

UNITED STATES AIR FORCE - SAN ANTONIO, TEXAS - LECTURE 1978

E. M. Papper, M.D.

MR. CHAIRMAN, LADIES AND GENTLEMEN.

THIS IS THE 25th ANNIVERSARY OF A DISTINGUISHED PROGRAM IN POSTGRADUATE EDUCATION IN ANESTHESIOLOGY - SPONSORED BY THE UNITED STATES AIR FORCE.

THE TITLE OF THE ASSIGNMENT THAT I HAVE BEEN ASKED TO COVER GIVES ONE MUCH ROOM FOR THE PRESENTATION OF ATTITUDES, FACTS, AND OPINIONS. THE 25th ANNIVERSARY IS AN IMPORTANT ONE IN ANESTHESIOLOGY BECAUSE IT REPRESENTS BOTH A SPONTANEOUS AND A PLANNED DEVELOPMENT OF OUR FIELD, A MOST IMPORTANT FIELD IN MEDICINE INDEED. AMONG OTHER 25th ANNIVERSARIES, THIS YEAR OR LAST, ARE THE ESTABLISHMENT OF THE DEPARTMENT OF ANESTHESIOLOGY AS A DEPARTMENT IN THE FACULTY OF MEDICINE AT COLUMBIA UNIVERSITY; THE 25th ANNIVERSARY OF THE ESTABLISHMENT OF THE ASSOCIATION OF UNIVERSITY ANESTHETISTS; THE 25th ANNIVERSARY OF THE ESTABLISHMENT OF THE WEST GERMAN SOCIETY OF ANESTHESIOLOGISTS; SLIGHTLY PAST THE 25th ANNIVERSARY OF THE IMPORTANT COURSE IN POSTGRADUATE AND DIRECT GRADUATE EDUCATION IN ANESTHESIOLOGY SPONSORED BY THE WORLD HEALTH ORGANIZATION IN COPENHAGEN; AND THE 25th ANNIVERSARY OF THE JAPAN SOCIETY OF ANESTHESIOLOGISTS. I THINK I COULD ADD MORE TO THIS GROUP, BUT THE POINT I AM MAKING IS THAT IT IS A SIGNAL YEAR FOR US TO PAUSE AND TAKE SOME STOCK IN WHERE WE HAVE BEEN, WHERE WE

ARE, AND WHERE WE ARE GOING.

I HAVE TAKEN THE LIBERTY THAT I THINK COLONEL DANNEMILLER IS WILLING TO EXTEND TO ME AS ONE OF THE PREVIOUS SENIOR CONSULTANTS IN ANESTHESIOLOGY TO THE SURGEON GENERAL OF THE AIR FORCE, AND ONE OF THE EARLY COLLABORATORS IN PREPARING THIS DISTINGUISHED COURSE, TO ATTEMPT TO EXAMINE PERSPECTIVES WITH THIS GROUP OF ANESTHESIOLOGISTS AND OTHERS INTERESTED IN THE SUBJECT. YOU WILL BE SO AMPLY ENRICHED DURING THIS WEEK WITH THE FACTUAL AND PRACTICAL ASPECTS SO IMPORTANT TO THE CONDUCT OF YOUR DAILY WORK AND THE CARE OF YOUR PATIENTS THAT IT MAY BE USEFUL TO BEGIN THE PROGRAM WITH A WING AND A PRAYER, AND SOME REFLECTIONS.

THEREFORE, LET ME SERVE TO THIS EXTENT AS A CATALYST TO PRESENT SOME IDEAS TO YOU, AND EVEN MORE HOPEFULLY TO STIMULATE DISCUSSION, DEBATE, AND DISAGREEMENT.

I MUST REFLECT ON SOMETHING OF OUR PAST IN ORDER TO ATTEMPT TO MAKE ANY COMMENTARY ON OUR PRESENT AND FUTURE EDUCATIONAL PROCESSES BECAUSE IT MAKES A GREAT DEAL OF DIFFERENCE TO DO IT THIS WAY. THE DISTINGUISHED PHILOSOPHER AT HARVARD, PROFESSOR GEORGE SANTAYANA, LONG AGO OBSERVED THAT, "THOSE WHO ARE UNAWARE OF HISTORY ARE CONDEMNED TO REPEAT IT." SOMETIMES THAT IS GOOD, AND IN

MY JUDGMENT IN ANESTHESIOLOGY, IT WOULD BE A DISASTER.

