Anaesthesiology and perioperative medicine around the world: different names, same goals

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As most healthcare systems around the globe have been forced to find innovative ways to improve patients’ outcome and satisfaction while reducing their cost,1 many countries, including the USA, UK, France, the rest of Europe, and Australia, have developed strategies to increase the role of anaesthesiologists in perioperative medicine. These countries have responded to diminishing fiscal resources in their healthcare system with innovative models such as enhanced recovery after surgery (ERAS)2 and perioperative surgical home (PSH).3-4 Regardless of what these clinical delivery models are called, they are all focusing on delivering care with better clinical outcome, better service, and more efficiency. This is achieved by reduced variability, standardized protocols, and improved coordinated care by leveraging information technology and evidence-based medicine.2,5-6 Interestingly, all of these systems are slowly but surely proving to be viable and sustainable solutions.7-9

Regardless of the different names, these new delivery core models are called in various countries, one of the things they all have in common is that anaesthetists are often leading them. Why is this the trend? Not to say that other specialists are not capable of providing care for surgical patients, but the nature of our training and of our practice makes us natural candidates to become the leaders of the perioperative environment. During the past decade, we have demonstrated our ability to improve patients’ safety10 and to act as system experts. We have developed unique and extensive trainings in preoperative evaluation, intraoperative management, postoperative and critical care, and also in pain management of the surgical patient. We are system thinkers and are already transversally involved almost everywhere in the hospital (e.g. obstetrical wards, intensive care units, operating theatres, interventional radiology suites, inpatient wards, gastrointestinal procedural areas). We are already in the unique position of managing complex operating and procedural schedules for various hospitals’ operating theatres and many of us have led perioperative care committees even long before the rise of the ERAS or PSH concepts and our value has long been recognized by hospital administrators.

As perioperative specialists, we have already developed an instinctive heightened awareness and expertise in early recognition of the physiological signs of deterioration in patients much before adverse events occur. We have developed the skills, knowledge, and expertise necessary to medically optimize patients for surgery and to ensure the best outcome, especially for those with significant comorbidities and chronic disease, which we see on the rise as life-expectancy increases in western nations.

Our anaesthesia community is starting to embrace this movement towards becoming perioperative physicians as an expansion of the speciality or broadening of the scope of practice vs the traditional intraoperative role. We submit that this approach will more likely bring several benefits to our profession. Indeed, the economic impact of PSH or ERAS programmes may strengthen our position in today’s world of limited fiscal resources and intense competition from other healthcare extenders. With the changing payment paradigm in the USA to a value-based economy (value based purchasing, bundled payments, and even accountable care arrangements), our expanded role can further help secure our position as leaders in the hospital. Also, these new clinical practice models may attract future generations of some of the best and brightest physicians in training to the field, which could eventually further transform our speciality. This expanded role of our speciality may reduce the notion that the field is one ‘that lacks continuity of care’ or is one in which patient interaction is limited.

Regardless of what the model is called around the globe, we have to embrace our expanded role as perioperative physicians as our main value proposition. This will add value in today’s rapidly changing healthcare and it will also allow us to differentiate ourselves from others and secure our position. Just as anaesthesia has constantly evolved from the days of using nitrous oxide to ether, from just handling simple cases to expanding to even subspecialties within the field, anaesthetists have to see this change as another evolution of the field; and it is no secret that evolution is key to survival.

Declaration of interest

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