Mr. Speaker, officers, delegates, and friends, it is a true honor to be chosen as the next president of the California Society of Anesthesiologists and to be able to speak to you today about issues that I feel are important to the Society. During the next year I will do my best to deserve the confidence that you have placed in me and to facilitate the responsibilities of this office. But I cannot do it alone. I will need all of your help in making the California Society of Anesthesiologists a successful organization.

I would like to take a moment to thank Dr. Doug Roberts for the job he has done over the past year as president. His commitment to the Society has gone beyond the call of duty. His leadership and tireless efforts to work towards successful completion of the projects he began are exemplary. Doug, thank you again for leading the Society, and I hope that I will be able to continue in your path. I also would like to thank my colleagues at Loma Linda who have given me the support and the time to fulfill the obligations of this role. I know that many times it will mean extra work for them in the operating room when I will need to be gone. Over the years they have supported my role as chair of the Educational Programs Division and now as I move into the role of president, I thank you again for all the sacrifices that you have made. I would also like to thank my husband, Traian, for his constant support without which I would not have been able to assume this position.

Anesthesiology is the practice of medicine, and over the past few years we have seen many challenges to our profession. At this point, we have met a crossroads in anesthesiology and the profession of anesthesiology, and practice of this unique specialty has never been brighter. Achieving my first contact with the CSA through the Educational Programs Division and being in an academic medical center for all of my career, I can tell you that the applicants to the Anesthesiology Residency Programs are now increasing in numbers, and the best and the brightest are choosing anesthesiology. This is going to be a tremendous boost to the specialty as these young physicians enter the practice of anesthesiology.

But there are challenges for us ahead, and I would like to outline some of those in the next few minutes that we are together. The first is the scope of practice issue. We know that 12 states have already opted out of the federal Medicare supervision regulations. Patient safety and the doctor/patient relationship are at the crux of this issue. No less than five studies over the past two decades reported that the presence of an anesthesiologist reduces adverse outcomes by 25-73%. We
need to continue to promote this to the public and to be sure that it is realized that patient safety is at the top of our agenda. We also need to promote that our expertise is not just in the operating room but in the postanesthesia care unit, in critical care and trauma medicine, in ambulatory surgical centers and physicians offices and in subspecialty pain management.

In a recent report by the Institute of Medicine, one of the quotes is “anesthesia is an area in which very impressive improvements in safety have been made by a combination of technological advances, standardization of equipment, and changes in training. Anesthesiology was able to bring about major sustained widespread reduction in morbidity and mortality. It is also true that professional societies, groups, and associations can bring an important role in improving patient safety by contributing to the creation of a culture that encourages the identification and prevention of errors.” The doctor/patient relationship is a sacred bond that occurs when we assume the care of a patient, and patient safety needs to be at the top of our list.

The second is our academic institutions. Each anesthesiologist sitting in this room is here today because of the time and dedication that academic institutions have invested to prepare them for the practice of our specialty. Mark Lema’s editorial recently in the ASA Newsletter about “The Thready Pulse of Academic Anesthesiology” really focused on the problems that these institutions are facing. The new knowledge that enhances our specialty comes from these centers. These advances have been made by physicians, not other providers, whose research has made anesthesia safer and improved care and outcomes in our patients. If you will look at my own subspecialty in pediatric anesthesia, the risk of anesthesia-related cardiac arrest is very low and deaths have dropped in the past 50 years from about 15/10,000 anesthetics to 0.3/10,000. New advances in monitoring such as pulse oximetry, capnography, and the new volatile anesthetic agents such as sevoflurane have contributed to these changes along with better training of our physicians. Although these improvements have made a difference, we have a long way to go. New information in pediatric anesthesia concerning the toxicity of volatile anesthetics to the developing brain is surfacing as is the possible etiology of cognitive dysfunction after anesthesia in the elderly.

There is so much that we don’t understand about what we do every day in the operating room, and we are dependent upon the academic institutions to help us solve these problems and improve the care of our patients. But our academic faculty now are spending a very small percentage of their time doing research, and they are in danger because of decreased professional reimbursements, greater demands for clinical services and difficulty in attracting and retaining faculty. Our professional societies must work together with the academic institutions to provide
solutions to some of these extraordinary problems. We must find solutions that
expand research because these new developments are the future of our specialty.

Third, the pressure is on us from the downward trend in professional reimburs-
ment. This is something that concerns all of us and something with which the
professional societies must be involved. Whether it is rebuilding the Medicare
update formula, gaining reimbursement parity for anesthesia services under Medi-
care in which we are paid approximately 40% of commercial charges (while other
physicians are reimbursed at close to 80% of commercial charges), or extending
the rural pass through to anesthesiologists, we must pursue these issues. Other
concerns have surfaced recently in this state such as balanced billing and adequate
compensation in caring for patients in the workers’ compensation program. We
must continue as an organization to be an advocate for change in these areas and
also continue to keep our members informed of our progress.

The California Society of Anesthesiologists is a living, breathing organization.
Those of you who are here in the room have supported the organization and, I
know, volunteered many hours to the Society. You have been the reason that the
organization has been a success. We are very fortunate to have excellent leader-
ship in our central office with our executive director, Barbara Baldwin, and the
other people that are so supportive of this Society. Linda Herren, Cammie Pisani,
Andrea de la Peña, Lesley Franco, Linda Risdon, and Sandy Ferrari all have a
commitment to make the California Society of Anesthesiologists the best organ-
ization possible. But we must also challenge anesthesiologists who are not mem-
bers of the Society to join and show them they will be getting something for their
CSA membership dollar. In order to do this we must show them action, we must
show them results, we must show them responsiveness to their needs, and we
must show visibility.

As the president of this Society, I cannot meet these needs alone. You are the
critical part of this Society that will make the difference. Woody Allen says, “The
world is run by those who just show up.” We have shown up here today but we
need to do more than that. Together we need to develop ideas and vision for this
Society that will bring it to even greater heights. I very much look forward to the
role as President during the next year, and not only to your support, but your
input and ideas. Please never hesitate to contact me with these ideas because this
is the way the Society will grow. Victor Hugo says, “An invasion of armies can
be resisted, but not an idea whose time has come.” Let us develop these ideas
together and go forward to make this organization the best it can be.

Thank you again so much for the opportunity to serve you as president during the
coming year.

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