I MUST STATE - PERHAPS MORE THAN IN PASSING - THAT I HAVE A VERY STRONG FEELING OF HAPPINESS IN BEING HERE WITH YOU, BECAUSE OF MY LONG PAST ASSOCIATION WITH THIS PROGRAM AND WITH THE AIR FORCE, AND SPECIFICALLY WITH THIS INSTITUTION IN SAN ANTONIO. IT GIVES ME THE OPPORTUNITY TO SEE OLD AND GOOD FRIENDS, AND EQUALLY IMPORTANT IT GIVES ME THE OPPORTUNITY TO MEET THE NEW AND VIBRANT PEOPLE IN ANESTHESIOLOGY UPON WHICH THE FUTURE REALLY DEPENDS. THESE ARE EXPERIENCES I CHERISH, AND ENJOY AND FROM WHICH I AM ABLE TO LEARN A GREAT DEAL.

ANESTHESIOLOGY, LIKE MUCH OF THE REST OF MEDICINE, HAD ITS INTELLECTUAL, IF THIS IS AN APPROPRIATE WORD, STREAM OF ORIGIN IN THIS STRANGE AND ALMOST HYBRID MARRIAGE OF THE STERN LOGIC OF GERMANIC MEDICINE, AND THE ECLECTIC, RELATIVELY INDIVIDUALISTIC APPROACH OF SCOTTISH MEDICINE. THE BLEND CAME TO OUR COUNTRY AT A TIME OF GREAT OPTIMISM ABOUT MANY THINGS IN THE WORLD AT LARGE. THE TIME OF THE AMERICAN REVOLUTION AND SHORTLY BEFORE AND SHORTLY AFTER WAS WIDELY KNOWN IN EUROPE AS THE AGE OF REASON, AND CERTAINLY IT WAS ONE OF UNLIMITED OPTIMISM. THE INTELLECTUAL GIANTS OF THAT PERIOD WERE ABLE TO BELIEVE AS BENJAMIN FRANKLIN, AND I QUOTE, "ALL DISEASES MAY BY SURE MEANS BE PREVENTED OR CURED." A FANTASTIC KIND OF OPTIMISM CONSIDERING THE TOTALLY LIMITED ABILITY OF

THERAPEUTICS OF THAT PERIOD. THE INTELLECTUAL STRENGTH OF THOSE TIMES, WHICH HAS A GREAT BEARING ON THE DEVELOPMENT OF MEDICINE, WAS SUMMARIZED WITH HIS USUAL WRY HUMOR, BY THE LATE PRESIDENT KENNEDY, WHEN HE PRESIDED AT A DINNER AT THE WHITE HOUSE IN WHICH ALL THE GUESTS WERE WINNERS OF THE NOBEL PRIZE IN EITHER MEDICINE AND PHYSIOLOGY OR IN SCIENCE, WHEN HE SAID, "NEVER IN THE HISTORY OF THIS HOUSE HAS SO MUCH TALENT BEEN ASSEMBLED SINCE THE TIME WHEN THOMAS JEFFERSON DINED ALONE." FROM THIS PERIOD OF EXTRAORDINARY OPTIMISM AND ITS ASSOCIATED LACK OF COMPETENCE, IT CAN BE CLEARLY SAID THAT THE DEVELOPMENT OF ANESTHESIOLOGY WAS PERHAPS THE FIRST MAJOR AMERICAN CONTRIBUTION TO THE MEDICAL WELFARE OF ALL HUMANITY.

AFTER THE DISCOVERY OF ETHER, IN WHATEVER YEAR YOU BELIEVE IT OCCURRED, THERE WAS RELATIVELY LITTLE PROGRESS UNTIL THE STIMULATION OF WORLD WAR I IN WHICH ANESTHESIOLOGY BEGAN TO DEVELOP IN A SERIOUS WAY, ESPECIALLY IN GREAT BRITAIN AND TO A LESSER EXTENT IN THE UNITED STATES.

