Are You Part of the Problem?

Speaking for Optimum Quality and Safety – A Right That ALL Patients Deserve

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Our specialty has a huge problem. It's possible that you are included in it!

The problem is hesitancy among the majority of physician anesthesiologists to speak out publicly against independent nurse anesthetist practice. Independent nurse anesthetist practice is just another way of saying, "the physician removed from anesthetic care." If you think you bring no value to the anesthesia care team, stay silent. But if you think your involvement in the anesthesia care team improves quality and safety, it is not just that you should speak out publicly, you have an obligation to speak out. And as your level of visibility, influence and leadership within the medical specialty of anesthesiology increases, particularly when you are training young anesthesiologists, so goes that obligation to lead by example for what is best for patients.

There is no worse time to be quiet or to speak only in private! All nurses should know how we feel about this tremendously important issue, and we should proudly tell them. Why be ashamed of or fearful of speaking up for physician-led, team-based care? Which should physician anesthesiologists worry about most for our patients: preserving physicians' leadership in anesthesia care delivery, or upsetting non-physicians?

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Example: while at the ANESTHESIOLOGY® 2015 annual meeting, one state leader placed on his Facebook page a directive to all partners to respond to "SafeVACare.org." He told me that the president of his group immediately responded and she told him to take down the post to avoid upsetting the nurse anesthetists. This failed leadership must stop!

Frederick Douglass said, "I prefer to be true to myself even at the hazard of incurring the ridicule of others, rather than to be false, and to incur my own abhorrence."

Because we all want to get along with our nursing colleagues with whom we work, and with whom many of us, the author included, have valued relationships, too many among us shirk the responsibility of speaking up with our honest positions on safety and quality of care when the need presents itself. Even though in our clinical work we frequently recognize things prompting our interventions, and we intervene regularly in ways that improve patient safety and quality of care, we don't publicize it. But with the unrelenting pressure and daily negative assertions against the value we provide, we are being called to publicize what we do regardless if the truth may hurt. To be clear, those on the other side are making zero effort to avoid offense or be politically correct in their physician anesthesiologist bashing.

How Did We Get Here?

We didn't start this fight, and we don't just run around state capitals and our nation's capital stating our opinions about best care without provocation.

First, for a very relevant historical perspective, be mindful that the first legal battle over physician supervision was around 1916, and since the establishment of the American Association of Nurse Anesthetists (AANA), it has never stated officially or publicly that it supports or values physician anesthesiologist (your) involvement with anesthesia delivery. In fact, the AANA has repeatedly stated over the years that quality, safety and outcomes are no better with our medical leadership.

Second, since about eight years ago, all of organized nursing – AANA included – is advocating very aggressively for independent practice for advanced practice registered

nurses (APRNs) without regard to primary care environment versus acute, critical or perioperative care environments. Nurse anesthetists are included in the APRN group. This legislative plan already introduced in various fashions in every state in the country, as well as in the Veterans Health Administration (VA), goes by the title "APRN Consensus Model." This convenient bundling of four types of advanced practice nurses into one catch phrase – APRN – is just that: a convenient, and politically and legislatively expedient strategy to exponentially expand scope of practice for most nurses with non-standardized education beyond their basic RN degree.

But the convenient packaging approach to the AANA's advocacy efforts is not rooted in science, logic or common sense. A 2014 report by The Cochrane Collaboration (Cochrane), the most highly respected and credible independent authority on systematic literature reviews, identified only six articles for their review of studies comparing providers of anesthesia for surgical patients. Cochrane concluded that there is insufficient evidence to accurately compare physician anesthesiologists and nurse anesthetists. But the AANA is telling everyone who will listen that "studies" support the safety of their independent practice.

There is a lack of evidence comparing physician anesthesiologists and nurse anesthetists because the best study design, to overcome measurement errors and the various biases identified by Cochrane and others, is a randomized trial. This would involve randomizing all patients to a nurse anesthetist practicing independently or a physician anesthesiologist-led team, regardless of patient characteristics (e.g., age, health status, severity of illness) and surgical procedure complexity. As the Cochrane review noted, such a study would likely be unacceptable to institutional review boards, research ethics committees, health service providers and patients because of its high risk level. Many publications do support the relative safety of APRN independent practice in primary care. Logically, though, this cannot just be conveniently extrapolated from primary care to acute, perioperative and critical care where the criticality of the medical care is such that just a few minutes can make the difference between permanent tissue damage and a full recovery.

