

Physician
Anesthesiologists

Made for
This Moment

PHYSICIAN ANESTHESIOLOGISTS ARE MADE FOR CRITICAL MOMENTS IN PATIENT CARE

Physician anesthesiologists are guardians of patient safety, uniquely educated and trained for the critical moments in health care — in the operating room, in the delivery room, in the intensive care unit, and in a crisis. No other type of practitioner can match their ability to navigate life-and-death moments in patient care. Physician anesthesiologists are made for these moments.

As medical doctors, physician anesthesiologists specialize in anesthesia care, pain management, and critical care medicine, bringing the knowledge required to treat the entire body. Their education and training includes 12 to 14 years of education, including medical school, and 12,000 to 16,000 hours of clinical training to specialize in anesthesia care and pain control.¹ Removing physician supervision from anesthesia in surgery lowers the standard of care and jeopardizes patients' lives.

Say “Yes” to High-Quality Patient Care

Removing physician supervision from anesthesia care in surgery jeopardizes patient safety. A physician anesthesiologist's education and training can mean the difference between life and death when a medical complication occurs.

In fact, physician anesthesiologists often prevent complications by using their diagnostic skills to evaluate a patient's overall health, and identify and respond to underlying medical conditions. They evaluate, monitor, and supervise patient care before, during, and after surgery, delivering anesthesia, leading the Anesthesia Care Team, and ensuring optimal patient safety.

Nurse anesthetists are qualified members of an Anesthesia Care Team, but they can't replace a physician and have about half the education and only 2,500 hours of clinical training.²

Education and Training Prepared Physician Anesthesiologists for Crisis Response

As the world faced a global health care crisis, physician anesthesiologists took their experience from the operating room into the critical care setting to lead care for the sickest of COVID-19 patients. Physician anesthesiologists hung up their surgical caps to head to the ER to serve as airway management experts when hospitals needed them the most, collaborated and innovated with their peers, and addressed the realities of the pandemic with bravery and compassion.

“The thing that hasn't changed about being a physician anesthesiologist during COVID-19 is how fast and effectively we respond to a crisis, especially when it comes to taking care of critically ill patients.

We are trained to sail in waters that are rapidly changing.” — Bhoumesh Patel, M.D., New Haven, Conn.



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The Facts:

- Nurse anesthetists are trained to administer anesthesia, but do not have the medical education or clinical training to make critical decisions during surgery.
- There are no independent studies that show nurses can ensure the same outcomes as physician anesthesiologists.
- Recent research also shows that removing physician supervision does not increase patient access to surgery, procedures, or anesthesia care.³⁻⁶
- Current laws in 45 states and the District of Columbia all require physician involvement for anesthesia care.
- Nine in 10 surgeons consider physician anesthesiologists the most capable in diagnosing and treating complications during surgery.
- Nine in 10 consumers believe that physician-led care improves health care, nearly half say empowering nurses leads to worse care.
- The Department of Veterans Affairs (VA) decided to maintain its patient-centered, physician-led model of anesthesia care where physicians and nurse anesthetists work together as a team.
- Allowing nurses to administer anesthesia without physician supervision does not save patients or taxpayers money. Medicare, Medicaid, and most third-party insurers pay the same fees for anesthesia whether it is administered by a nurse anesthetist or physician anesthesiologist.
- Eliminating the physician anesthesiologist can actually cost more, as other physicians may be needed to consult or provide the services a physician anesthesiologist would: assessing pre-existing conditions or handling emergencies and other medical issues before, during, and after medical procedures.

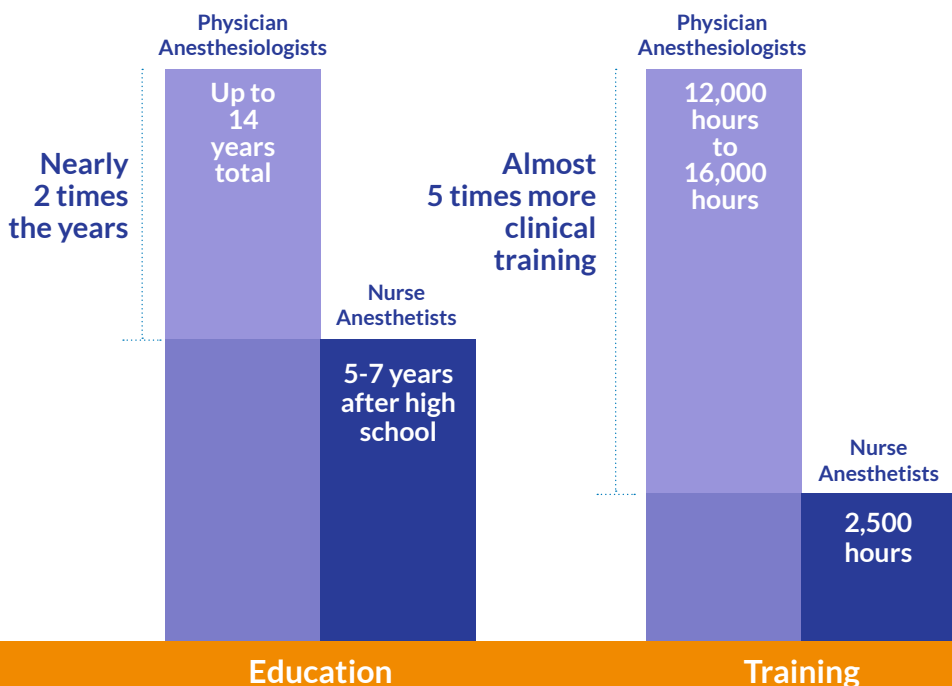
Former Nurse Anesthetist Recognizes Training Limits

