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By Mark A. Singleton, M.D., CSA President

President’s Address to the 2007 CSA House of Delegates

Professionalism: A form of work in which theory-based skills and abstract knowledge are acquired, maintained, and applied with discretion by a self-regulating, disciplined association of practitioners holding themselves forth as dedicated to serving the interests of others and benefiting society as a whole.

—Excerpt from the “Leffingwell Memorial Lecture” by Peter McDermott, M.D., Ph.D., Past President of CSA and ASA, at the 2007 CSA Annual Meeting

Thank you Madame Speaker. Greetings and sincere appreciation to all the delegates, officers, staff, honored guests, friends and family who have given their time on this beautiful day to meet here and be involved in the affairs of this Society.

I thank each and every member of the California Society of Anesthesiologists for allowing me to serve as your president during this past year. It has been a challenging, humbling, and invigorating experience. As I have been presented with a variety of issues during the year, I have tried to honor the trust that you placed in me and, above all, to keep faith in the supreme value of professionalism. For I believe that as new science overturns cherished dogma and as continued regulation and legislation threaten to turn clinical practice into cookbook recipes, it is professionalism that is our true touchstone as physicians. The medical profession is facing, as never before in its history, titanic economic and sociopolitical forces seeking to subjugate physicians, and the only thing of legitimacy in our defense is the standing and trust we have earned in society and in our communities as professionals.

Anesthesiology faces unique economic disadvantages based on our traditional and increasingly unreliable methods of seeking payment for our services; intrusion on our practices by less qualified groups seeking to expand their scope of practice; and continuing erosion of the autonomy of medical judgment in patient care and advocacy. The future of anesthesiology, and the medical profession in general, lies in the will and courage of each and every one of us to act according to professional principles, to reject and refuse to be corrupted by economic or political pressures, and to insist on the only real “right” in health care: the right of a patient to trust that his or her doctor is acting uniquely on their behalf, without other influence, and with independent, professional judgment.
Over the past half century, we, the medical specialty of anesthesiology, have uniquely distinguished ourselves as innovators, pushing the boundaries of medicine and challenging the status quo to create better, safer, and more sensible ways of caring for our patients. We are now being challenged not to rest upon those accomplishments, but to reexamine the way we practice and find our proper place, as leaders, in the new era of health care reform that is bursting upon us.

A few weeks ago I was driving to Atlanta, Georgia, from the north and, passing by the town of Jefferson on the freeway, I saw a sign for the “Crawford W. Long Museum.” Of course, I took the detour and found myself in a small-town, century-old storefront doctor’s office. I was given a wonderful historical tour by a young man who told me stories about the life of a pioneer of our profession. Dr. Crawford Long, the first physician to use ether vapor to induce general anesthesia for surgery, was emblematic of true professionalism. While most aspiring young physicians of his day simply apprenticed themselves to an experienced older mentor and learned their methods and techniques, he instead pursued medical and pharmacy studies at several of the most highly regarded universities in the East, and graduated from the medical school at the University of Pennsylvania, eventually returning to his home community. Throughout his life and practice, Dr. Long took the high road of dignity and integrity. On the day of his death at age 62, he collapsed while attending a woman in labor. His last words were to inquire about his patient’s condition and to give instructions for her care.

The past year has been a typically busy one for the CSA. We continue to evolve an increasingly sophisticated and efficient central office, which produces tremendous value and benefits for our membership. Under the leadership of our CEO, Barbara Baldwin, and COO, Michael Whitelock, our superb staff does the amazing. Our Bulletin, published seasonally, is a model for other components, and our Web site has become a nexus of information archived and linked to a multitude of other sources. The CSA's educational offerings have never been better and include not only meetings such as this annual one, but also published learning modules and online formats as well. So many individual CSA members have volunteered to contribute to our successes that I could never appropriately name them all, so I will simply thank all of you collectively on behalf of all the membership.

Our political activism and advocacy is also a great strength and asset to the anesthesiologists of California. Any legislator, administrator, or Sacramento insider you might ask will tell you that the Bills Barnaby are held in the highest esteem and trust. When they speak on our behalf, their credibility is unquestioned, and they make things happen. We owe an equal measure of gratitude.
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for the tremendous work done on our behalf by our legal counsel in the persons of Dave Willett and Phillip Goldberg, who have an eagle’s eye on the judicial and regulatory horizon. We also gain great strength from our intimate and multilayered involvement with the California Medical Association, without the support of which our advocacy efforts would be difficult at best. We will need these relationships and the involvement of each and every CSA member in the next few years as health care reform plays itself out in the legislature and the media.

Finally, what is the difference between the “practice” of anesthesiology and the “profession” of anesthesiology? I might suggest, simply, that practice is what we do, and profession is who we are. Dr. Stephen Jackson, the editor of our Bulletin, has written eloquently about the duty of the medical professional to altruism, and self sacrifice, to putting the patient first above our own self-interests. He is correct. Yet there is another, equally important principle of professionalism, and that is our duty to the profession itself. We cannot allow the profession of anesthesiology to atrophy by our own complacency, nor to be asphyxiated by others, well meaning or malicious. I am speaking to you who have chosen this profession and the medical specialty of anesthesiology and are just embarking on your careers. Old guys like me are giving you the reins and the horses are ready to bolt! Hold on and keep your balance.

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