

## "A.U.A. AFTER THIRTY YEARS"

PRESENTATION ON THE THIRTIETH ANNIVERSARY OF THE  
FOUNDING MEETING OF THE  
ASSOCIATION OF UNIVERSITY ANESTHETISTS

APRIL 30 - MAY 2, 1982

E. M. PAPPER, M.D.  
PROFESSOR  
DEPARTMENT OF ANESTHESIOLOGY  
UNIVERSITY OF MIAMI SCHOOL OF MEDICINE  
MIAMI, FLORIDA

### INTRODUCTION

Dr. Jerome Modell, our President of A.U.A., asked me to talk to you about my views of important matters of concern to the Association of University Anesthetists on its elegant and auspicious thirtieth anniversary of the founding meeting. He also suggested that I might touch on some of the important issues and factors which were present at the start of A.U.A. Finally, he urged that I try to look toward the future and suggest an effective role or roles A.U.A. might have in academic anesthesiology now and in the years to come. It is a tall order to tackle - and I feel somewhat uncomfortable about trying to accomplish these tasks with you, but, I shall try.

Since I have no capacity to read anyone's mind and I don't know who in this audience remembers what occurred in the past, I address you with the partially unhappy realization that I am the only surviving member of the original "gang of four" who founded A.U.A. - Beecher, Dripps, Lamont and Papper. Jerry Modell may have had in mind that survival alone is justification for having the temerity to make this kind of address to so distinguished a group as this or, he might have thought, as other presidents of other organizations have, that the past could be prologue to the future or, if it is not destined to be prologue, what are some suggestions that can be made as to why we are together and why there is such an

organization as A.U.A. Can knowledge of the past be used to change or influence the future - or, stated differently - can one learn from past errors and establish new directions?

In a fairly long, fortunate and somewhat variegated career, I have had the opportunity of observing academic and human behavior (not always the same process) in a variety of contexts, including the one we are to address today - the general setting of academic medicine and more specifically, the place in which anesthesiology fits. I have been singularly impressed that despite our many virtues and strengths in anesthesiology, the anesthesiologist does tend more than physicians to be introspective, soul-searching and to some extent, unnecessarily questioning of matters that need not be questioned. Simultaneously, there seems to be an insufficiency of earnest appreciation amongst ourselves for each other's talents and virtues and for those things that bind us together. In short, we tend to over-react, as I view it, as a group, to negative things somewhat more, I think, than surgeons, internists and even basic scientists may do to issues, problems and their proposed solutions. We seem to under-react to positive strengths and aspirations, as well and do too little to be of help to those of our colleagues who need it. Some of us even seem to suffer too much from boredom which is a pernicious and destructive condition.

In preparing this address to you, I have leaned very heavily upon the correspondence of the founders and a few others, which Austin Lamont had in his possession at Pennsylvania and which now resides in the permanent archives of A.U.A. in the Wood Library and Museum - as a corrective and disciplined guide to my own memories and records. I have searched my own files and memory for information on this early period and have re-read the exceptionally gifted address of one of the best people ever to walk across the anesthetic scene, Bob Dripps, when he talked to you on the twentieth anniversary of the A.U.A. at the San Francisco meeting, a decade ago.

Finally, I have reviewed, and I recommend to you that you do likewise, the

Constitution of A.U.A. which seems not to be part of the background knowledge of most of our members. I guess, therefore, that it is quite appropriate to do as Dr. Modell requests, that is, to ask the larger questions as to what role A.U.A. might have for the present and the future despite our tendency as a group to ask these kinds of questions more often than is necessary and perhaps, even more often than is good for us without, at least, following through vigorously enough on program pathways that appear promising. There are many loose ends - and maybe it has to be that way.

The present distinguished leadership of academic anesthesiology participated only peripherally, if at all, in the founding and in some of these earlier activities of A.U.A. because of the difficulty of having been too young - after all, thirty years is thirty years! Certainly, the younger members of the association are probably largely ignorant of how things came to be what they are in academic anesthesiology and, therefore, may have differing and quite legitimate views of what things should be like in the future, from those of us who began things at A.U.A. Their voices must be heard in this forum, if we are to thrive as I know we can.

A.U.A. was formed in an environment in which there was a strange mix of considerable ferment, controversy, strong, hostile feelings and yet, almost unlimited optimistic hope. In fact, that these attitudes may seem incompatible with each other, is still of great interest to me and, I hope, to you but, it is best to tell it like it was to the best degree one can, without necessarily raising specters that are no longer relevant and in this sense best forgotten.

