announce to the CAS membership that the central office will be moving in mid-November. It has been obvious for some time that the location at 187 Gerrard Street East was not ideal. Over the past 4 years storage space has become increasingly cramped and with an ever-increasing workload the staff needed more space and computer resources which simply could not be accommodated within the existing space.

The new location is in the very accessible Yonge and Eglinton area of Toronto. Our new space is steps from the subway and located within a beautiful, well-equipped modern building. It was felt that the Society needed a more professional location and office space, one that would easily accommodate members and suppliers. As well, the area offers all the services which a busy office requires.

All members will receive an official change of address notification as well as new telephone and fax numbers. Please make a note of the change as soon as you receive it.

Although we will do everything to make the move as smooth as possible, we would ask our members' indulgence during the latter half of November. As computer systems and files are moved, Murphy's Law is certain to kick in. We will do our very best to respond as efficiently as possible to any members' requests, however, we do ask for your understanding if this is not as prompt as usual.

Once we are settled, please drop by the office. We will be more than happy to proudly display our new surroundings.

As of November 15, 1991 our new address is:

CAS
1 Eglinton Avenue East
Suite 208
Toronto, Ontario M4P 3A1
Telephone: (416) 480-0602
Fax: (416) 480-0320

Division Reports

NEWFOUNDLAND: Cap Level Raised by 3.8%

Dr. Michael Bautista

The Newfoundland medical profession's financial concerns have further worsened. The clawback mechanism put in place in April 1991 has resulted in chaotic and unpredictable amounts in payment for services rendered. Contrary to media interpretation, there has been no "pay increase" but rather, a raising of the cap level by 3.8%. There has been no acceptance of global capping by physicians, but it was felt that for this year, a more satisfactory condition could not be negotiated. Because of the wise use of the press by the government, there is negligible sympathy for the physicians. The emigration of physicians and little or no increase in recruitment are inevitable.

PRINCE EDWARD ISLAND: Financial Situation Deteriorates

Dr. David Johnson

With permanent and semi-permanent bed closures beginning in July 1991, waiting lists for elective surgery are already growing longer. In addition, money for much-needed equipment is becoming less available, and requests for some items are being refused by hospitals. Fortunately, the Guidelines to the Practice of Anaesthesia of the CAS have been useful to support endeavours to maintain mandatory anaesthesia equipment.

NOVA SCOTIA: Wage Freeze Announced

Dr. John Clark

The anaesthesia services programme encompassing Nova Scotia (ASPENS) has now entered into another phase of its mandate, that being the resurveying of hospitals initially surveyed approximately 3-4 years ago. Economic issues continue to be at the forefront. The provincial government has announced a wage freeze for all public servants, including physicians, for the next two years. In addition, all departments have been given a 2% cap on their funding growth. The implications of this latter action are not clear at this time and, in addition, the government itself is in a fairly tenuous position as it has a very slim majority in the Legislature.

NEW BRUNSWICK: CANVASS Programme Assesses Anaesthesia Services

Dr. Anthony Bond

This year saw the beginning of the CANVASS programme. This has been based on and supported by the Nova Scotia ASPENS assessment programme and will be useful in updating anaesthesia services throughout the province.

A government freeze has held up efforts of the previous Executive to achieve favourable fees for anaesthetists, which include a unit value increase and removal of the specialist/non-specialist fee differential.

The first cardiac surgery unit opened in Saint John in April 1991.

QUEBEC: Anaesthesia Labelled Primary Specialty

Dr. Serge Lenis

The government has imposed a freeze on all salaries of civil service employees, which is also applied to doctors' incomes. This freeze is to last approximately six months, but it might last up to eighteen months for specialists.

The Minister of Health has decided to consider anaesthesia as a primary specialty like surgery and internal medicine. The Division feels this is a very positive step.

The next Continuing Education Day for the Quebec Division will be October 19, 1991. The theme will be "Anaesthesia and the Trauma Patient." There will be workshops on fiberoptic intubation and rescucitation of the multiple-trauma patient.