AFTER WORLD WAR II, AND DURING IT, HOWEVER, THERE WAS A MAJOR IMPACT ON THE DEVELOPMENT OF ALL MEDICINE, OF WHICH ANESTHESIOLOGY WAS ONE OF THE IMPORTANT ASSOCIATED AREAS OF MAJOR INTEREST AND PROGRESS. THIS WAS THE TIME WHEN PHYSICIANS BECAME INTERESTED IN ANESTHESIOLOGY; A TIME IN WHICH SCIENTIFIC

RESEARCH HAD A MAJOR RESURGENCE AND INTEREST; AND A TIME WHEN EDUCATION AND THE APPLICATION TO PATIENT CARE MADE POSSIBLE THE EXTRAORDINARY AND EXPLOSIVE GROWTH IN THE EDUCATION OF ANESTHESIOLOGISTS AND THE DEVELOPMENT OF NEW KNOWLEDGE WHICH IS OFTEN CALLED RESEARCH.

WITH THESE VERY OVERSIMPLIFIED COMMENTS ABOUT THE PAST, IT IS USEFUL FOR US TO VIEW OUR SPECIALTY IN SOME MAJOR ASPECTS THAT I BELIEVE ARE NOT OFTEN ENOUGH CONSIDERED.

IF TIME PERMITS, AND THE SPIRIT IS WILLING, I SHALL GO INTO THE NEXT POINT IN SOMEWHAT MORE DETAIL, BUT IT IS NECESSARY TO STRESS BEFORE A PARTISAN AUDIENCE OF THIS NATURE, THAT ANESTHESIOLOGY, IN MANY WAYS, LIKE SURGERY, IS A FIELD THAT IS ALMOST TOTALLY CONCERNED AND QUITE PROPERLY SO, WITH WHAT ONE CONSIDERS CLASSICAL THERAPEUTIC OR CURATIVE MEDICINE. IT REPRESENTS IN ITS MOST CLASSICAL FORM, A MOSTLY "ONE UPON ONE" RELATIONSHIP BETWEEN PHYSICIAN AND PATIENT REGARDLESS OF THE NATURE OF THE HEALTH CARE TEAM, WHICH THE PHYSICIAN ANESTHESIOLOGIST HEADS. THERE IS LITTLE QUESTION THAT THIS WHOLE PROCESS OF THE THERAPEUTIC "ONE UPON ONE" MEDICINE IS BEING VIEWED AND QUESTIONED FROM SEVERAL STANDPOINTS IN A SERIOUS WAY. NO ONE WOULD ABOLISH IT, BUT MANY WOULD PUSH AT IT FROM THE STANDPOINT OF COST CONTAINMENT, WHICH HAS VERY MANY IMPLICATIONS,

SOME OF WHICH YOU WILL HEAR FROM DR. AMENT AND OTHERS ON THIS PROGRAM. THE PRESENT POINT THAT I WISH TO MAKE IS THAT THERE IS A SOCIETAL AND PUBLIC OPINION THAT SAYS IN EFFECT THAT WE SHOULD PUT MORE OF OUR RESOURCES, OUR MONEY, AND OUR ENERGY INTO WHAT IS GENERALLY CALLED THE MAINTENANCE OR THE PRESERVATION OF HEALTH RATHER THAN THERAPEUTIC OR CURATIVE MEDICINE. THE QUESTION, IN SHORT, IS HOW DO WE KEEP PEOPLE OUT OF HOSPITALS RATHER THAN TAKE CARE OF THEM IN HOSPITALS. THE WHOLE MATTER OF COST CONTAINMENT IS A MAJOR THRUST IN THIS DIRECTION AS WELL. I HAVE THE FEELING THAT ANESTHESIOLOGISTS ARE INSUFFICIENTLY SENSITIVE TO THESE MARKED CHANGES IN ATTITUDE ON THE PART OF THE PEOPLE OF OUR COUNTRY, AND FOR THAT MATTER, THE PEOPLE WHO LIVE IN COUNTRIES OF MANY DIFFERENT SOCIAL STRUCTURES AND POLITICAL PERSUASIONS. IT IS NOT A MATTER OF "SOCIALIZED MEDICINE," IT IS A MATTER REALLY OF HOW DO WE GET THE BEST POSSIBLE HEALTH CARE AT THE LEAST POSSIBLE COST, AND THE IMPLICATION IS THAT WE TRY TO AVOID SURGICAL OPERATION AND WE STAY OUT OF HOSPITALS AS MUCH AS WE CAN.