I recall, quite vividly, as the youngest, the most junior and the least accomplished of the "gang of four", many of the swirling issues, comments and attitudes of the time. The scene was bathed by alternating sparkling, blue-green, calm water with periodic and unexpected huge, angry tidal waves of storm.

On the positive side, there were many of us who were starry-eyed in the early post-World War II period and who believed everything was possible for anesthesiology and who wished to make of this specialty of ours, a strong, distinguished and highly respected member of the academic firmament and of clinical science and practice.

As Dripps told you some ten years ago, the evidence, so well documented by Lamont, indicates that we went through a period when the major issue, in the perception of some people in academic anesthesiology, was a threat to their very existence by the positions taken by the then power structure of private practitioners who controlled The American Society of Anesthesiologists and, also, The American Board of Anesthesiology.

The view was clearly expressed and was in one or two documented instances implemented, that the idea that an anesthetist could earn his living on a salary was anathema and there would be no compromise with that particular position. One could possibly be banned from A.S.A. or, even lose an A.B.A. board certificate if one was paid a salary - or so it seemed to some at the time.

This structure and policy of A.S.A. was, at that time, undoubtedly hostile to the development of academic anesthesiology since almost all academic people were salaried by either a university or, a teaching hospital or, some combination of the two. What apparently was not realized clearly at the time and perhaps even not wholly today, is that the abuses that hospitals perpetrated then, on those of our colleagues who were in private practice by selling their services at a discount to patients, was bad exploitation of both patients and anesthesiologists. These abuses were not necessarily universal and not necessarily cured by fee for service. It led to an over-reaction by A.S.A. to state that salaried employment was totally unacceptable no matter what the reason. The only way in that environment that one could be assured of being a

member of A.S.A. and possibly even retain his board certificate, was to practice on a fee-for-service basis. The strange irony today is that in all circumstances in which a private patient cohort exists almost anywhere, the anesthesiologist bills now for these services, either institutionally, collectively or individually, both in and out of university settings and nobody raises questions as to fairness, ethics or the like. We even hire each other and only the marketplace prevents exploitation reliably. Academic people are better paid and should be now. The attempt to correct the abuse of anesthesiologists by hospitals seemed to some of the people on the scene at the time to be a direct threat to the viability of intellectual university work and research. In retrospect, university oriented people and those in practice harbored feelings that were obviously too high and were excessive. Times were difficult for these reasons and there was a strong push on the part of some to join a surgical organization and secede from A.S.A. In fact, at least one individual proposed a much closer association with surgeons in their organizations, happily, a fate we did not incur - witness the problems in Britain today with their conflicts about separation from the Royal College of Surgeons. Fortunately, that solution was not adopted. So heated was the debate, that Lamont urged that the correspondence be sealed for some fifteen or twenty years until tempers cooled, and death and retirement took its tolls before the material could be available for review. That time has certainly come - it is thirty years now - and anyone of you who is interested can read the material in the Wood Library and Museum.

While all of this economic turmoil took place, there was a positive side, a strong desire on the part of like minded people to get together to review each other's scientific activities and to form an association geared to informal discussions or research with that motivation in mind. As one reviews the history of the time, clearly, there was a strong desire on the part of a modest number of people doing useful and imaginative research to exchange their ideas and to

benefit from critical review and at the same time, there was a very powerful, negative force to overcome what some viewed as union strong-armed tactics against the university community by our practitioner colleagues in the A.S.A.

The next problem that had to be solved was, whatever the motivation of things at the beginning, what one would do by way of establishing the kind of intellectually compatible university community that could deal with the positives of intellectual inquiry and the negatives of external threats to the academic community by its practitioner groups. How could we, in short, be positive and constructive and yet cope with our real difficulties and our conflicts? How could we, long term, achieve a coordinated effort of good will among those in private practice and those in the Universities?

There were those who wished to form an informal travel club which had ample precedent in other specialties, as well as our own - among two or three institutions, to be specific - Harvard, Pennsylvania and Columbia, who would accomplish some of these goals on a very informal and limited basis. We would have been, as I see it, probably happy but isolated and our evolution would have been the most specialized and the least flexible - in a Darwinian sense - and we may not have thrived - possibly, not even survived.

There were also those who felt, quite strongly, that such an association needed to have national complexion and that while it may be alright to begin with a small group, it was better to launch this new and fledgling group on a national basis. That view finally prevailed when the "gang of four" invited, as a first step, Etsten, Faulconer, Robbins and Orth, to launch A.U.A. Unhappily, Robbins and Orth are dead, Etsten is retired and has chronic lung disease and the great intellect of Faulconer is wasting with Alzheimer's Disease at present. Twenty-nine additional invitations were sent to people in leadership roles across the nation to join this new organization and all finally accepted, some with

considerable reservations and doubts at the time. Dripps was the most effective of all of us in allying the concerns of this group of able individuals. The first meeting of the larger group of some thirty-odd individuals took place in this city of Boston, thirty years ago, in or near the famous Ether Dome of the M.G.H. and a beginning was finally made for A.U.A.