So let's state the obvious – primary care is a world vastly different from that of emergency departments, intensive care units and operating rooms where patients receive acute, critical and surgical medical treatment, often to prevent impending complications and even death. Even the lay citizen understands that point. Acute, critical and perioperative medical care frequently affords just seconds to both accurately diagnose and effectively deliver invasive, high-risk procedures to intervene in life-threatening health problems. Obviously, the nature and duration of education and training that health care practitioners undergo has tremendous impact upon depth of knowledge, expertise and ability to deliver care in the highest-risk areas of medicine.

No matter what nursing advocacy leaders try to sell the public and lawmakers, nursing education is just not equivalent to physician education. On top of more than three times the education, physician anesthesiologists also undergo a longer and significantly more rigorous training program, including six times the clinical training of their nurse anesthetist counterparts. Nurse anesthetists go to college and then a comparatively short graduate program. In contrast, physician anesthesiologists complete more rigorous undergraduate programs, attend four years of medical school, complete at least four years of intensive residency training and then often also complete fellowships. Considering these facts, to see the AANA leadership, year in and year out, repeating their mantra that you cannot tell the difference in our training and our ability is logic-defying.

AANA leaders are tagging onto the lobbying line of primary care nursing by communicating to decision-makers that if they, too, are not required to work with physicians it will help shrink waiting lists – but what waiting lists? Nurse anesthetists' work has nothing to do with primary care clinic waiting lists. This is a sly argument that sells in today's environment of hypersensitivity to access to care, but this is disingenuous at best. The VA Chiefs of Anesthesiology have confirmed that, from their perspective as department leaders nationwide, they are not experiencing a shortage of anesthesia nurses or physician anesthesiologists within the VA system.

The Threat to Patient Safety and Anesthesiology

The proposed VA Nursing Handbook mandates nurse anesthetist practice without physician oversight in the VA. ASA physician leadership has implored every physician anesthesiologist in the country to send letters opposing this proposal to the VA leadership and their United States senators and representatives. Public relations experts always advise using

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real-life examples to convey points, so ASA physician leaders are also calling on all physician anesthesiologists to include in their letters of opposition examples of clinical situations where they made an obvious difference in patient outcome.

The AANA Propaganda Machine's Products

In various communications, the nurse anesthesia political leaders have stated: 1) their nurse anesthesia education and training is equal to our physicians' medical school and physician anesthesiology residency training; 2) quality and safety are indistinguishable between physician anesthesiologists and nurse anesthetists; 3) that they have the same outcomes without us; 4) that their practicing independently is cheaper; 5) that they work harder; 6) that they are more caring of the underserved, indigent and rural patient communities.

I know from multiple personal conversations that most nurse anesthetists are not aware of the offensiveness of AANA propaganda.

At right are two examples of their historically inflammatory propaganda. Below is a quote from another propaganda piece discrediting physician anesthesiologists:

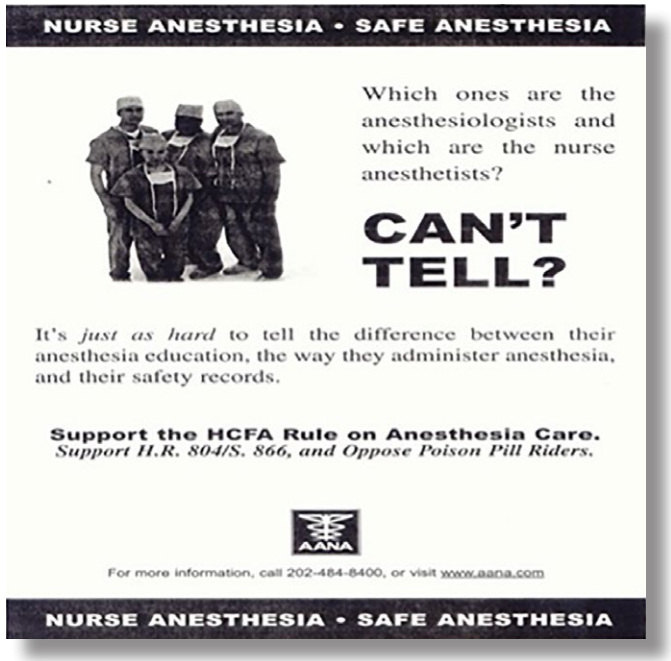
Heard of the "Sundown Rule"? After sundown, many anesthesiologists typically go home to their families and enjoy a good nights sleep in their own beds, while nurse anesthetists handle the hospitals' anesthesia needs during the wee hours. Happens all the time. Amazing how directing nurse anesthetists isn't a priority when it isn't convenient for the anesthesiologists.

