

# CAS

## ANESTHESIA NEWS

VOLUME 39 • SEPTEMBER 2024 • NUMBER 3



CANADIAN ANESTHESIOLOGISTS' SOCIETY



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[www.cas.ca](http://www.cas.ca)

## THE CANADIAN ANESTHESIOLOGISTS' SOCIETY PRESIDENT AND CEO



**Dr Giuseppe Fuda,**  
CAS President



**Vanessa Foran,**  
CAS Chief Executive Officer

Dear Colleagues,

As we enter the last quarter of 2024, we're excited to share several important updates and opportunities with you. Membership renewals for 2025 will open in early October, and we encourage all our members to renew promptly. Your continued membership is vital for maintaining a strong community dedicated to advancing anesthesia in Canada. Renewing your CAS membership ensures your involvement in our advocacy efforts and provides access to a **wealth of resources**, support, and professional development opportunities.

One of the key member benefits we're proud to offer is **our upcoming events**, including continuation of the new Pinnacle Rounds Series. These sessions are an excellent way to earn valuable CME credits while staying updated with the latest advancements in our field. We're also planning additional events to conclude an engaging educational year.

We also want to extend our heartfelt thanks to everyone who participated in the **2024 Annual Meeting**, June 7-10 in Victoria, BC. It was a tremendous success, and it was wonderful to see so many of you in-person. You can view a recap story and **photos** from the Meeting later in this newsletter. Looking ahead, we're already planning for the 2025 CAS Annual Meeting, scheduled for June 20-22 in gorgeous St. John's, Newfoundland. We are introducing exciting changes, including an **open call for submissions** from all CAS members. Additionally, we will be replacing Monday's programming with more comprehensive offerings on Friday. Stay tuned for details.

...continued on page 2

This fall we will also unveil our new strategic plan for 2025-2030, which will guide our efforts to advance our profession and expand the impact of the Society over the next five years. Additionally, we want to acknowledge the commencement of new volunteer terms that began on September 1st. We want to thank all our new and returning volunteers, as well as those whose terms have ended. Your dedication and service are invaluable to the Society's success. If you'd like to join this amazing roster of leaders, please review the [available roles on our website](#).

As always, don't forget to check out our latest advocacy [update](#), focusing on recent meetings with policy makers and our upcoming plans for the fall. It is essential that we stand united to ensure our voices are heard on the issues that matter most to us.

**Note from Dr Giuseppe Fuda, new CAS President:**

*On a personal note, as I begin my term as President, I am deeply honoured to work alongside such a passionate and dedicated group of professionals. I look forward to collaborating with all of you to continue advancing the profession of anesthesia and elevating our Society to new heights. I would also like to express my gratitude to the outgoing Dr Dolores McKeen (former past President) and the new past President Dr Lucie Filteau, along with all CAS Board members, for their support and hard work. Together, we make a formidable team.*

Warm regards,



**Dr Giuseppe Fuda,**  
CAS President



**Vanessa Foran,**  
CAS CEO

## BOARD OF DIRECTORS

AS OF SEPTEMBER 2024

### EXECUTIVE COMMITTEE

**Dr Giuseppe Fuda,** President  
**Dr James Kim,** Vice-President  
**Dr Andrew Nice,** Secretary  
**Dr Hilary Grocott,** Treasurer  
**Dr Lucie Filteau,** Past President  
**Ms. Vanessa Foran,** CEO (Non-Voting)

### DIVISIONAL REPRESENTATIVES

**Dr Jadon Harding** (Newfoundland & Labrador)  
**Dr Dennis Drapeau** (Prince Edward Island)  
**Dr Joseph Desreux** (Nova Scotia)  
**Dr Jennifer Landry** (New Brunswick)  
**Dr Melanie Orvold** (Saskatchewan)  
**Dr Nikola Joly** (Quebec)  
**Dr Jennifer Plester** (Manitoba)  
**Dr Annika Vrana** (British Columbia)  
**Dr Soniya Sharma** (Ontario)  
**Dr Matthew Banasch** (Alberta)

### EX-OFFICIO MEMBERS

**Dr Mateen Raazi,** ACUDA President  
**Dr Melissa Liu,** Resident Representative

[CLICK HERE TO VIEW ONLINE](#)



# SEPTEMBER 2024 ADVOCACY UPDATE



This summer CAS began conversations at the federal level on health human resource issues in anesthesia. In July, CAS' President, Dr Lucie Filteau, and CEO, Vanessa Foran, met with Deborah Gordon, Interim Chief Executive Officer and Deborah Cohen, Chief Operating Officer with Health Workforce Canada. Health Workforce Canada is a new, independent organization supported by the Canadian Institute for Health Information (CIHI) and funded by Health Canada. Its mandate is to identify the sector's priority needs, inform effective policy for supply and distribution, and address key gaps and implementation challenges. Dr Filteau and Ms Foran, also had a positive and productive conversation with Éleine Côté, policy advisor to MP Peter Julian, NDP's Health Critic, about current challenges for our community and CAS' solutions provided through [our positions statement on HHR Issues](#).

