

Editor's Notes

An Overlooked Gem: The World Congress of Anaesthesiologists

By Stephen Jackson, M.D., Editor

One of the best “unintentionally” kept secrets in anesthesiology is the quadrennial World Congress of Anaesthesiologists’ (WCA) meeting. I have attended five times, each as a “presenter,” but I would have attended even if I were not in that role. The most recent WCA was held in April in Paris, the previous two being in Montreal (2000) and Sydney (1996). Each was an extremely positive and valuable educational and professional experience. The WCA is a high quality, comprehensive scientific meeting in which the exchange of ideas and information is extensive and congenial. Indeed, our international colleagues from developed countries, with whom we have too little interaction, are as sophisticated and knowledgeable about anesthesiology as are we here in the United States. In truth, a plethora of high quality research, both clinical and laboratory, reported in our most respected specialty journals originates from lands beyond our shores.

The WCA is presented by the World Federation of Societies of Anaesthesiologists (WFSA) which recently celebrated its fiftieth anniversary. Initially founded with 28 member societies, the WFSA now has over 100 member societies. While provision of the best possible anesthesia to all peoples of the world has remained an elusive goal, the WFSA has witnessed a growth of anesthesiology far beyond the wildest dreams of its founders, who met for the first time in the Netherlands in 1955. The WFSA is involved primarily with educational programs in developing countries via intensive courses and training centers. The WFSA also publishes books and regular issues of *Update in Anaesthesia* in five languages—Russian, Mandarin, Spanish, French and English—and this publication constitutes a substantial contribution to the advancement of anesthesia in the developing world.

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An equally important function of the WFSA is the role that it plays in the development of solidarity and friendship among anesthesiologists of all nations. The WCA is held every four years on different continents on a rotating basis. It provides an opportunity for our colleagues from all nations and all levels of scientific sophistication and practical accomplishment to meet face-to-face, and to share their knowledge, challenges and real-life experiences in a uniquely intimate way. The speakers and attendees from developed countries pay full WCA registration. They consider this a contribution that enables the good deeds performed by the WFSA and financial aid to needy anesthesiologists who otherwise would not be able to attend the WCA.

Two experiences of mine at this meeting might give you a flavor of the camaraderie inherent to the WCA. The first followed my lecture on "How to Teach Ethics," which I presented to a large audience, with simultaneous translation into French and Spanish. After this talk, I was besieged by requests from anesthesiologists from multiple countries for copies of the ASA's Syllabus on how to teach ethics to residents (written by the ASA's Committee on Ethics). This superb educational project, by the way, also is available to all ASA members, free of charge. The second occurred after my presentation on "Stress" in the session on "The Addicted Anaesthesiologist," when I again was surrounded by a large group, all of whom wanted to share their experiences with occupational-related stress. This verified what I have learned in previous WCAs, namely, that stress is a universal and potentially injurious challenge to all anesthesiologists.

The 2004 meeting, as all WCAs, was especially enjoyable because of the successful efforts of the host French Society of Anaesthesiologists to make the meeting a pleasant experience for attendees. Extraordinary events included the Opening Ceremony extravaganza, which, devoid of pomposity but rich in creativity, featured the Paris Physicians' Orchestra (yes, only physicians) presenting a magnificent concert as well as the background music for an original and innovative ballet that interpreted the meaning of anesthesia, a spectacular piece of modern dance and choreography. On another evening, there was a private "party" at the Louvre with the freedom to inspect the entirety of this fabulous museum's fabled collection. Another event was an organ recital at the Cathedral of Notre Dame, which opened with a marvelous piece, the Allegro from the Second Symphony by Louis Vierne, played not by the resident and world famous organist, Philippe Lefebvre (who did perform later in the concert), but by Antoine Drizenko, an anesthesiologist and anatomist, practicing in Lille!

Of course, France has many charming venues for visitors. One particularly memorable trip of mine was to a meticulously preserved 15th century hospital for the poor, Hotel Dieu, in the lovely city of Beaune. Yes, there also just happened

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to be a sea of vineyards and their wineries (producing sacramental wines, of course) in the same region of Burgundy.

On another day, I had the emotionally sobering privilege of visiting the deceptively peaceful landing beaches of Normandy, the serenity of the moment belying the haunting carnage of American and Allied Forces on D-Day sixty years earlier. Following this was an overwhelmingly spiritual visit to the American Cemetery, hallowed grounds of the courageous, whose simple tombs peacefully grace the verdant hills overlooking the English Channel, lending their afterglow to a sacred homage to those Americans who sacrificed their lives in the name of freedom.

My experience at the American Cemetery brings to mind a recent statement by Senator John McCain, himself a decorated war veteran, who commented on the death of the soldier, Pat Tillman, the former professional football player who [provided America with] “... *an inspiration ... to reclaim the essential public-spiritedness of America that many of us, in low moments, had worried was no longer our common distinguishing trait.*”

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Be sure to read the second article—Module 2—in our educational series on pain management and end-of-life care (see pages 49-57). When completed, this program will satisfy the 12-hour CME requirement set by the California Legislature.

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