And here's what their allies are saying about physician anesthesiologists at their rallies:

We are going to make changes at the VA. Because we know, that with CRNAs, everywhere in the country, and serving all patients, we're going to expand access, we're going to get better quality, and we're going to make healthcare affordable. Same quality, no difference – actually I think a maybe a little better than them …"

– Speaker, AANA Rally, Capitol Hill, Tuesday, April 21, 2015.

The irony: When we physician anesthesiologists – out of concern for the safety of patients and maintenance of quality – respond to AANA lobbying by stating what is the truth, that independent nurse anesthesia practice is not the safest care, nurses often cry foul. They say, "You are nurse bashing and hurting our feelings" or "You are destroying our family-like practice environment within our department by speaking negatively about us."



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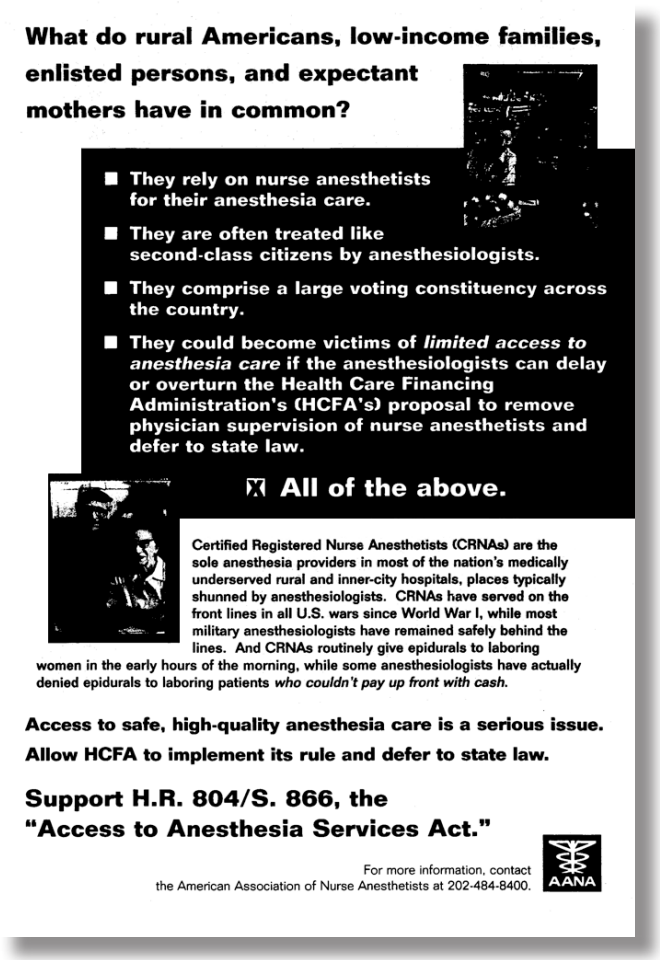

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To more than one group of nurses I have said, "One of you please show me independent scientifically valid publications supporting that your independent practice is safer care, or simply explain to me, in your own words and from your heart, specifically how removing anesthesiologists from the anesthesia care team makes the anesthesia care safer or higher quality." No nurse anesthetist with whom I have shared such dialogue has ever been able to do the above. And more important, after such a transparent discussion, nearly all nurse anesthetists have offered to me that they do not believe in what the AANA is fighting for so aggressively – "It isn't what I want for my family," they say – and that they do believe in the value of the physician-led anesthesia care team and that is why they intentionally choose to practice within physician-led teams.