WHAT IS THE ANESTHESIOLOGIST GOING TO DO TO ADDRESS THIS KIND OF PROBLEM? I THINK IT IS CLEAR TO ME THAT HE MUST PROVIDE, AT THE LOWEST COST, THE BEST POSSIBLE THERAPEUTIC "ONE UPON ONE" CARE. THE MAJOR COLLATERAL ACTIVITIES OF RECOVERY ROOM WORK, IN INTENSIVE CARE, AND THE RENEWED STRONG

INTEREST IN THE PAIN PROBLEM, ARE TO MY WAY OF THINKING STILL CLASSICALLY  
THERAPEUTICALLY ORIENTED RATHER THAN ORIENTED IN THE PREVENTIVE SENSE, BUT  
THESE ACTIVITIES DO HAVE THE AURA ABOUT THEM OF A SMALLER COST OPERATION TO  
WHICH THE ANESTHESIOLOGIST CAN MAKE A MAJOR HEALTH CARE CONTRIBUTION. I ALSO  
THINK THE ANESTHESIOLOGIST MUST FIND A WAY IN WHICH THE WHOLE PROCESS OF THE  
INDIVIDUAL'S RESPONSIBILITY FOR HIS OWN WELFARE TO THE DEGREE THAT THAT MAKES  
SENSE, MUST BE ENCOURAGED. JOHN KNOWLES, PRESIDENT OF THE ROCKEFELLER  
FOUNDATION, HAS MADE THE STRONG POINT THAT IF PEOPLE DID THOSE THINGS THAT  
ARE ALREADY KNOWN, THE PROBLEM OF ILLNESS WOULD BE VASTLY REDUCED AS WOULD BE  
THE COST OF THEIR CARE. FOR INSTANCE, IF WE MAINTAIN OUR WEIGHT AT A  
REASONABLE LEVEL, IF WE DRINK EITHER NOT AT ALL OR IN MODERATION, IF SUCH  
KNOWN HARMFUL PROCESSES AS IMPROPER REST, LACK OF EXERCISE, SMOKING, AND SUCH  
MATTERS WERE TREATED AS THE RESPONSIBILITY OF THE INDIVIDUAL, MANY OTHER  
THINGS THAT ARE GOOD FROM A HEALTH STANDPOINT AND ECONOMICAL STANDPOINT WOULD  
TAKE PLACE. I THINK THIS IS A CHALLENGE TO THE ANESTHESIOLOGIST TO FIND A  
WAY TO PARTICIPATE IN THIS PROCESS RATHER THAN TO CONTINUALLY OPPOSE OR BE  
INDIFFERENT TO MATTERS THAT SEEM TO HAVE A NEGATIVE IMPACT ON HIS OWN FIELD.

WE HAVE A SERIOUS PROBLEM IN THE AREA OF RESEARCH. IT IS CLEAR THAT THE

COUNTRY IS NO LONGER INTERESTED IN SUPPORTING MANY KINDS OF RESEARCH FOR NATIONAL PURPOSES. TO A GREAT DEGREE, ANESTHESIOLOGY NOW SUFFERS FROM THIS DISABILITY. IF IT IS TRUE THAT THE SUPPORT OF RESEARCH HAS DECLINED, AND IT IS ALSO TRUE THAT TO THE DEGREE THAT IT STILL EXISTS, IT IS FUNNELED INTO A SMALL NUMBER OF INSTITUTIONS, IT IS A PROBLEM OF MAJOR MAGNITUDE. I WOULD BE THE LAST, AS MANY OF YOU IN THIS AUDIENCE KNOW, TO VIEW SUCH A DEVELOPMENT WITH EITHER HAPPINESS OR EQUANIMITY. I THINK IT COULD BE A DISASTER OF MAJOR PROPORTIONS IN OUR FIELD.

HOWEVER, ONE OF THE THINGS THAT I HAVE LEARNED INCREASINGLY WITH THE PASSAGE OF TIME IS THE NEED TO FACE BLUNT REALITY AND TO DEAL WITH IT. THERE ARE AT LEAST TWO MAJOR ROADS OPEN TO ALL OF US AS ANESTHESIOLOGISTS GIVEN THE SITUATION I HAVE DESCRIBED. THE FIRST OF THESE IS THE FACT THAT THE PRESENCE OR ABSENCE OF FUNDS, AS THE LATE HENRY K. BEECHER ALWAYS STATED - AND I USED TO THINK IT WAS WRONG - IS THAT IT IS ALWAYS POSSIBLE TO THINK AND TO THINK CREATIVELY WITH OR WITHOUT MONEY. IN MY JUDGMENT, WE DON'T DO ENOUGH OF THIS. THE SECOND MATTER THAT IS ASTONISHING AND DISTURBING TO ME IS THAT SO MANY ANESTHESIOLOGISTS AND OTHER PEOPLE IN THE ANESTHETIC TEAM, ARE NOT ABREAST OF NEWLY PUBLISHED INFORMATION AND DATA. PART OF THE REASON HERE IS UNDERSTANDABLE



