

SHIELDS LECTURE

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E.M. PAPPER

I. INTRODUCTION - I AM PARTICULARLY HONORED TO BE INVITED TO DELIVER THE HARRY JAMES SHIELDS LECTURE, IN WHOSE HONOR AND SUBSEQUENTLY IN WHOSE MEMORY THIS DISTINGUISHED LECTURESHIP WAS ESTABLISHED BY AN ANONYMOUS DONOR TO THE UNIVERSITY OF TORONTO IN 1959.

HARRY SHIELDS WAS BORN IN 1887 AND DIED IN 1973 AFTER A MOST PRODUCTIVE AND ACTIVE LIFE. HE WAS A RARE AND GIFTED INDIVIDUAL. HE MADE HIS MAJOR CONTRIBUTIONS TO THE WORLD OF ANAESTHESIA FROM THE BASE OF HIS NATIVE CITY OF TORONTO AND ITS DISTINGUISHED UNIVERSITY. DR. SHIELDS SERVED AS ANAESTHETIST TO THE FOURTH GENERAL HOSPITAL IN THE CANADIAN ARMY MEDICAL CORPS DURING WORLD WAR I.

ON HIS RETURN FROM AN ACTIVE MILITARY CAREER DURING WORLD WAR I WHERE ANAESTHESIA WAS ONLY MAKING ITS PROFESSIONAL BEGINNINGS, HE CAME BACK TO THE UNIVERSITY OF TORONTO AND WAS APPOINTED TO THE STAFF OF THE TORONTO GENERAL HOSPITAL. IN 1935, HE BECAME THE HEAD OF THE DEPARTMENT OF ANAESTHESIA AT THE UNIVERSITY AND FILLED THAT POST WITH DISTINCTION UNTIL 1952 JUST EIGHT YEARS BEFORE HIS RETIREMENT FROM ACTIVE PRACTICE.

HE WAS ONE OF A SMALL NUMBER OF DEVOTED PHYSICIANS WHO, WITH SOME OF HIS CONTEMPORARIES IN BOTH THE UNITED STATES AND CANADA, ESTABLISHED ANAESTHESIA AS A MAJOR MEDICAL SPECIALTY IN THE NEW WORLD. THE FIRST RESIDENCY TRAINING PROGRAM IN CANADA WAS BEGUN BY HIM IN 1935 AT THE UNIVERSITY OF TORONTO AND THE TORONTO GENERAL HOSPITAL. HE ALSO WAS RESPONSIBLE FOR THE DEVELOPMENT OF A MAJOR POST-GRADUATE PROGRAM IN THE UNIVERSITY OF TORONTO WHICH WAS THE FOCAL POINT FOR THE EDUCATION AND

TRAINING OF MANY ANAESTHETISTS SERVING IN CANADA AND ABROAD.

PROFESSOR SHIELDS RECEIVED MANY HONORS FROM HIS UNIVERSITY, FROM HIS OWN COUNTRY AND FROM FOREIGN LANDS WHO RECOGNIZED AND APPLAUDED HIS ACHIEVEMENTS. IT IS A GREAT THING TO BE HONORED DURING ONE'S LIFETIME AS HE WAS. IT IS ENTIRELY FITTING THAT HIS GREAT CONTRIBUTIONS TO THE DEVELOPMENT OF THIS IMPORTANT SPECIALTY WOULD BE HONORED WITH A LECTURESHIP IN HIS NAME.

I WAS NOT FORTUNATE ENOUGH TO KNOW HARRY SHIELDS WELL, BUT I DID MEET HIM AT ONE OF THE SHIELDS LECTURES IN TORONTO IN 1960 AND WAS MOST IMPRESSED BY HIS CHARM, HIS INTELLIGENCE AND HIS CONTINUED DESIRE, EVEN AFTER HIS RETIREMENT, TO SEE HIS CHOSEN SPECIALTY PROSPER AND THRIVE.