Physician anesthesiologists have consistently maintained throughout the century-long patient safety battle that physicians, because of having successfully gone through significantly more medical education and training, ought to lead the anesthesia care team while still embracing the value of nurse anesthetists. We value and support nurse anesthetists as part of the physician-led anesthesia care team. We are not trying to abolish the anesthesia care team and we are not arguing that an entire group of anesthesia providers is unnecessary. But the nurse anesthetists' leaders from the AANA do just that – arguing repetitively throughout state capitals and our nation's capital that anesthesiologists' involvement in the anesthesia care team should be eliminated because physician anesthesiologists provide no additional value to patients. THAT is what is so offensive in this ongoing battle – not physicians responding to that propaganda by asserting that patient-centered, physcian-led anesthesia teams, teams composed of nurses and physicians, are better!

The Necessary, and Very Deserved, Changed Narrative From Us to the Nurses

Our top priority – morally, ethically and professionally – is patient safety and quality of care. And until there is convincing logic, intuitiveness and real science saying otherwise, we are standing confidently on our position that our tremendously lengthier and more in-depth medical education and training make a difference in quality of care and patient safety. If standing for the maintenance of the physician-led anesthesia care team destroys any collegiality and friendship among nurse anesthetists and physician anesthesiologists working together, the warm and fuzzy feelings believed to be present in some anesthesiology departments may be nothing more than an insincere veil of superficial harmony making those naïve to these realities somehow happier in the workplace.

Comparison of Offensiveness

The AANA and more radicalized nurses saying that we physicians should be eliminated from the anesthesia care team because nurses, in their view, are equal to physicians, versus anesthesiologists saying that higher levels of patient safety and quality of care are achieved when nurse anesthetists work with us in physician-led teams that embrace the tremendous value and contributions of both physicians and nurses. Tough call?

So from a well-informed perspective, this ongoing battle by the AANA fighting tirelessly to convince lawmakers that physician anesthesiologists bring no value to anesthesia care is as lacking in logic, intuitiveness and science as it can get. AND it is outwardly critical of and offensive to everything that physician anesthesiologists have worked for and represent.

The Ask of Our Profession

At a date that has not yet been announced by VA leadership, the proposed nursing handbook will be released as a proposed regulation. It will include so-called "full practice authority" (FPA) or independent practice for all categories of APRNs, including nurse anesthetists, in all VA facilities, large and small, regardless of state law. VA will seek public comment on the proposal. It will be up to ASA members and other VA health care stakeholders to make the argument that nurse anesthetists should not be included in the FPA initiative. Let me be very clear: the decision whether or not this proposed VA nursing handbook includes nurse anesthetists will be determined by the strength of our response to the proposed regulation through the official public comment period. You must respond and you must get others to respond.

Become Part of the Solution Today

Calling every academic and private practice leader and every follower! Follow this three-step process:

1. Go to **www.SafeVACare.org** NOW and voice your opposition.
2. Ensure that you have messaged strongly as a leader to ALL of your colleagues and have ensured that someone is checking progress daily on attaining a 100-percent response rate among physicians – nobody allowed to be apathetic on this one!
3. Get at least five family members and friends to stand up for veterans' safety by also going to **www.SafeVACare.org** to submit opposing comments.
   (Template notes are available if you are pressed for time – takes one minute!)

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Your failure to do this will be a vote in favor of physician anesthesiologists being removed from leadership of VA anesthesia care – do not be complacent! It really is do or die.

This call to action is *not* a statement against the skill and tremendous value delivered by nurse anesthetists – it *is* a demand that current levels of safety and quality delivered by physician anesthesiologists and nurse anesthetists working together *not* be irresponsibly destroyed. This is about Veterans' rights!

Veterans are often the sickest patients in America, and they have sacrificed for our safety and our freedom. Please do the right thing and invest just one to two minutes of your time returning the favor and fighting for Veterans' safety and rights.

Remember, all comments submitted are public. Keep commentary professional and focused on patient safety, and *do not* use disparaging comments about non-physician health care providers. This must be about what is best for our Veterans. Your ASA staff is available to help with any questions. Like us, they believe in the value of patient-centered, physician-led care. Please contact me if you have any questions or if you need any help on this critically important effort on behalf of our patients.

Bibliography:

- Lewis SR, Nicholson A, Smith AF, Alderson P. Physician anaesthetists versus non-physician providers of anaesthesia for surgical patients. *Cochrane Database Syst Rev.* 2014;7:CD010357. doi: 10.1002/14651858.CD010357.pub2.