The American Society of Anesthesiologists was considerably upset and, to a degree, hostile at the time and talked about the divisive nature of the new organization in our specialty.

Fortunately, as A.U.A. was established and was in its earliest years, a brilliant and quite wonderful intellectual experience, with benefit for all and no injury to any in A.S.A., the understandable concerns of the practitioner group in our specialty gradually subsided. As a matter of fact, ironically, the natural course of events moved rapidly toward more mutual tolerance when A.U.A. began to appear to have its troubles and was accused by some outside the organization of being an elitist drinking club, a status symbol and other similar pejorative characteristics. We seem to be more tolerant of each other when less threatened!

The leadership in A.S.A., it seems to me in retrospect, was wise in accepting A.U.A. eventually and at the right time, actually coopting some of its leadership to form and manage the scientific programs for the A.S.A. Shortly following the success of this endeavor in which it was established that practicing anesthesiologists saw the virtue of housing within their own walls, the best of science in its annual meeting, the possibility of election to higher office in A.S.A. of authentic academic people became evident, and was in short order accomplished to a measurable degree. This great success in A.S.A. was buttressed further by the remarkable leadership, especially of Vandam, Greene and Eckenhoff, in making the journal Anesthesiology a stout fortress of the best of

intellectual and clinical activity in our specialty. In effect, A.S.A. became stronger and, as I see it, A.U.A. entered a cyclic period of trouble - not even able or willing to take full advantage of the freedom of discussion its smaller membership then permitted and its Constitution advocated. One began to wonder, or at least many did and probably still do, as to what A.U.A. needed to do or, what its role should be since A.S.A. had gotten over its alarm and had, in fact, acquired the best of the people of A.U.A. for its own meetings and the journal, and left A.U.A. unable or unwilling to do the more effective work that its organization made possible. Fortunately, this difficult period was short in duration.

With that thought in mind, I shall read to you Article II of the Constitution of A.U.A., which says:

"The object of the Association shall be the advancement of the art and science of Anesthesia by:(1) the encouragement of its members to pursue original investigations in the clinic and in the laboratory; (2) the development of methods of teaching Anesthesia; and (3) such free and informal interchange of ideas pertaining to these objectives as a limited membership and common aims make possible".

This then is the time for the crystal ball part of our discussion since our Charter really permits anything we wish to do. The question of the future is a valid one to raise for all the reasons we have discussed. In my view, a very important new element has come upon the scene and several derived aspects of it are noticeable and remarkable.

For the first time, in my memory at least, the number of applicants of very high quality for residencies in anesthesiology has been reported to have escalated sharply, at least in some and probably many institutions. One can

debate and discuss, and perhaps should one day, some of the reasons for it but, whatever the reasons, there is a fairly large cadre of individuals who want to cast their lives and their futures with us in such numbers and such quality that most of our present leadership seems both delighted and staggered by the extraordinary plethora of riches with respect to capable people. Our leadership, incidentally, seem to interpret these events quite differently from the way I see it and that also may bear some discussion in A.U.A. For instance, specifically, the impact of the GMENAC Report on medical students, the feeling that anesthesiology provides a more agreeable way to practice than medicine or surgery and the welcome increase in the number of women in anesthesiology and in all of medicine, may play a substantial role in what we are seeing.

Secondly, there has also been a significant move away from residency programs in non-university or non-university affiliated institutions. The future people are, almost by definition, potentially A.U.A. members in greater numbers! I do not have exact data on this question but, it is an impression that seems valid to me and if wrong, I would be delighted to have the truth brought out by someone who has more information than I have available. A third matter is that the classic functions of an academic department seem to be taking on individual hues that make possible, with proper advice for the very able applicants in large numbers, to find their places in environments that are compatible with their own ambitions and purposes in the future for themselves. There need to be no stereotyping of people or departments. Good departments can and, I believe, should look differently from each other - perhaps more so than in the past. If this notion is acceptable, the American Board of Anesthesiology must become a partner for diversity as opposed to homogeneity.

I think we have not yet sufficiently taken advantage of this wealth of talent. We have not yet taken enough advantage of the classic pluralism of our American society. We are not yet trying hard enough to have individualized and

more tailored educational experiences with the particular genius and talent of which each institution can afford to its prospective and bright new clients. As a bystander now, with past involvement of a major nature, it appears that many forces are insisting on homogeneity when nature prefers diversity - and A.U.A. can be nature's ally.