IT IS WITH DEEP APPRECIATION OF HIS CONTRIBUTIONS AND WITH A FEELING OF HUMILITY AT HAVING THIS OPPORTUNITY TO ADDRESS YOU IN HIS MEMORY THAT I PRESENT A SUBJECT TO WHICH, WERE HE ALIVE, HE SURELY WOULD HAVE BEEN ABLE TO MAKE IMPORTANT CONTRIBUTIONS.

I SHALL DO MY VERY BEST TO CONSIDER WITH YOU, FROM SEVERAL PERSPECTIVES THAT I HAVE BEEN FORTUNATE ENOUGH TO EXPERIENCE, MY VIEWS ABOUT ACADEMIC ANAESTHESIA - ITS ROLES IN A FACULTY OF MEDICINE - AND ITS ULTIMATE ROLE IN SERVING ITS TRAINEES AND THE LARGER SOCIETY IN WHICH WE ALL WORK.

I BELIEVE IT NECESSARY AND USEFUL TO DEVELOP THIS SUBJECT FURTHER BY REMINDING YOU THAT A UNIVERSITY CANNOT BE CONSIDERED AS AN ABSTRACT ENTITY. NOR CAN ITS RELATIONSHIP TO A DEPARTMENT OF ANESTHESIA BE DISCUSSED IN A VACUUM. I PREFER TO VIEW THESE RELATIONSHIPS IN THE SETTING OF THE SOCIETY WHICH WE SERVE AND TO CONSIDER SOME OF THESE LARGER PROBLEMS EVEN THOUGHT BRIEFLY AS DETERMINING FORCES IN WHAT WE CAN DO AS AGAINST WHAT WE MIGHT WISH TO DO IN IMPROVING OUR CARE OF PATIENTS, EDUCATING OUR JUNIORS AND OURSELVES AND ACQUIRING NEW

KNOWLEDGE IN THE PROCESS KNOWN AS RESEARCH.

II. LET US LOOK BRIEFLY AT THE ROLE OF EXTERNAL FACTORS IN THE ACADEMIC WORLD AND THEIR EFFECTS ON THE ACADEMIC PROCESS. BERTRAM RUSSELL OBSERVED IN 1962 "ONE OF THE TROUBLES OF OUR AGE IS THAT HABITS OF THOUGHT CANNOT CHANGE AS QUICKLY AS TECHNIQUES WITH THE RESULT THAT AS SKILL INCREASES, WISDOM FADES." IN TRANSLATING THIS THOUGHT TO THE MEDICAL WORLD IT IS INTERESTING TO CONSIDER VARIATIONS ON THIS MAJOR THEME. DR. SHERMAN MELLINKOFF, DISTINGUISHED DEAN OF THE UNIVERSITY OF CALIFORNIA AT LOS ANGELES, WROTE IN PHAROS (JANUARY 1970) "THE SATANIC AXIOM IS THAT FOR ANY PROBLEM, HOWEVER COMPLICATED, IT IS POSSIBLE TO IDENTIFY THE DEVIL RESPONSIBLE FOR ALL THE TROUBLE. WE TEND, THEREFORE TO FIND WAYS OF ASSESSING 'BLAME' ON SOMEONE ELSE AND THEREFORE OUR INABILITY TO DEFINE ANY PROBLEMS INCREASES AS DOES OUR CONSEQUENT INABILITY TO PROVIDE REASONABLE SOLUTIONS."

IN TRYING TO THINK THROUGH SOME WAYS OF COPING WITH THE TOPIC THAT PROFESSOR SCOTT SUGGESTED WOULD BE OF INTEREST ON THIS OCCASION, I WAS REMINDED OF ONE OF MY PROFESSORS AT COLUMBIA UNIVERSITY WHO ALWAYS ADVISED THE STUDENTS THAT WHENEVER ONE READ A NEW BOOK, ONE SHOULD GO BACK AND REREAD AN OLD ONE.