IN THAT COMMUNICATIONS PROCESS WITH THE MULTIPLICITY OF JOURNALS, PLACES A GREAT BURDEN ON THE LEARNER. HOWEVER, IT IS NECESSARY, BY WHATEVER MEANS IS POSSIBLE, TO BE SURE THAT ONE KEEPS WELL INFORMED AND CURRENT ABOUT WHAT IS GOING ON.

IT IS ESSENTIAL THAT I SHOULD MAKE SOME COMMENTARY UPON SOME OF THE HUMANITIES OR SOCIAL SCIENCES IN THEIR RELATIONSHIP TO ANESTHESIOLOGY. THIS IS A BROAD SUBJECT AND I WOULD BE MOST REMISS IN ATTEMPTING TO ADDRESS IT THOROUGHLY IN THIS CONTEXT AND AT THIS TIME. HOWEVER, THERE ARE A FEW POINTS THAT SHOULD BE PUT BEFORE US FOR REVIEW. ANESTHESIOLOGISTS APPEAR TO ME TO BE ALMOST UNAWARE AND INSENSITIVE TO - AS DICKENS MAY HAVE PUT IT, THE "GREAT EXPECTATIONS" OF THE PUBLIC IN THEIR DEMANDS FOR THE SERVICES OF PHYSICIANS. COMPASSION AND SENSITIVITY ARE REGARDED BY MOST TO BE MORE IMPORTANT THAN SCIENTIFIC KNOWLEDGE. I DON'T SEE ANY PROBLEM HERE; IT REQUIRES AN APPROPRIATE BALANCE.

I DO SEE, HOWEVER, A SERIOUS PROBLEM IN THAT VAST NUMBERS OF PATIENTS ARE BECOMING INCREASINGLY RESTIVE AND REBELLIOUS ABOUT THE FACT THAT THEY ARE BEING REQUIRED TO PAY LARGE BILLS TO SOMEONE WHO HAS, AT THE VERY BEST, AN AMORPHOUS ANONYMITY. IN TOO MANY CASES STILL, DESPITE 40 YEARS OF EFFORT IN THIS DIRECTION, THE ONLY KNOWLEDGE THE PATIENT HAS OF THE ANESTHESIOLOGIST IS THE

BILL HE RECEIVES. LADIES AND GENTLEMEN, I THINK THAT THIS IS ONE OF OUR BIGGEST COLLECTIVE SINS AT PRESENT, AND I AM CONVINCED THAT NO MATTER WHAT IT TAKES, IF ONE WANTS TO PRACTICE ANESTHESIOLOGY AND BE WELL RECEIVED BY THE PUBLIC, WE HAD BETTER BE KNOWN TO THE PATIENTS AND MAKE THEM AWARE OF THAT PROCESS, IN WHICH WE ARE INVOLVED. I DO THINK THAT THE ABSENCE OF THIS THRUST WILL ISOLATE US SO MUCH THAT WE WILL HAVE NO SUPPORT IN OUR QUITE LEGITIMATE BATTLES AND CONCERNS WITH REGULATORY AGENTS IN GOVERNMENT AND OTHER PARTS OF SOCIETY. I DO NOT UNDERSTAND WHY WE DO NOT DO THE OBVIOUS IN THIS AREA, SINCE IT IS NOT A NEW CONCEPT, AND IT IS ONE THAT GRATIFIES THE ANESTHESIOLOGIST AND COMFORTS THE PATIENT. I CAN ONLY WARN YOU AS JEREMIAH MIGHT HAVE, THAT YOU ARE BRINGING UPON YOURSELVES A STRIKING FORCE OF MAJOR MAGNITUDE BY NEGLECTING THIS OBVIOUS NEED.

