

Editor's Notes

Change

By Stephen Jackson, M.D., Editor

The notion of “change” is the thematic thread binding together the perspectives and ideas in this issue of the *Bulletin*. Although change is inherently stressful, especially when we sense that we have little control over its shaping forces, it can motivate us to grow personally and professionally.



The Obama administration pledges to change our health care system for the better by ensuring access to health care for all Americans, containing costs and enhancing the effectiveness of medical care. Dr. Kitzhaber, a physician and former governor of Oregon, has been an innovative realist for health care for over two decades, and the first of his two-part article appearing in this *Bulletin* is a sage analysis and proposal as to how our nation must transform our current **health care** non-system into what he calls a **health** system.

We also feature noteworthy speeches to the House of Delegates from our outgoing president, Dr. Michael Champeau, and our incoming president, Dr. Linda Hertzberg, both of whom emphasize that the CSA has reached a time in its long and successful history when there is a need for internal change in the way we do things. Dr. Champeau shares with us his accomplishments concerning “reinvigorating the governance and operations” of the CSA so as to better fulfill the needs of its members. Dr. Hertzberg asserts that she has received the baton of change and plans to keep running with it at full speed. She talks of the need to anticipate change, no longer accepting the inflexible and often counterproductive attitude of continuing with “the way we do it here.” Leadership, she believes, must seize “the opportunity to innovate and renew our Society” in order for the CSA to continue to be “useful and relevant.”

Dr. Thomas Specht, chair of our Physician Health and Well Being Committee and prominent member of the ASA's Occupational Health Committee, provides us with an update on efforts to provide some legislatively approved replacement for the former Physician Diversion Program of the Medical Board of California. California, the only state without such a program, lamentably has become the disgrace of the nation with respect to support of physician well being programs. Dr. Specht also weighs in on the controversy raised by the Mayo Clinic's change in its approach to the chemically dependent anesthesiologist as described in an editorial in last November's *Anesthesiology*.

Editor's Notes (cont'd)

And, as you may have surmised from the thinner and lighter print version of this issue, even the length of your *Bulletin* has been trimmed from 96 to 80 pages, a decision stemming from economic considerations within the CSA.

Even the doctor-patient relationship, which constitutes the core of our profession, is changing, threatened by both the economic exigency of “time is money” and rapidly developing technological advances. The value derived from this treasured and privileged relationship accrues to both patient and physician. The patient yearns to be treated as a whole human being with an illness superimposed upon an essence, not simply as a body (or even a part of a body) with a “disease” scheduled for anesthesia and surgery—not just a computer screen or hard copy of an admitting history and physical with a set of laboratory values, chest x-ray and ECG—but rather, as a unique individual with an intellect, feelings, will, faith and spirit. Patients want their anesthesiologist to know them, to like them, to be considered special and worthy of the attentiveness of a caring healer. Moreover, in a parallel fashion, they want to be inspired to have confidence and trust in their anesthesiologist—they want to like their own physician (the very best kind of public relations for our specialty).

In truth, we still do have a reasonable, albeit battered, vehicle for preserving more than just the remnants or memory of this noble and hallowed human relationship: our preanesthetic interaction with the patient. However this may be accomplished, and it may assume a variety of settings and forms depending on the circumstances of one's own practice, I assure you that the effort expended is hugely beneficial not only to the patient, but also to the anesthesiologist. The doctor-patient relationship in itself enhances the joy of our practice, rekindles a connectedness with humanity, and re-energizes and reinvigorates the innate sensitivity and empathy for the human condition that originally attracted us to the practice of medicine, but which the rigors of our education, training and practice have suppressed, or almost expunged.

Change is inevitable, except from a vending machine.

—Anonymous

CSA Bulletin Cover for Volume 58, No. 3 “Tufa at Mono Lake”

This image was taken in September 2004 at Mono Lake Tufa State Natural Reserve near Lee Vining in Eastern California. The tufa towers are deposits of calcium carbonate. A Canon EOS film camera was used. The color slide was scanned and then developed as a black and white image in Photoshop.

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