

Address of the President-Elect, Edgar D. Canada, M.D.

CSA House of Delegates 2005

Thank you for the opportunity to serve as your president. In my remarks today, I would like to discuss the 100th anniversary of the ASA and the challenges in the year ahead and to offer a challenge to you. First, let us travel back in time 100 years. Allow me to paint a picture for you of that time in America. In 1905, Theodore Roosevelt was President of the United States. The British Empire consisted of one-fifth of the land area of the world. Albert Einstein published his paper on the special theory of relativity. The ASA began as a specialty society.

Relevant Historical Statistics for 1905

- The tallest structure in the world was the Eiffel Tower.
- The population of the United States was 83 million.
- California was only the 21st most populous state in the Union. Alabama, Mississippi, Iowa, and Tennessee were each more heavily populated than California with a mere 1.4 million residents.
- The population of Las Vegas, Nevada, was 30.
- There were only about 230 reported murders in the entire U.S.
- Only 8 percent of the homes had a telephone.
- Only 14 percent of the homes in the U.S. had a bathtub. Ninety percent of all U.S. physicians had no college education. Instead, they attended medical schools, many of which were condemned in the press and by the government as “substandard.”
- More than 95 percent of all births in the U.S. took place at home.
- The average life expectancy in the U.S. was 47 years.
- The five leading causes of death in the U.S. were:
 - Pneumonia and influenza
 - Tuberculosis
 - Diarrhea
 - Heart disease
 - Stroke

ASA Centennial Facts

- The Society was founded in 1905, when nine physicians from Long Island, New York, organized the first professional anesthesiology society.
- In 1911, the society expanded to 23 members, moved to Manhattan, and named itself the New York Society of Anesthetists.
- In 1936, the New York society changed its name to the American Society of Anesthetists to demonstrate to the AMA that a national organization supported specialization.
- In 1945, the name was changed to the American Society of Anesthesiologists.

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- Present membership of the ASA is nearly 40,000.
- In 1953, the CSA was incorporated.
- Present membership of the CSA is more than 3,600.

In 1985, the ASA created the Anesthesia Patient Safety Foundation (APSF) whose sole purpose is to raise the levels of consciousness and knowledge of patient safety issues. The ASA is the only medical specialty society to have a foundation for patient safety. The APSF served as the model for the National Patient Safety Foundation.

In the 1970s, the ASA undertook a massive effort to improve the anesthetic mortality rate. We have had great success with that effort. The mortality rate related to anesthesia has declined from 1/10,000 to approximately 1/300,000 or 1/400,000. This is a 30- to 40-fold improvement! The process used included:

- Determine the causes of adverse anesthesia-related outcomes;
- Focus the attention of anesthesia providers on those causes and the ways in which to avoid them;
- Establish national practice parameters designed to raise the quality of anesthesia care in all locations;
- Foster continuing research on additional means to improve patient safety; and
- Insist that a physician supervise nonphysician anesthesia providers.

We should be proud of our specialty's heritage and the significant achievements that we have made in patient safety.

Challenges in the Year Ahead

There are many challenges that the CSA may face in the coming year. I would like to highlight a few of those challenges. I have asked the House of Delegates to evaluate the current relevance of our Annual Meeting and Anesthesiology Review Course in satisfying the CME needs for our members as well as others. We are a not-for-profit organization, but that does not mean we should lose money. How can we best meet those CME needs?

I have asked the House of Delegates to evaluate the efficiency and effectiveness of our current governance process. How can we improve our Reference Committee and House of Delegates? What governance process and structure most effectively meet the needs, desires, and preferences of our members?

Both of these evaluations will be done over the course of a full year using a thorough top-to-bottom, knowledge-based decision-making process. There will be lots of opportunities for our membership to be heard on these issues.

Our highest legislative priority for the coming year is to maintain adequate and fair compensation for our physician members. We should be paid appropriately for the care that we give our patients. This is under attack on many fronts. At the federal level Medicare SGR (Sustainable Growth Rate) proposes a 31 percent rate reduction



Dr. Linda Mason hands the gavel to the new CSA President, Edgar D. Canada, M.D.

for physician reimbursement over the next seven years. The Medicare teaching rule reduces the physician reimbursement 50 percent when academic anesthesiologists supervise two rooms. At the state level, AB 1321 (Yee), hospital-based physicians charges would prohibit hospital-based physicians from billing patients for the services that they provide. Our advocacy against these unfair practices will be successful. By working together we will make a difference.

However, we should begin to move from the reactive to the proactive. We should move from defense to offense. Everyone involved in health care knows that the root cause of our problems all relate to inadequate financial resources. Our present health care financing system with estimates as high as 45 million uninsured individuals at the federal level and 7 million uninsured individuals

at the state level cannot continue indefinitely. Healthcare costs represent 15.3 percent of Gross Domestic Product (GDP). Government programs now pay for approximately 40 percent of all healthcare in the U.S. Just last week, the corporate bonds of General Motors and Ford were downgraded to junk bond status. Both corporations blamed pension obligations and health care expenses as the factors behind their anticipated losses that resulted in their lower corporate bond rating.

We need to demand that our present healthcare financing system be changed. As physicians we should proactively pursue this change. We should urge on a national level that both the ASA and the AMA work for this type of reform. Based on task force recommendations from the San Diego County Medical Society (where I recently served as president), there are a core group of conditions needed to change our health care financing system. Adopted from those recommendations, at a minimum such health care financing reform should include the following elements:

1. Reconnect consumers- to the cost of their day-to-day health care by reducing or eliminating most first-dollar insurance coverage.
2. Empower consumers to discover the cost and quality of health care services in advance of consumption.
3. Provide for the full tax deductibility of health care expenses for all, including expanding the availability of Health Savings Accounts.
4. Encourage employer-defined contributions as opposed to employer-defined benefits.
5. Promote private ownership of all health insurance policies.

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6. Support mandatory, community-rated, catastrophic health insurance.
7. Require adequate funding mechanisms for the provision of government-mandated services.

A Challenge to You

I issue a challenge to every one of you. I would like to ask each and every one of you to **“kick it up a notch.”** What do I mean by that? If you are a member but have not been involved with the CSA beyond your current membership, then **I thank you** for your membership support, **but**, I would like for **you to get more involved.** You ask, “How do I get more involved?” My answer to you is:

1. Recruit a member.
2. Serve on a committee.
3. Serve as committee chair.
4. Attend CSA/CMA Legislative Day.
5. Write a letter to your legislative representative.
6. Write a letter to your local newspaper.
7. Visit a school.

If you are an alternate delegate, then when your term is up become a delegate. If you are a committee member, then become a committee chair. If you are a delegate, then become a district director. If you are a district director, then become an officer. If you have not contributed to the PAC, then contribute to GASPAC. If you have already contributed to GASPAC, then contribute more.

In closing, I have discussed a little about the history of the ASA and its 100th anniversary and some of the challenges the CSA will face in the year ahead, and finally I issued a challenge for **YOU** to get more involved. Thanks again for allowing me to serve as your president. By working together in the year ahead, we will make a difference.

A Good Pun is its Own Re-Word

Pasteurize: Too far to see

— — — — —
A successful diet is the triumph of mind over platter.

— — — — —
A gossip is someone with a great sense of rumor.