I FEEL COMPELLED TO TOUCH ON THE MATTER OF GOVERNMENT REGULATION IN SOME RESPECT. MANY OF YOU ARE QUITE PROPERLY CONCERNED WITH THE AREAS WHICH IMPACT ON YOU SUCH AS THE REGULATIONS ABOUT FEE SCHEDULES, ABOUT COLLUSION AND RESTRAINT OF TRADE AS THE ALLEGATIONS GO, AND THE WIDESPREAD IMPACT OF REGULATION OF FDA. THERE IS NO QUESTION THAT WE ARE LIVING IN AN OVER-REGULATED SOCIETY. THERE IS NO QUESTION IN MY OPINION THAT WE MUST BAND TOGETHER TO OPPOSE THESE PRESSURES, BUT THERE IS ALSO NO DOUBT IN MY MIND THAT WE MUST FIGHT THIS BATTLE WITH A

CLEAR CONSCIENCE. AMONG THE OBVIOUS PROBLEMS WE ARE HAVING, MANY OF THEM ARE WELL KNOWN TO YOU. ONE OF THEM, WHICH MAY NOT BE AS WELL KNOWN, REQUIRES YOUR ATTENTION. THE DEVELOPMENT OF NEW KNOWLEDGE IN TECHNOLOGY WHICH IS SO CRUCIAL TO US, SEEMS TO ME TO BE BADLY MANAGED AND SORELY NEGLECTED. IT IS CONCEIVABLE THAT THE CHOICE OF RESEARCH WILL NOT BE LEFT TO THOSE WHO PERFORM THE RESEARCH, BUT IT WILL REQUIRE THE APPROVAL AND SCRUTINY OF A WIDE RANGE OF NON-SCIENTISTS WHO ARE CONCERNED WITH COST, PRIORITIES, SOCIAL IMPACT, PUBLIC SAFETY, POLITICAL SIGNIFICANCE, AND VALUE TO THE COMMUNITY. THESE EFFORTS AT RESEARCH WILL BE AGGRAVATED BY THE NECESSITY OF USING INCREASINGLY EXPENSIVE EQUIPMENT. HOWEVER ONE HOPES THERE ARE YET EXTANT TRADITIONALLY INTELLECTUALLY CURIOUS PEOPLE WHO CONTINUE TO WORK HARD AT RESEARCH.

THE INDIVIDUALISTIC RESEARCHER WILL HAVE HIS PROBLEM. HE WILL FIND THAT THERE WILL BE MANY LAYERS OF ADMINISTRATORS, OF ACCOUNTANTS, OF BUREAUCRATS, AND OTHER KINDS OF PEOPLE WHO HE WILL VIEW AS IMPEDIMENTS TO THE FREEDOM OF RESEARCH. IT IS EVEN POSSIBLE THAT INDIVIDUALIZED RESEARCH WILL BE SO HAMPERED THAT THE BRIGHTEST OF PEOPLE WILL FIND IT DISTASTEFUL. THESE TYPES OF INFLUENCE ARE NEGATIVE FORCES IN DEVELOPING SUCH THINGS AS NEW ANESTHETIC AGENTS. THEY ARE MAJOR CONSTRAINTS IN OUR ABILITY TO TAKE CARE OF PATIENTS WITHOUT THE

CONSTANT FEAR OF RETRIBUTION FINANCIALLY IN THE FORM OF A LAW SUIT.

HOWEVER, OUR SOCIETY IS FUNDAMENTALLY SO STRONG, DESPITE THESE OBSTACLES WE STILL HAVE AND MUST CONTINUE TO HAVE AN UPBEAT OR AN OPTIMISTIC FEELING.

CONSTANT PESSIMISM IS THE ROAD TO PARALYSIS AND DECAY. ONE HAS TO FEEL THAT THE TIME HAS COME FOR REAFFIRMATION OF THE FAITH THAT SCIENTISTS MUST NOT UNDERTAKE EXCESSIVELY COMPLEX PROBLEMS AND THEY MUST TACKLE DISCRETE AND WELL-DEFINED AREAS THAT ARE SUSCEPTIBLE TO SOLUTION. THIS PROCESS SHOULD LEAD TO DISCOVERY THAT IS USEFUL AND WILL NOT BE UNNECESSARILY AFFLICTED BY THE BUREAUCRACY I VIEW AS A THREAT TO DEVELOPMENT. ONE WOULD HOPE, THEREFORE, THAT THERE IS AHEAD OF US ENOUGH COMMON SENSE AND INTEGRITY AND INTELLIGENCE TO BELIEVE THAT FREEDOM OF THOUGHT AND THE CONSTANT, SLOW, PAINFUL ACQUISITION OF NEW KNOWLEDGE COULD LEAD TO A BETTER LIFE FOR MORE PEOPLE WITH BETTER HEALTH AND POSSIBLY EVEN A LONGER LIFE.