ONTARIO: OMA Negotiations with Government Successful

Dr. Wayne Lambert

Since the Mid-Winter Council meeting, bargaining teams for the Ontario Medical Association and the Ontario Ministry of Health have concluded negotiations on a new memorandum of agreement and a new fee schedule for the province. The agreement provides for effective capping of physicians' incomes and describes specific financial penalties for increases in utilization beyond predetermined values. On a more positive note, some recognition of the rising cost of malpractice insurance is contained in retroactive payments for increases in costs of malpractice over the last three years, and there is a lumpsum payment for the cost of practice increases over the last two years. The Association managed to bargain successfully for free and unfettered binding arbitration for the next six years as well as recognition of the effective bargaining agent for all physicians in Ontario and imposition of the Rand formula.

Work continues on the development of a peer assessment programme for anaesthesia. The assessment procedure will follow the general outline developed for other physicians in the programme and should be in place by the end of 1991.

The Fall meeting of the Ontario Division will take place in Thunder Bay, September 19-21, 1991.

MANITOBA: Survey on Manpower Conducted

Dr. Suzanne Ullyot

There has been dissatisfaction with the fee-for-service arrangement of remuneration for specialist anaesthetists in the province. Submission to the Dean of Medicine and the Manitoba Health Services Commission has resulted in a survey of anaesthesia manpower and remuneration for all anaesthesia services. The survey is being conducted by two external consultants, who were to report to the Manitoba Health Services Commission after June 30, 1991.

SASKATCHEWAN: Successful Meeting Held

Dr. David Shepherd

The most recent meeting of the Division was held April 6-7, 1991 in conjunction with the annual Bev Leech Memorial Lecture which, this year, was given by Dr. Al Francis Chudie of Edmonton, who spoke on "Trauma and Adolescence."

ALBERTA: Visibility of Anaesthesia Specialty Improved

Dr. Douglas DuVal

Representatives from the Alberta Division of the CAS attended the Premier's Dinner, held in Edmonton on June 5, 1991. Ten anaesthetists shared a table with Mrs. Nancy Bitkowsky, the provincial Minister of Health. It was felt by those who attended that activities of this nature were of great value in promoting our visibility among elected officials.

The progress of the Alberta Medical Association toward the development of a provincial relative value guide continues to move slowly. Both sections have now submitted their own relative value scales and the AMA is planning now to distribute a very detailed overhead survey to all practitioners in order to accurately assess the overhead costs of practice of each of the specialties.

The Division sees no evidence of improvement of the manpower situation in the province. Most hospital departments are maintaining a very cautious attitude towards taking on new staff, given the unpredictability of both the government and hospital administrations in instituting bed closures and reductions in operating room availability.

BRITISH COLUMBIA: Future of Pension Plan Remains Uncertain

Dr. Dorothy Wishart

The much-publicized pension plan for physicians is still uncertain. Legislative changes to balance RSP/pension plan contributions may wipe out any real gain that there might have been in negotiating a deferred benefits plan.

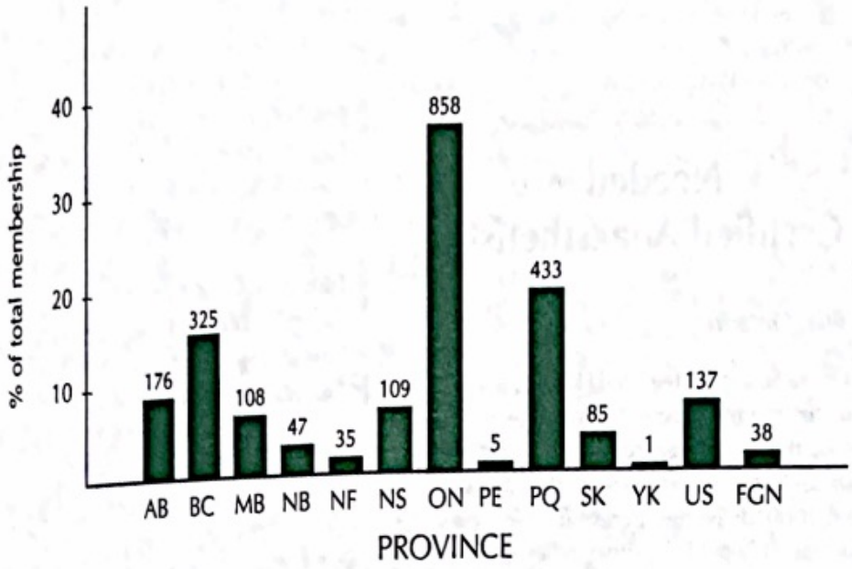
The Division continues to explore the issue of retainer fees as an answer to hospitals wishing in-house coverage for fee schedules providing inadequate remuneration.