ANOTHER INDIVIDUAL WHO RECEIVED THIS SAME ADVICE WAS WALTER B. WRISTON, WHO SOME YEARS AGO WAS CHAIRMAN OF THE FIRST NATIONAL CITY CORPORATION IN NEW YORK, WHO CHOSE TO GO BACK TO THE GOSPEL ACCORDING TO SAINT LUKE FOR HIS "SECOND READING." IN THE 18TH CHAPTER, SAINT LUKE DESCRIBES THE PHARISEES. THE PHARISEE, IN THIS CHAPTER, ADVISED THE LORD IN THE LOUD VOICE OF PRAYER THAT HE PAID HIS TAXES, FASTED WHEN REQUIRED AND THANKED THE LORD THAT HE WAS NOT AS OTHER MEN WITH ALL THEIR HUMAN FRAILITIES.

LIKE MOST PHARISEES TODAY, THIS STATEMENT WAS OSTENSIBLY ADDRESSED TO ONE AUDIENCE, THE LORD GOD, BUT THE PURPOSE OF THE LOUD VOICE WAS TO IMPRESS A DIFFERENT AUDIENCE, HIS FELLOW MEN.

THE WORLD IS FULL OF MODERN PHARISEES WHO ALSO USE NETWORK TELEVISION TODAY OSTENSIBLY TO THANK THE LORD THAT THEY ALONE HAVE ABSOLUTE ANSWERS TO COMPLEX PROBLEMS, AND ARE IMBUED WITH CLEAR VISION ON HOW TO SET THE WORLD RIGHT. THEY ALONE HAVE THE PROGRAM THAT PROTECTS THE PUBLIC INTERESTS.

NO AREA IN THIS COMPLICATED SOCIETY NOR ANY CORNER OF EITHER OF OUR COUNTRIES IS FREE FROM THE CHANT OF THE MODERN PHARISEE. THE GOVERNMENT SECTOR IS A FAVORITE SPAWNING GROUND OF THE PHARISEE. IT OFTEN WILL TAKE AN INCREDIBLE AMOUNT OF TIME TO WORK YOUR WAY THROUGH THE BUREAUCRATIC LABYRINTH SIMPLY TO GET APPROVAL OF THE OBVIOUS. AT ALL LEVELS WE SEEM TO BE DEALING NOT WITH ENTITIES ORGANIZED TO IMPLEMENT THE ACHIEVEMENT OF OUR GOALS AND ASPIRATIONS, BUT WITH MEMORIALS TO THE OLDER PROBLEMS. ESTABLISHED INEFFECTIVE PROGRAMS ARE SELDOM CANCELLED WHILE NEW INEFFECTIVE ONES ARE CONSTANTLY CREATED.

DESPITE ALL THAT MANKIND HAS LEARNED, MANY PEOPLE STILL CLING TO THE HOPE THAT REAL EXPERTISE IN ONE FIELD MAKES ONE KNOWLEDGABLE IN ANOTHER. SEVERAL PHYSICIANS IN OUR COUNTRY CALL FOR LIMITS ON THE POWER OF THE PENTAGON AND SEVERAL COLUMNISTS SEND THEIR CHILDREN TO PRIVATE SCHOOLS WHILE RECOMMENDING BUSING FOR OTHER FAMILIES TO CORRECT THE DISCRIMINATION AGAINST BLACK PEOPLE. WE HAVE, AT PRESENT, THE UNFORTUNATE PROBLEM OF THIS HABIT OF THOUGHT AGAINST SCIENTISTS, THAT IS A GOVERNMENT GROUP OR SOMETIMES QUASI-PUBLIC GROUP, WHO ARE BELIEVED TO BE WISE AND WHO TELL THE SCIENTISTS WHAT TO STUDY AND THEREFORE HAVE THEM ENGAGE ONLY IN THOSE STUDIES WHICH THIS BUREAUCRACY REGARDS AS IN HARMONY WITH THEIR OWN NECESSARILY LIMITED KNOWLEDGE. THIS PROCESS HAS

AN APPEAL TO MANY - IT IS CALLED TARGETED RESEARCH. THE TARGET IS OFTEN OBSCURE - AS ARE THE MEANS TO ATTACK IT.