DOROTHY PARKER ONCE SAID THAT, "I REALLY BELIEVE THAT ALL GENERATIONS BITCH." NO DOUBT THAT OURS DOES, TOO.

I HAVE SUFFICIENTLY DESCRIBED THE SOCIETAL ASPECTS OF THE PAST, PRESENT, AND POSSIBLE FUTURE DEVELOPMENT OF ANESTHESIOLOGY AND HAVE POINTED OUT SOME OF THE PROBLEMS AND ADVANTAGES IN THAT DIRECTION.

TO RETURN TO THE CONSIDERATION THAT ANESTHESIOLOGY IS FUNDAMENTALLY STRUCTURED TO BE A THERAPEUTIC, EXPENSIVE, ONE-UPON-ONE HEALTH CARE ACTIVITY AND NOT A HEALTH MAINTENANCE OR HEALTH PROTECTION ONE, THERE IS STILL ANOTHER PROBLEM WE HAVE TO LOOK AT IN A SERIOUS WAY AND THAT IS THE HIGH TECHNOLOGY CAPABILITY OF OUR COUNTRY. THE TECHNOLOGY HAS DEVELOPED BECAUSE OF MANY FORCES, INCLUDING THE CULTURE AND THE ENVIRONMENT IN WHICH THIS COUNTRY EXISTS. THE APPLICATION OF HIGH TECHNOLOGY ADVANCES HAS FOUND ITS WAY INTO MANY AREAS INCLUDING THAT OF ANESTHESIOLOGY IN THE CLINICAL SETTING APART FROM RESEARCH. I AM ABSOLUTELY IN ACCORDANCE WITH THE NEED TO PROVIDE AS MUCH RELIABLE INFORMATION AS RAPIDLY AS POSSIBLE TO THE CLINICIAN FOR THE CARE OF HIS PATIENTS.

I DON'T THINK ANYONE CAN BE IN THE LOGICAL POSITION OF SAYING THERE IS TOO MUCH MONITORING EQUIPMENT OR TOO MUCH EXPENSIVE EQUIPMENT FOR THE CARE OF THE SICK. HOWEVER, THE CONCEPT DOES IMPACT SERIOUSLY UPON THE WHOLE OTHER VIEW OF SOCIETAL INTEREST IN HEALTH MAINTENANCE RATHER THAN DISEASE CURE. I THINK WE SHOULD GIVE VERY SERIOUS CONSIDERATION TO THOSE FORMS OF MONITORING WHICH CONTRIBUTE IN A MATERIALLY SUCCESSFUL WAY TO THE CARE OF PATIENTS AND TO RECONSIDER OUR USE OF EXPENSIVE EQUIPMENT AS A ROUTINE MATTER, WHICH ADDS TO THE COST OF ANESTHETIC CARE AND IN SOME WAYS DOES NOT APPEAR TO CONTRIBUTE TO

SUCCESSFUL MANAGEMENT. I KNOW THAT THIS IS A HIGHLY CONTROVERSIAL MATTER AND I WANT TO MAKE IT CLEAR THAT I AM NOT ARGUING AGAINST THE USE OF MONITORING EQUIPMENT, BUT I AM URGING UPON THOSE OF YOU WHO ARE ACTIVELY LEADING AND THINKING IN OUR FIELD TO GIVE SOME CONSIDERATION TO PRINCIPLES AND PROCESSES WHEREBY THE CARE OF PATIENTS IS MAXIMALLY SECURE WITHOUT BEING UNREASONABLY COMPULSIVE ABOUT HOW THAT IS DONE FROM A COST AND A PERSONNEL STANDPOINT.

AS I HAVE THOUGHT THROUGH THE PREPARATION OF THIS MATERIAL FOR YOUR CONSIDERATION AND HAVE CONSIDERED THAT COLONEL DANNEMILLER ASKED ME TO DISCUSS EDUCATION, MANPOWER AND ONE OR TWO SIMILAR SUBJECTS IN ANESTHESIOLOGY, I REALIZE AS HE MUST, THAT I MAY HAVE FAILED IN THOSE ASSIGNMENTS.