The College of Physicians and Surgeons of British Columbia and the British Columbia Anaesthetists' Society have discussed, and will continue to discuss, how they can assist each other in the investigation of complaints related to dissatisfaction with anaesthetic services. The area of concern would involve larger problems within hospitals rather than individual patient complaints.

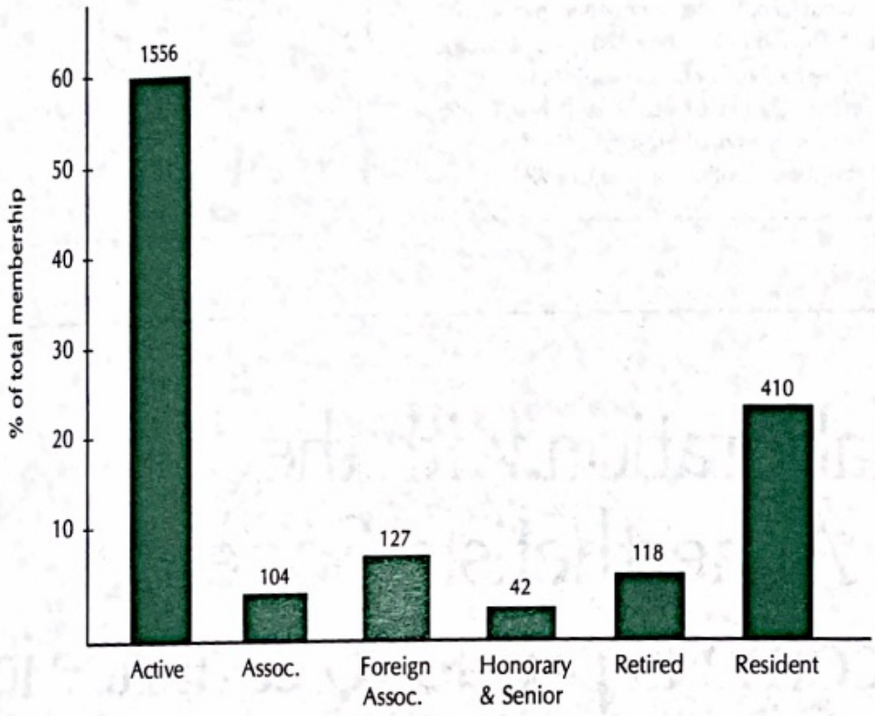
MEMBERSHIP ANALYSIS

(Total membership: 2, 357 as at November 1, 1991)

CAS membership by province



CAS membership by membership class



CAS Hits the Road

The joint meeting of the Canadian Anaesthetists' Society and the Australian Society of Anaesthetists was held in Brisbane, Australia from October 12-16, 1991. The meeting was attended by 55 Canadians including Dr. Richard Baxter, President, and his wife Moyra, three V.I.P speakers, Drs. Bevan, Byrick and Murkin and the Executive Director, Ms. Ann Andrews.

The hospitality shown by the Australians was overwhelming; local doctors opened their homes to Canadian and out-of-state (Australian) delegates for dinner and were especially proud and accommodating tour-guides. The climate was also very welcoming and delegates were fortunate to catch the jacaranda trees in bloom, an event which occurs for only three weeks of each year.

At the President's Dinner, Dr. Baxter and Ms. Andrews were presented with beautiful books to remind them of this spectacular and friendly country. As well, a plaque commemorating the occasion of the joint meeting was presented to the Australian president Dr. John Richards.

In contrast to the Australian Society meeting attendance of 400, the recent meeting of the American Society of Anesthesiologists attracted 15,000 delegates, 1000 of which registered on-site. Ms. Angela Fritsch, Associate Director, represented the CAS at the San Francisco meeting as an exhibitor. The CAS/CJA booth attracted many delegates, including a number of Canadians who dropped by to say hello. Ms. Fritsch received consistently positive comments about the quality of the Canadian Journal of Anaesthesia, especially in terms of its clinical relevance. As well, a great deal of interest was shown in our upcoming annual meeting in Toronto. San Francisco was a popular venue for this meeting and the beautiful Bay area lived up to its reputation. Thanks to those members who took the time to visit the booth, we look forward to seeing you all in Toronto.