IN THE POLITICAL WORLD, THIS CONCEPT IS CALLED DICTATORSHIP, AND LIKE ALL DICTATORSHIPS, IT REPRESENTS A PROFOUND DISTRUST OF THE ABILITY OF THE OTHER FELLOW TO RUN HIS OWN LIFE. DESPITE DESCRIBING BLEAK PICTURES, I DO BELIEVE THAT WE CAN DO BETTER. OUR PROBLEMS ARE VERY REAL. GUILT, RECRIMINATIONS, AND VINDICTIVENESS WILL GET US NOWHERE. WE HAVE TO TAKE THE STANDPOINT OF REINHOLD NIEBUHR, WHEN HE TRIED TO TELL US THAT "NOTHING THAT IS WORTH DOING CAN BE ACCOMPLISHED IN YOUR LIFETIME: THEREFORE, YOU WILL HAVE TO BE SAVED BY HOPE. NOTHING THAT IS BEAUTIFUL WILL MAKE SENSE IN THE IMMEDIATE INSTANCE: THEREFORE YOU MUST BE SAVED BY FAITH. NOTHING THAT IS WORTH DOING CAN BE DONE ALONE, BUT HAS TO BE DONE WITH OTHERS: THEREFORE, YOU MUST BE SAVED BY LOVE."

WE HAVE HAD A GLIMPSE, IN CONSIDERING THOSE EXTERNAL FACTORS THAT BOTHER US, OF A VASTLY OVER-REGULATED SOCIETY. THIS KIND OF OVER-REGULATION HAS SAD CONSEQUENCES FOR US FOR IT ALSO TENDS TO DISCOURAGE OTHERWISE INTELLIGENT YOUNG MEN AND WOMEN FROM MAKING A CAREER OF ACADEMIC MEDICINE. THERE ARE EVEN THOSE WHO FEEL THERE IS A VIRTUE IN THIS NEGATIVE RECRUITMENT BECAUSE WE ARE FACING A SURPLUS OF DOCTORS FROM SCHOOLS OF MEDICINE IN THE UNITED STATES AND CANADA IN THE DECADE TO COME. ANOTHER CONSEQUENCE OF THE EXCESSIVE OVER-REGULATION OF THE WORLD AROUND US IS THE SOCIETAL HOSTILITY TO PHYSICIANS AND ANESTHESIOLOGY IS ALSO SUBJECT TO THIS HOSTILITY. THE PUBLIC HAS INCREASINGLY SUBSCRIBED TO THE WITTY AND ACERBIC STATEMENT BY VOLTAIRE LONG AGO, "DOCTORS POUR DRUGS OF WHICH THEY KNOW LITTLE, FOR DISEASES IN WHICH THEY KNOW LESS, INTO HUMAN BEINGS ABOUT WHICH THEY KNOW NOTHING." A MORE GENTLE WAY OF PHRASING THE PROBLEM AND DESCRIBING A NEED FOR A SOLUTION WAS STATED BY THE DISTINGUISHED AMERICAN PHYSICIAN, EUGENE

STEAD, WHO SAID, "WHEN YOU HAVE A DOCTOR, A PATIENT, AND A DRUG, THERE IS MUCH ROOM FOR MISUNDERSTANDING."

THE ECONOMIC FACTORS IN THE EXTERNAL WORLD - THE INFLATION WHICH HAS BESET THE WORLD, WHATEVER ITS CAUSES, HAS ALSO INFLICTED ITS SERIOUS WOUNDS ON ACADEMIC MEDICINE, INCLUDING OUR OWN SPECIALTY. EVEN SUCH APPARENTLY PROSAIC MATTERS AS A YOUNG MAN OR WOMAN BEING ABLE TO MOVE TO ANOTHER CITY TO FIND APPROPRIATE HOUSING FOR A YOUNG FAMILY HAS BECOME NEARLY IMPOSSIBLE WITH THE PRESENT COST OF HOUSING AND THE FANTASTICALLY HIGH INTEREST RATES. THERE ARE FURTHER NEGATIVE ECONOMIC IMPACTS IN THE ATTITUDE THAT INFLATION MUST BE A PRIORITY OF GOVERNMENT CONTROL. THIS IMPACTS NEGATIVELY, AMONG OTHER MATTERS, UPON THE SUPPORT OF RESEARCH AND OTHER INTELLECTUAL ACTIVITIES. ONE COULD ARGUE HAPPILY THAT THE TIGHTENING OF BELTS AND AUSTERITY IS NECESSARY, INCLUDING A CURTAILMENT OF RESEARCH, TO DEAL WITH THE MORE DIFFICULT ENEMY, INFLATION. THIS VIEW IS EQUIVALENT TO PRAISING THE AMPUTATION OF A HEALTHY AND NECESSARY LIMB REGARDLESS OF THE CONSEQUENCES.