I can see absolutely no reason why A.U.A. should change its major goal of housing a critical discussion of work-in-progress in the research area, whether it be clinical or laboratory. I can see no reason not to work hard to improve teaching, which needs attention, and I see every reason why A.U.A. should comfortably house the exchange of ideas that a relatively small group permits - all for the future - this year's meetings were a good thrust in that direction and I congratulate our Officers and Council for their work.

In my reacquaintance with the meetings of A.S.A. this year and those of some component societies, I am impressed, not only by the outstanding quality of what I see but, by the fact that there is encouragement of free debate and an even more comfortable home for this kind of discussion. These are not new ideas and they take place in such diverse organizations as the American Society for Clinical Investigation, as well as, the Society of University Surgeons. I would respectfully urge that you consider more emphasis on that type of interchange and in the way papers are presented. In short, I urge an increased critical informality upon all of you, with time for discussion, perhaps even at the expense of volume, considering the limitations of the number of presentations accepted for future meetings.

The second goal of the teaching of anesthesia that I see presented in ways that are entirely worthy in both the A.S.A. environment and, clearly, in the A.U.A. environment as well, are great but, there is probably not sufficient attention being paid to the wonderful virtues of one-on-one teaching or micro-

teaching in operating rooms, as well as, the taking of sufficient advantage of the major modern technologies of video taping, computers and the like for teaching purposes. We need to continue the work of preserving the best of the old ways and to venture into bold, new areas for the future at the same time. They should be mutually reinforcing - they are not incompatible. The work that Elliott Miller has done for A.U.A. and other groups is outstanding - but not sufficiently used by A.U.A. Many of us still believe that teaching skills do not need to be learned.

I also believe that there is inadequate attention being paid to new ideas which have common objectives to a limited membership which is A.U.A. Possibly, our leadership is too cautious or perhaps believes that our missions are done. Boldness and presence, that indefinable coupling of virtues, with the willingness to make mistakes, if necessary, ought to be more visible - into newer ventures.

A.U.A. in short, can be many things to many people. It has a very important place in the development, on a continuing basis, of our specialty. Very few of us are endowed with the divine gift of creativity. Most of us, however, are scholarly enough to recognize the contributions of those who are gifted and to distribute that knowledge in an environment such as this one and in the institutions from which we came, to this and other A.U.A. meetings.

Universities are the repository of learning and also the generators of new learning. We must, in our field, participate more fully in those functions whatever the questions that are asked and with due respect for the privilege of difference of opinion as to the appropriateness of the questions and the answers. I think that we should insist always, on clear thinking in posing questions and in obtaining answers while we respect and encourage the real discomfort of dissent.

We must not expect A.U.A. to be a monolith and to meet with a collection of

only one's friends, whose work we do not feel too comfortable in criticizing. We need to raise more academic hell and irritate people constructively, to improve their work and to be willing to strive for what we need in all areas, nationally as well as, in A.U.A.

Since there is no way to do this or any other human endeavor correctly or appropriately, we must make some compromises. A.U.A. was born in controversy and in compromise, and it is not unreasonable to expect that the steps of the future might be similarly dictated.

I have no blueprint for success nor do I have a scheme that will answer all aspirations and all criticisms, however, as the distinguished poet-physician, William Carlos Williams, puts it, "the real thing is the excitement of the chase and the opportunity for the exercise of one's talents".

As long as you have, the best people, in an intellectual sense, in A.U.A., you can and should decide, in a changing dynamic world, on what it is you want to concentrate and be prepared to change even from that decision. I have made some suggestions in a tentative way because I do not believe that any one individual - certainly not one not currently grappling with the leadership problems - has even the right to make these specifications overly specific. I would urge, however, that you consider yourself a force that is positive, that is good and that is intellectually strong in a societal environment that is now, sadly, somewhat too acrimonious, chaotic and too often negative, in which all of us must live and function.

The future of A.U.A. is in the hands of all of you and especially in the hands of your leadership. Fortunately, and I say this advisedly with the full knowledge of what I am about to conclude, the present leadership, the present problems and their solutions will happily change every so many years, as they have in the past, and the challenges and the opportunities will also change.

A.U.A. has a great future, and its exact nature will change with the years. Change is so uncomfortable for many - and yet so necessary for growth. Since I have always been committed to strong and forthright leadership - with many warmly intelligent collaborators - I hope this pattern will be yours in the years to come.

Thank you all for allowing me to talk to you.