Programmes available

For individuals interested in attending the 10th World Congress of Anaesthesiologists in The Hague, The Netherlands, June 12-19, 1992, please note that preliminary /provisional programmes are available.

Please address your request to:
Canadian Anaesthetists' Society
1 Eglinton Avenue East, Suite 208
Toronto, ON M4P 3A1
Telephone: (416) 480-0602
Fax: (416) 480-0320

Toll-free Number Available for Information on Medical Ethics

A toll-free number to the National Reference Center for Bioethics Literature has now been made available to Canadian citizens. The number, 1-800-MED-ETHX (1-800-633-3849), provides access to a large collection of documents relating to ethical issues in medical practice and in biomedical research. The mandate of the Center is to provide moral perspectives on issues of public concern and the Center houses a range of books, periodicals, newspaper stories, regulations, codes, legal materials and government publications of relevance.

The Center is funded by a grant from the National Library of Medicine and the National Institutes of Health. It is located at Georgetown University in Washington, DC and forms part of the Kennedy Institute of Ethics.

For further information, please contact:
Ms. Pat McCarrick
National Reference Center for Bioethics Literature
Kennedy Institute of Ethics
Washington, DC 20057
Telephone: (202) MED-ETHX

Dialogue Among Allied Health Professions Continues

Editor's Note:
In the last issue of the Newsletter, the first part of this article was published. In this following article the members of the Committee on Allied Professions continue a description of the role of their committee.

Emergency Medical Technology

Emergency medical technology (EMT) as an allied health discipline is only twenty years old. It evolved because of the increasing emphasis on emergency medicine and the need for proper emergency care of patients prior to their arrival in hospital. The importance placed on EMT varies considerably across Canada. Provincial acts which legislate emergency pre-hospital care vary from province to province. These regional disparities have hindered the formation of a uniform and national discipline to date.

This was recognized years ago by the CMA when it formed the national Conjoint Committee for the Accreditation of Educational Programs in Emergency Medical Technology. This committee has made a significant contribution to emergency medical technology by specifying competency requirements for emergency medical technicians and by setting appropriate educational requirements.

Three levels of competence for EMT are currently recognized by the CMA. EMT Level I competencies are those of basic life support skills. They include patient assessment by primary and secondary survey, CPR for adults and children, airway management, wound and fracture management, performing emergency childbirth and understanding the principles of extrication. The EMT at Level I has a basic understanding of emergency medical and psychological crises and is expected to manage them in a safe and competent manner.

Accredited Level I training programmes have 180–260 hours of didactic teaching, 24–72 hours of hospital practicum and 25–30 calls of ambulance practicum. There are currently seven accredited Level I programmes in Canada.

EMT Level II skills include, not only those of basic life support but also those of limited advanced life support. In addition to Level I competencies, the attendant is expected to be able to take a medical history, auscultate the chest, administer nitrous oxide, apply MAST pants, establish an intravenous and perform defibrillation and extrication. There are two accredited level II programmes in Canada: the Justice Institute of British Columbia and the Winnipeg Ambulance Department. These programmes have a prerequisite field experience of 300 calls. The programs are post-Level I and include 200 - 208 hours of didactic teaching, 36 - 92 hours of hospital practicum and 20 - 60 hours of ambulance practicum.

Level III EMT competencies are those of advanced life support skills, those of the so-called paramedic. Level III competencies include those of Levels I and II plus cardiac monitoring and cardioversion, tracheal intubation, chest decompression and emergency drug administration. An attendant at Level III is expected to manage cardiac arrest by ACLS standards. There are three accredited Level III programmes in Canada: the Justice Institute of British Columbia, the Northern Alberta Institute of Technology in Edmonton and the Southern Alberta Institute of Technology in Calgary. Level III programmes are the most intensive training programmes and include 10 - 39 weeks of classroom teaching, 7 - 12 weeks of hospital practicum and 27 - 33 weeks of ambulance practicum.