THERE IS THE CORRECT NOTION THAT ANY GOVERNMENT ACTION AIMED AT CONTROLLING INFLATION WILL BE A FAILURE BECAUSE OF THE BUMBLING AND INADEQUATE LEADERSHIP IN THE WESTERN WORLD, INCLUDING OUR OWN TWO COUNTRIES AND THE UNITED KINGDOM IN THIS PARTICULAR EFFORT. IT REMINDS ONE OF RALPH SHAW'S STATEMENT, "THERE IS NO WAY FOR A PERSON TO COMMUNE WITH A COMPUTER TAPE TO FIND THINGS HE IS NOT LOOKING FOR." MANY PEOPLE INCREASINGLY BELIEVE THE MARKET PLACE IS A BETTER VEHICLE THAN GOVERNMENT CONTROL FOR THE ECONOMIC WOES WHICH HAVE A NEGATIVE IMPACT UPON US. ONE COULD ALSO FEEL WITH SHAW, "WHY DO EFFICIENTLY SOMETHING THAT DOESN'T NEED TO BE DONE AT ALL" - OR AS THE IRISH HAVE BEEN SAID TO SAY, "IF IT ISN'T BROKE - DON'T FIX IT!"

A CURIOUS, AND IT SEEMS TO ME VERY IMPORTANT FACTOR, FOR ALL OF US TO

UNDERSTAND IS ANOTHER UNPLEASANT IMPACT ON OUR SPECIALTY OF ANESTHESIOLOGY FROM EXTERNAL FORCES. IT IS DUE TO AN EMPHASIS, BOTH PHILOSOPHICALLY AND CONCEPTUALLY, DIFFERENT FROM THE WORK AND ATTITUDES WHICH WE HAVE FOLLOWED IN THE PAST. SOCIETY SEEMS TO BE STATING, INSOFAR AS ONE CAN HEAR THE MUDDLED MUSIC AND THE CONFUSED MESSAGES, THAT IT IS REALLY INCREASINGLY INTERESTED IN MEDICINE THAT IS PREVENTIVE AND PRIMARY IN SCOPE AND IN COST CONTAINMENT AGAINST HOSPITAL AND THERAPEUTIC INTERVENTIONS. I DO NOT THINK THAT THESE VIEWS ARE MEANT TO IGNORE THOSE THERAPEUTIC GROUPS TO WHICH WE BELONG, BUT IT CERTAINLY DEEMPHASIZES THEIR IMPORTANCE AND, THEREFORE, THEIR ROLE IN OUR KIND OF SOCIETY.

THE NEGATIVE IMPACT ON ANESTHESIOLOGY, EVEN THOUGH IT IS A CONTROVERSIAL ISSUE, IT SEEMS, TO THIS OBSERVER WHO HAS A LONG AND LOVING RELATIONSHIP WITH OUR SPECIALTY, THAT ANESTHESIOLOGY IS, LIKE SURGERY, ONE OF THE ALMOST PURELY THERAPEUTIC ASPECTS OF THE ENTIRE HEALTH CARE FUNCTION AND IT, THEREFORE, AT BEST COULD SUFFER FROM NEGLECT AND, AT WORST, FROM HOSTILITY. WHEN ONE SEES THIS SOCIAL FABRIC HOSTILE TO THERAPEUTIC GROUPS, INCLUDING SURGEONS AND ANESTHESIOLOGISTS, ONE REALIZES THAT THE LONG STRUGGLE OF MANY DECADES TO ESTABLISH ANESTHESIOLOGY AS A SPECIALTY OF MAJOR INTRINSIC WORTH STILL HAS ITS PROBLEMS AND ITS UPS AND DOWNS IN SECURING RECOGNITION FROM OUR PEERS, LET ALONE OUR CONSUMERS. WE, THEREFORE, ARE LIVING IN A TIME WHERE MANY EXTERNAL FORCES GIVE US PROBLEMS WHICH REQUIRE THE BEST MINDS, PATIENCE AND FOREBEARANCE TO SOLVE.