HOWEVER, IN ONE CONVERSATION WITH HIM HE INDICATED THAT I SHOULD FEEL COMFORTABLE ABOUT TALKING WITH YOU ABOUT THOSE THINGS THAT I THINK ARE MOST IMPORTANT FOR US TO CONSIDER AS CONCEPTUAL MATTERS.

IN SUMMARY, I FEEL I WOULD LIKE TO MAKE THESE POINTS:-

1. AS A FORM OF THE PRACTICE OF MEDICINE, ANESTHESIOLOGY FACES A SERIOUS PROBLEM IN BEING PART OF THE "ONE UPON ONE" THERAPEUTIC PROCESS, RATHER THAN THE CURRENTLY PREVAILING IMPORTANT SOCIAL ATTITUDE TOWARD HEALTH PRESERVATION.

2. THE HIGH TECHNOLOGY ASPECTS OF OUR SOCIETY AND ANESTHESIOLOGY HAVE SUGGESTED THAT AN UNREASONABLE COST MAY BE INVOLVED THAT DOES NOT CONTRIBUTE SIGNIFICANTLY TO PATIENT CARE.

3. THERE EXISTS AN ATMOSPHERE IN WHICH WE WORK, OF OVER-REGULATION AND REQUIREMENTS FROM GOVERNMENT AND OTHER SOURCES THAT CANNOT HELP BUT HAVE A NEGATIVE IMPACT UPON OUR FIELD. THESE MUST BE, ON THE ONE HAND, FOUGHT WITH VIGOR AND ALSO DEALT WITH IN GOOD HUMOR TO THE DEGREE THAT IS POSSIBLE.

4. THE PRESENT PREOCCUPATION WITH THE "KEEPING UP" OF NEW KNOWLEDGE IN ANESTHESIOLOGY HAS TAKEN THE FORM OF POST-GRADUATE COURSES, CONTINUING MEDICAL EDUCATION AND OTHER SIMILAR APPROACHES. THIS COURSE IS ONE OF THEM. THESE ARE ALL WORTHWHILE BUT THERE IS NO SUBSTITUTION FOR THE INDIVIDUALS' HIGH MOTIVATION TO LEARN BY WHATEVER PROCESS, INCLUDING READING IN THE PRIVACY OF HIS STUDY, THINKING, DISCUSSING AND DOING HIS BEST TO KEEP UP WITH THE LITERATURE.

5. THE MANPOWER SITUATION WILL BE ADDRESSED MORE COMPLETELY BUT I THINK IT IS LONG PAST THE TIME TO DEFINE WHAT THE ANESTHETIC CARE TEAM IS - WHO LEADS IT AND WHAT KIND OF PEOPLE PLAY ON IT AND TO WHAT DEGREE MACHINES IN A HIGH-TECHNOLOGY ENVIRONMENT, ARE NECESSARY. IT IS NO LONGER POSSIBLE TO PERMIT THE LUXURY OF CONTINUAL AIMLESS DISCUSSION OF WHERE PHYSICIANS, NURSES, PARAMEDICAL

PEOPLE AND TECHNOLOGICAL DEVELOPMENTS BELONG IN THIS CONSTELLATION. I HAVE WATCHED OVER THIRTY YEARS OF WHAT ONE CAN CALL UNACCOMPLISHED BROWNIAN MOVEMENT TO NO SUCCESSFUL CONCLUSION IN THESE AREAS AND WE NO LONGER HAVE THE LEISURE TO CONTINUE IT.

6. ANESTHESIOLOGY MUST INCREASINGLY JOIN WITH ITS BROTHER AND SISTER SPECIALTIES IN MEDICINE TO SUPPORT THE LEGITIMATE SOCIETAL NEEDS FOR COST CONTAINMENT, FOR BETTER HEALTH PRESERVATION, AND BE LESS PAROCHIAL IN ITS APPROACH. ON THE OTHER HAND, THIS STATEMENT IN NO WAY IMPLIES THAT WE SHOULD NOT CONTINUE TO DO OUR VERY BEST TO SEE TO IT THAT THE BEST ANESTHETIC HEALTH CARE POSSIBLE IN ITS WIDEST AND MOST BROAD INTERPRETATIONS WILL PREVAIL.

I AM GRATEFUL, INDEED, FOR THE OPPORTUNITY TO BE WITH YOU AND TO PUT THESE IDEAS BEFORE YOU - SOME OF WHICH ARE OLD, SOME ARE NEW AND, HOPEFULLY, MANY ARE CONTROVERSIAL.