Since the inception of the CMA Conjoint Committee for EMT, more and more reliance is being placed on its standards and the scrutiny of educational programmes. With no national examination for licensure, successful graduation from an accredited training programme is the best guarantee of competency to those involved in EMT and to the public in general. It is hoped that in the future more training programmes will follow the CMA guidelines and will apply for accreditation.

Nursing

The Canadian Anaesthetists' Society has, in the past, had no formal association with any of the professional nursing associations. When the Terms of Reference of the CAHP were reviewed, as part of the strategic review within the CAS, the CAHP identified a major area of deficiency within our organization. While some anaesthetists work closely with respiratory therapists, clinical perfusionists and emergency medical technologists, we all work, all of the time, with our nursing colleagues. In some institutions nurses form an integral part of the anaesthesia delivery team.

The Terms of Reference of the CAHP include reference to a continuing liaison with other specific allied health professional organizations. Accordingly, in February 1991, the Council of the CAS approved that preliminary discussions begin with professional nursing associations closely affiliated with the work anaesthetists perform in the operating room. The CAHP then extended an invitation to the President of the Operating Room Nurses Association of Canada to a meeting with the CAHP at the Annual Meeting in Quebec City.

Ms. Gloria Stephens, President of the Operating Room Nurses Association of Canada (ORNAC), met with the CAHP on the question of the working relationships between nursing and anaesthesia present and future. She indicated that the announcement of this meeting was well received at a recent conference of ORNAC in Banff.

ORNAC presently has guidelines and a standards manual outlining the role of the circulating nurse in the operating room. These functions include the preoperative preparation of the patient, education of the patient, transport of the patient, the "induction phase" (assisting the anaesthetists, inserting IVs, etc.), the operative phase, and the recovery phase. Ms. Stephens indicated that these guidelines were prepared with the assistance of anaesthetists but that review was planned. She further requested that the CAS assist ORNAC in developing these new standards.

Discussions continued on possibly expanding the educational and professional relationships between anaesthesia and nursing. Subjects covered included: the involvement of nursing in the preanaesthetic preparation of patients for anaesthesia and surgery, assistance of the anaesthetists in the operating room, the post-operative management of patients and quality assurance programmes. The meeting concluded with a desire to maintain an association at an organizational level.

The CAS has hosted two regional refresher courses on the management of recovery room problems, which have been well-attended and well-received by recovery room nurses. In particular, the nurses who attended expressed gratitude to the CAS for giving them the opportunity to attend. Several praised the CAS for taking the initiative in opening channels of communication and in promoting dialogue with the nursing profession. Other programmes may be considered in the future.

There has been discussion at the CMA Physician Resource Committee (CMAPRC) recently regarding the changing nature of health care delivery in Canada. This was the subject of the Internal Invitational Workshop ("Getting a Professional Opinion"), sponsored by the CMAPRC and held in Ottawa in November 1990, to which the CAS was invited. At this meeting involving approximately 60 physicians from 30 affiliated societies and organizations, it was concluded that the relationships between physicians and the allied health professions are going to change rapidly in the near future. With this in mind it is important that physicians clearly identify their present relationships with allied health disciplines and that they work proactively in establishing new relationships.

It is through this continued dialogue with the respiratory therapists, clinical perfusionists, emergency medical technologists and nurses that the CAHP and the CAS can evaluate our respective roles. In this way, the delivery of anaesthesia services to our patients can be optimized and we can influence and guide the allied health professions in the development of programmes aimed at assisting anaesthetists to function in a safer and more effective manner.

I. White, F. Burrows,
L. Nuget, P. Limoges

Toronto 1992
Site of the CAS 49th Annual Meeting

49th Annual Meeting · June 5-9 juin · 49e Congrès Annuel

Canadian Anaesthetists' Society • La Société canadienne des anesthésistes

Toronto, Canada's largest city, promises to be an exciting venue for the 1992 CAS Annual Meeting. Be sure to make time to sample the "Broadway" calibre theatre, world class museums and galleries, and of course the international cuisine. Toronto is a safe clean city just waiting to be explored.

The headquarters hotel is the historic Royal York situated in the heart of the city. Additional bedroom space is available one block away at the luxurious L'Hôtel. All scientific sessions will be held in the Royal York.