III. SUGGESTED APPROACHES TO THE SOLUTION OF SOME OF THESE EXTERNAL INFLUENCES IN THE UNITED STATES AND PROBABLY CANADA - IT SEEMS TO ME THAT THE CURRENT LEADERSHIP IN ANESTHESIOLOGY IS CLEARLY ORIENTED TOWARD A HIGHLY CONSERVATIVE POSITION. IT BELIEVES IN THE PRESERVATION OF WHAT CAN BE PRESERVED IN WHAT IT PERCEIVES TO BE "AN UNFRIENDLY WORLD."

IT IS PERFECTLY PROPER TO RESPECT THIS CONSERVATISM AND TO BELIEVE THAT IT IS NECESSARY AND I FOR ONE APPLAUD IT, BUT TO A LIMITED DEGREE. CONSERVATISM OF THIS NATURE LEADS TO THE BEHAVIOR PATTERN, IF NOT THE CONVICTION, THAT THERE ARE NO SOLUTIONS TO NEW PROBLEMS WHEN THE PROBLEMS ARE CRYING FOR SOLUTION, WHETHER PARTIAL OR COMPLETE. PERHAPS IT REQUIRES A NEW ATTITUDE OF THE LEADERSHIP IN OUR SPECIALTY, BUT HOPEFULLY SOME OF THE STILL YOUNG PRESENT LEADERSHIP MIGHT BE ABLE TO UNDERSTAND, IN ADDITION TO THE CHARGE OF KEEPING INTACT PRESENT VALUES AND ACHIEVEMENTS, THAT ONE MUST REALIZE THAT PERIODS OF ADVERSITY SUCH AS THOSE IN WHICH WE ARE PRESENTLY LIVING ALSO CAN PRESENT CHALLENGING OPPORTUNITIES FOR THE VIGOROUS, FOR THE IMAGINATIVE AND FOR THE CREATIVE.

FOR INSTANCE, WITH ALL OF OUR DIFFICULTIES AND PROBLEMS, WE ARE IN AN AREA OF MAJOR ADVANCES IN MOLECULAR BIOLOGY AND IN HORMONAL RESEARCH, WHICH IN THE FIELD OF SCIENCE AND ULTIMATELY PATIENT CARE COULD CONCEIVABLY GIVE THE ANESTHESIOLOGIST UNPRECEDENTED OPPORTUNITIES. HE COULD PROGRESS FROM HIS PRESENT EMPIRICAL "BLACK BOX" APPROACH TO BRAIN FUNCTION, WHICH HITHERTO HAS BEEN A LIMITING FACTOR FOR US, TO A MORE RATIONAL CONDUCT OF ANESTHETIC CARE. GENERATIONS OF ANESTHESIOLOGISTS HAVE DONE MANY THINGS WITH POWERFUL DRUGS TO THE BRAIN IN ORDER TO OBTAIN OBJECTIVES WHICH SEEM, AND HAVE ALWAYS SEEMED TO ME, TO BE IRRATIONAL, BUT NECESSARY EMPIRICAL RESOLUTIONS TO THE PROBLEM OF PROVIDING SAFE SURGICAL ANESTHESIA FOR THE PERFORMANCE OF NECESSARY OR DESIRABLE SURGICAL OPERATIONS.