“After six months practicing as a nurse anesthetist, I found myself getting frustrated that I did not know everything I wanted to know about the increasingly complex surgical procedures being performed on my patients. I also struggled to understand the details of all the patients’ medical illnesses. Yet my attending physician anesthesiologist had the benefit of that knowledge due to the additional years of medical education and residency training in anesthesiology. I decided then that I wanted to be able to provide complete, comprehensive anesthesia care for my patients.

I knew that the only way to acquire this perioperative and periprocedural knowledge was to apply to medical school and complete residency training.”

– Jane C.K. Fitch, M.D., ASA Past President and Professor and Chair of the Department of Anesthesiology at the University of Oklahoma Health Sciences Center in Oklahoma City and Former Nurse Anesthetist.

Physician Anesthesiologists Have Superior Education and Training – Some Things Just Don't Compare



Physician Anesthesiologist Saves an Expectant Mother and Her Baby

When a young woman experienced cardiac arrest during childbirth due to an amniotic embolism — a rare, but often deadly condition where amniotic fluid enters the mother's bloodstream — physician anesthesiologist Patrick Allaire, M.D., saved her. He immediately placed a breathing tube, administered medication to restart her heart, and instructed the care team to begin chest compressions. The mother had an emergency cesarean section, and Dr. Allaire cared for her throughout the day and night. Dr. Allaire's quick response saved both mother and child.

“This case underscores the importance of having a physician anesthesiologist as the leader of the Anesthesia Care Team. Physicians have a unique set of skills and experience ... that allows them to provide comprehensive assessment and care of their patients.” – Patrick Allaire, M.D., Ames, Iowa.

Education, Training, and Experience Can Mean the Difference Between Life and Death

You wouldn't board a plane without a qualified pilot, and you shouldn't receive anesthesia during surgery without physician supervision. Physician anesthesiologists developed the techniques and protocols that have greatly improved the safety of anesthesia, and no one knows as much about delivering the highest-quality medical care and ensuring patients' safety under anesthesia as these highly trained physicians.

Some nurses are now pursuing doctorate degrees or Doctor of Nursing Practice degrees (DNPs). The DNP is not equivalent to a Doctor of Medicine degree or Doctor of Osteopathic Medicine degree and the DNP "will not alter the current scope of practice for APRNs (advanced practice registered nurses)," according to the American Association of Colleges of Nursing. No state boards of nursing have mandated the DNP as a requirement for nurse anesthetists. The DNP will be required for entry-level nurse anesthetist programs by 2025.

Quality Care Matters Most of All

An independent outcomes study published in the peer-reviewed *Anesthesiology*[®] journal found that the presence of a physician anesthesiologist prevented 6.9 excess deaths per 1,000 cases in which an anesthesia or surgical complication occurred.⁷ Surveys also repeatedly show patients want physicians in charge.

Nurse anesthetists often advocate that substituting nurses for physicians cuts costs without increasing patient deaths or complications. However, there are no definitive, independent studies that confirm nurse anesthetists can ensure the same quality of care, patient safety, and outcomes at less cost when working without physician supervision.

Take Action—Protect Patients

Advocate for patient-centered, physician-led anesthesia care to ensure the highest-quality and safest medical care. Patients deserve no less. Who do you want providing medical care for you, your family, or a loved one in the moments that matter most?

1. American Medical Association. Advocacy Resource Center. "Do You Know Your Doctor?" Sources and Citations. 2015
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3. Schneider JE, Ohsfeldt R, Li P, Miller TR, Scheibling C. Assessing the impact of state "opt-out" policy on access to and costs of surgeries and other procedures requiring anesthesia services. *Health Economics Review*. 2017;7:10.
4. Sun EC, Dexter F, Miller TR, Baker LC. "Opt out" and access to anesthesia care for elective and urgent surgeries among U.S. Medicare beneficiaries. *Anesthesiology*. 2017;126(3):461-71.
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