Scientific Programme – Highlights of an outstanding programme follow:

Royal College Lecture – David R. Bevan 50 Years of Relaxation

Refresher Courses – Following our standard format, twelve Refresher Courses on a wide variety of topical issues will be presented on Saturday, June 6, 1991.

Symposia – Topics this year include Anaesthesia and the Government and Controversies in Neuro-anaesthesia.

Clinical Forum – This year's topic is Anaesthesia for Paediatric Emergencies

Residents' Seminar – The format this year will be a round table discussion on Substance Abuse and the Anaesthetist

Seminars – Anaesthesia and Environmental Pollution and Maintenance of Competence are the titles of this year's seminars

Workshops – This format has proven increasingly popular and the following topics are sure to be of interest to many: New Equipment for the Management of the Difficult Airway and a hands-on computer workshop.

Social Programme – Realizing that Toronto has so much to offer, this year's social programme will offer a very large selection of tours and activities. Enjoy Toronto's nightlife - catch the Phantom, a Blue Jays game, cruise the harbour and try one of thousands of restaurants. As well, worldclass ballet, opera, symphony and theatre are all within steps of the Royal York. And participate in a 49 year old CAS tradition by attending the President's Dinner in the stately and elegant Royal York Hotel.

Dates to remember

December 1991 - You will receive hotel and travel information. Take advantage of early booking rates.
March 1992 - Pre-registration kits and social programme information will be mailed to you. Once again, register early and benefit from lower rates.

Remember: If you are a CAS member you will receive all information automatically!

See you in Toronto!

* * URGENTLY REQUIRED * *

Old photographs
Early Newsletters
Files
Published Material
Anaesthetic Equipment
Correspondence

With 1993 fast approaching much thought has been given to ways of recognizing the Society's 50th anniversary. Three projects are currently being planned with the Halifax 1993 meeting in mind. They are:

- A book on the history of the Society from 1943-1993
- An exhibition of anaesthetic apparatus
- A poster display/collage of photographs and personalities

Donations will be very much appreciated. If you have anything that you think might be useful - old newsletters, annual meeting or regional meeting items, correspondence etc. - please discuss it with or sent it to either of the following individuals:

Dr. David Shephard, Chairman
Archives Committee

or

Ms. Cynthia Lank
c/o Canadian Anaesthetists' Society
1 Eglinton Avenue East, Suite 208
Toronto, Ontario, M4P 3A1
Telephone: (416) 480-0602
Fax: (416) 480-0320

Upcoming Meetings

New York State Society of Anesthesiologists
45th Postgraduate Assembly
December 7 – 11, 1991
New York, New York

For information:
Mr. Kurt Becker, Executive Director
c/o NYSSA
41 East 42nd Street, Suite 1605
New York, New York 10017

International Anesthesia Research Society
66th Congress
March 13-17, 1992
San Francisco, California

For information:
Ms. Anne Maggiore
I.A.R.S.
2 Summit Park Drive
Suite 140
Cleveland, Ohio 43210
Telephone: (216) 642-1124

World Federation of Societies of Anaesthesiologists
10th World Congress
June 12-19, 1992
The Hague, The Netherlands

For information:
Congress Secretariat
Holland Organizing Centre
16 Lange Voorhout
2514 EE The Hague
The Netherlands
Telephone: (+31-70) 365.78.50

* Needed *
Certified Anaesthetist

Orillia, Ontario

Orillia Soldiers' Memorial Hospital is a 223 bed community hospital, with fifteen surgeons, four operating rooms and an eight bed ICU/CCU. It is a neonatal referral centre with over 1000 deliveries per year. The new anaesthetist would join two other certified anaesthetists and several GP anaesthetists to provide 1:4 call schedule. A commitment to participate in an obstetric epidural service is essential. For further information, please contact Dr. John Oyston at (705) 327-0262 or (705) 325-2201 or please apply in writing to: Dr. John Oyston, Chief of Anaesthesia, Orillia Soldiers' Memorial Hospital, 170 Colborne Street West, Orillia, Ontario L3V 2Z3.

The CAS Newsletter is published quarterly by the Canadian Anaesthetists' Society and distributed to all members. It is available in French upon request (SCA Bulletin des nouvelles). Letters to the Editor, articles, and suggestions for articles are invited.

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