IN THE EDUCATIONAL AND CLINICAL AREAS NEW WAYS MUST BE SOUGHT TO DEAL WITH OUR PROPER ROLE. THE WAY WE FUNCTION TODAY IS CERTAINLY NOT ADEQUATE TO SOLVE THE PRESENT PROBLEMS. I DO NOT HAVE THE WISDOM TO KNOW WHAT THE ROLE CHANGE SHOULD BE, BUT THE LEADERSHIP IN OUR SPECIALTY MUST

SERIOUSLY ADDRESS THIS PROBLEM. THE WORSHIP OF HIGH TECHNOLOGY, WHICH I THINK HAD LED TO MAJOR ADVANCES, NEEDS TO BE MODULATED BY AN INFUSION OF COMMON SENSE - TWO INCOMPATIBLE WORDS - FOR A MORE SENSIBLE USE OF HIGH TECHNOLOGY. CERTAINLY NOT EVERY PATIENT NEEDS A MAJOR OVER-ACHIEVED OBSERVATION PLATFORM OF INTRICATE INSTRUMENTATION FROM WHICH TO OBSERVE THE OBVIOUS AND THE SIMPLE.

ANESTHESIOLOGY AS A SPECIALTY HAS ACHIEVED MUCH AND HAS BEEN A MAJOR CONTRIBUTOR TO THE WELFARE OF MANY PEOPLE. HOWEVER, LIKE OTHER PROFESSIONAL ACTIVITIES, IT HAS BEEN SOMEWHAT AMORPHOUS AND FUZZY IN DEFINING ITS GOALS. THE TIME HAS NOW COME WHERE IT IS NECESSARY TO SIT DOWN AND DECIDE WHAT ARE THE EDUCATIONAL, CLINICAL AND SCIENTIFIC GOALS, AND PROCEED TO ACHIEVE THEM PATIENTLY AND GRADUALLY BUT WITH ABSOLUTE SOLIDITY FOR THE FUTURE. THESE ARE PROCESSES WHICH, IN MY VIEW, BADLY NEED DOING.

IV. THE UNIVERSITY AND ANESTHESIOLOGY - WE NEED TO CONSIDER SOME OF THE ATTITUDES, PROBLEMS AND ACCOMMODATIONS THAT ARE REQUIRED. THE ANESTHESIOLOGIST TENDS TO BELIEVE THAT HIS ROLE IN THE CURRICULUM FOR MEDICAL STUDENTS IS ONE OF MAJOR IMPORTANCE. HOWEVER, IT IS DIFFICULT IN LISTENING FROM THE OTHER SIDE OF THE ROOM TO HEAR WHAT THOSE CONTRIBUTIONS WILL BE. ALL TOO OFTEN, IN MY VIEW, THEY TURN OUT TO BE A NEED TO RECRUIT INTO THE SPECIALTY. THIS, AS AN ANESTHESIOLOGIST WHO HAS ADDED A SMALL MANTLE OF BROADER MEDICAL EDUCATION RESPONSIBILITIES, SEEMS TO ME TO BE INSUFFICIENT. I REACT THAT WAY TO OTHER SPECIALTIES THAT HAVE SIMILAR EXPLANATIONS FOR DEFENDING TIME WITH MEDICAL STUDENTS. WE HAVE A STRAIGHT FORWARD POSITION AS I VIEW IT WHICH WE HAVE NOT DEVELOPED SUFFICIENTLY. ANESTHESIOLOGY REALLY HAS A UNIQUE CONTRIBUTION TO THE EDUCATION OF ANY

PHYSICIAN. IT IS THE BEST SPECIALTY, BUT BY NO MEANS THE ONLY ONE, TO ATTUNE AND EDUCATE PHYSICIANS IN EMERGENCY MEDICAL SERVICES AND ITS CONCEPTS. THIS IS DONE POORLY IN MOST MEDICAL SCHOOLS IN THE UNITED STATES, AND I WOULD IMAGINE IN CANADA.

THIS SINGLE EXAMPLE WILL SUFFICE TO SUGGEST TO THE EDUCATORS IN ANESTHESIOLOGY THAT THEY REALLY OUGHT TO IDENTIFY THEIR EDUCATION MISSIONS CLEARLY AND THEN PROVIDE THE INSIGHTS TO THE RELATIVELY IGNORANT OFFICES OF THE DEAN AND THE FACULTY AS TO THOSE IMPORTANT, AND THEY ARE VERY IMPORTANT, CONTRIBUTIONS ANESTHESIOLOGISTS CAN MAKE TO THE EDUCATION OF ALL PHYSICIANS.

