The fight for the physician-led anesthesia care team is not about a turf battle, reimbursement or gaming a system. It’s a commitment to protect quality care and patient safety. The stories of two patients and our personal experience illustrate why when seconds count, physician anesthesiologists save lives.

Some have suggested we move to a model removing the physician-led team and have cited the Air Force as the paradigm. We disagree. Consider the tragic case of Air Force Staff Sgt. Dean Witt. He was hospitalized for what should have been a routine appendectomy at Travis Air Force Base. Following his surgery, Witt experienced breathing difficulties. The nurse anesthetist overseeing his anesthesia care made “mistake after mistake after mistake” (Stars and Stripes, Is the Feres Doctrine Fair?, June 19, 2011), including inserting a breathing tube into his stomach instead of his airway depriving his brain of oxygen and using resuscitation equipment designed for children. Left in a permanent vegetative state, the 25-year-old Witt died three months later when his family removed him from life support.

Or consider the system in place for most patients. When a young woman experienced cardiac arrest during childbirth due to an amniotic embolism -- a rare, but often deadly condition where amniotic fluid enters the mother’s bloodstream -- physician anesthesiologist Patrick Allaire, M.D., of Ames, Iowa, saved her life. He immediately placed a breathing tube, administered medication to restart her heart and instructed the care team to begin chest compressions. The mother had an emergency Cesarean section and Dr. Allaire cared for her throughout the day and night. Dr. Allaire’s quick response saved both mother and child and the mother has called him her daughter’s guardian angel.
We know many physician anesthesiologists who are former nurse anesthetists, including one of us, and can speak to this issue firsthand. Beginning my career as a nurse anesthetist, I, Dr. Fitch, recognized the limitations of my training when it came to providing comprehensive care for my patients. I chose to attend medical school to complete my education and became a physician anesthesiologist.

Despite the significant improvements in the safety of anesthesia, every surgery and procedure carries risks, and there is no way to predict when a routine case will turn bad. When seconds count, when medical emergencies or complications occur, physician anesthesiologists draw upon their extensive medical education, years of clinical training and experience to make critical decisions that can and do save lives.

We recognize and appreciate that nurses are an integral part of the anesthesia care team. And when physician anesthesiologists and nurses work together, patients receive the high-quality and safe anesthesia care they deserve. Nursing skills are important and nurses are trained to administer anesthesia, but their education does not come close to the advanced medical education, training and clinical experience of physicians.

Physician anesthesiologists have 12,000 to 16,000 hours of education compared to nurse anesthetists' self-reported median of 1,651 hours. The difference goes beyond hours to the depth of training provided.

A physician anesthesiologist's education covers the medical management of the entire human body and all of its systems as well as pain medicine, critical care medicine and, of course, every aspect of the administration of anesthesia, before, during and after surgery.

A scientific study published in Anesthesiology on behalf of the Agency for Healthcare Research and Quality (AHRQ) – the nation’s leading federal agency for research on health care quality, costs, outcomes and patient safety – found that the presence of a physician anesthesiologist prevented 6.9 excess deaths per 1,000 cases in which an anesthesia or surgical complication occurred.

Nurse anesthetists often advocate cost and quality of care issues, but there are no definitive, independent studies that indicate they can ensure the same quality of care, patient safety and outcomes when working alone.

In fact, the cost to Medicare of physician anesthesiologists and nurse anesthetists are no different with
payments the same regardless of who performs the procedure. If anything, eliminating the physician anesthesiologist can actually increase costs as other physicians may be needed to consult or provide the services a physician anesthesiologist would.

Quality of care and patient safety matter above all. Because of nurses’ limited education and training, it’s too risky to allow nurse anesthetists to administer anesthesia without the supervision of a physician.

We became physician anesthesiologists to obtain the skills needed to provide patients with the best possible care. All patients deserve no less. We’re certain the Witt family and Dr. Allaire’s patient would agree.

Zerwas is president of the American Society of Anesthesiologists. Fitch is president-elect of the American Society of Anesthesiologists and a former nurse anesthetist.

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