I COME TO RATHER SPECIFIC RECOMMENDATIONS. THE SPECIFIC RECOMMENDATIONS ARE:

1. OFFER OUR TALENTS TO SUPPORT MEDICAL AND SURGICAL TEACHING FOR EDUCATION IN THE ALREADY AGREED UPON ESTABLISHED GOALS FOR ANESTHESIOLOGY.
2. A PARTICIPATION IN THE TEACHING ABOUT PAIN, TOXICOLOGY OF DRUGS, THE DEALING WITH AN UNFRIENDLY ENVIRONMENT, WHICH IS THE OPERATING ROOM, AND SIMILAR SUBJECTS CAN BE EXTENDED TO THE TEACHING OF MEDICAL STUDENTS.
3. THE DAY TO DAY PREOCCUPATION WITH PATIENT SERVICE IN MANY INSTITUTIONS SEEMS TO HAVE CAUSED, FOR UNDERSTANDABLE REASONS, A PREOCCUPATION THAT HAS ABANDONED LONG RANGE THINKING, NOT ONLY FOR CLINICAL ANESTHESIOLOGY BUT FOR ITS EDUCATIONAL AND SCIENTIFIC ASPECTS. THESE HAVE TO BE CHANGED.

4. IT IS NECESSARY FOR US TO PARTICIPATE IN ALL EDUCATIONAL PROGRAMS, REGARDLESS OF THE SUBJECT MATTER, TOWARD THE PURPOSE OF ENCOURAGING YOUNG PEOPLE TO THINK IN A CLEAR, UNTRAMMELED AND UNFETTERED WAY.

V. THE FUTURE - NO ONE HAS MUCH OF A CRYSTAL BALL THESE DAYS, BUT IT IS ABSOLUTELY ESSENTIAL THAT WE BUILD UPON THE PAST, UNDERSTAND A RATHER TURBULENT AND DIFFICULT PRESENT, AND ESTABLISH OUR GOALS FOR THE FUTURE, EVEN THOUGH THAT GOAL MAY BE MORE LIMITED THAN SOME OF US WOULD LIKE. WE THEN SHOULD PROCEED IN A LOGICAL, ASSERTIVE WAY TO ACHIEVE THOSE OBJECTIVES THAT ARE REASONABLY AGREED UPON. THERE IS, IN MY OPINION, MUCH ROOM FOR THE DISSENTER WHO WILL WANT TO DO SOMETHING SPECIAL AND DIFFERENT AND HE SHOULD NOT ONLY BE ALLOWED, BUT ENCOURAGED TO DO HIS THING. SOME DISSENTERS COULD BECOME THE BRIGHT HOPE OF THE FUTURE - IF THE DISSENT IS BASED UPON ISSUES AND NOT PERSONALITIES.

IF OUR SPECIALTY ATTEMPTS ONLY TO CONSERVE AND TO TRY TO COPE WITH THE FORCES THAT BUFFET US TODAY, OUR FUTURE COULD POSSIBLY BE AIMLESS AND BLEAK INDEED. I URGE YOU TO BE CREATIVE AND IMAGINATIVE TO SECURE OUR BIRTHRIGHT.

VI. SUMMARY

1. AN ANALYSIS OF SOME OF THE EXTERNAL SOCIETAL FORCES THAT CAUSE PROBLEMS FOR ANESTHESIOLOGISTS HAS BEEN PRESENTED.
2. A RECOMMENDATION FOR ASSERTIVE LEADERSHIP IN OUR SPECIALTY TO TAKE ADVANTAGE OF OPPORTUNITIES OTHERS DON'T SEE HAS BEEN PUT FORWARD.
3. SOME SUGGESTIONS ON HOW TO ADDRESS THOSE MATTERS IN THE

UNIVERSITY ENVIRONMENT HAVE BEEN MADE.

4. THE FUTURE IS UNKNOWN, OF COURSE, BUT IT CAN GLISTEN WITH ELEGANCE AND PROGRESS - IF WE ARE TOGETHER IN WHO WE ARE - AND WHERE WE WISH TO GO.