CAS also provided input to the Canadian Medical Association's (CMA) consultation on public/private healthcare. In our response we fully supported the principles and recommendations found in the draft policy paper [Managing the Public-Private Interface](#)

[to Support Quality Care](#) which focuses on managing the balance of public and private care rooted in seven key principles: quality, accountability and transparency, comprehensiveness, integration, clinical autonomy, sustainability and affordability, and professional responsibility. We also asked the CMA to include a focus on streamlining perioperative care by eliminating inefficiencies and redundancies to support the need for healthcare workers to "work smarter not harder."

In August, CAS issued a [Medication Shortage Bulletin on Chloroprocaine and Mepivacaine in Canada](#) to all members. CAS remains in close contact with Health Canada and will keep our members posted on this evolving situation.

Looking forward, CAS plans to connect with newly appointed policy makers following fall elections held in BC, New Brunswick and Saskatchewan.



**CANADIAN  
ANESTHESIOLOGISTS'  
SOCIETY**



# CAS MEMBERSHIP RENEWAL

## RENEWAL FOR 2025 OPENS IN OCTOBER

CAS puts members first. We strive to provide the right support for members at all stages of their respective journeys in anesthesia. For over 80 years we've acted as a collective voice for the profession. Find out what CAS membership can do for you.

[WWW.CAS.CA/MEMBER-BENEFITS](http://WWW.CAS.CA/MEMBER-BENEFITS)



For membership-related inquiries, please contact [membership@cas.ca](mailto:membership@cas.ca)



# CAS ANNUAL MEETING RECAP – WEST COAST BLAST

The 2025 CAS Annual Meeting took place from June 7-10 in the charming, historic city of Victoria, BC, with the Victoria Convention Centre serving as the main venue. #CASAM2024 was a tremendous success, bringing together anesthesiologists, medical professionals, and researchers from across Canada and beyond. The conference provided a vibrant platform for sharing groundbreaking ideas, innovative research, and best practices in anesthesiology. The combination of in-person and virtual attendance options boosted accessibility and participation.

## A recap of key Friday and Saturday events:

- #CASAM2024 officially launched Friday with the popular POCUS workshops, and the return of the Resident SIM Olympics.
- A Welcome Reception was held at the Victoria Convention Centre, which was followed afterwards by the CASIEF/CARF Kickoff Party. Please consider supporting **CARF** and **CASIEF**.
- On Saturday, #CASAM2024 started with an Opening Ceremony, featuring keynote speaker Dr Gunisha Kaur. Her talk was on "Re-Imagining Global Health in Medicine."
- At the Opening Ceremony, we also recognized our Honour Awards, Research Awards, and Best Abstract winners. For a full list, [visit our website](#).
- Our Saturday scientific program featured plenary sessions, workshops and Problem-Based Learning Discussions (PBLDs) on neuroanesthesia, perioperative, cardiovascular and thoracic, pediatrics, environmental sustainability, obstetric and other anesthesia streams.
- Teams competed in the Residents Competition and Richard Knill Competition. Congrats to Dr Fang Zhou (Mike) Ge for winning the Residents competition, and for Yonathan Agung for winning the Richard Knill competition.
- The *Canadian Journal of Anesthesia* hosted its annual symposium with the topic, "Just Published a Paper. Then Got Sued. A Past Editor's Perspective on Existential Threat to Academic Research and Scholarly Debate."
- CARF hosted a plenary session: "Optimizing Perioperative Analgesia, Reduction of Harms and Improvement of Patient Outcomes."
- The CAS Soirée, a fun and collegial night at the Victoria Conference Centre, Upper Pavilion and Courtyard, closed the night.



## A recap of key Sunday's events:

- Dozens of engaging sessions, workshops, and PBLDs, featuring leading speakers and moderators in our profession. Several streams of anesthesia were covered, including chronic pain, perioperative, cardiovascular and thoracic, regional and acute pain, patient safety, obstetric, neuroanesthesia, critical care, environmental sustainability and more.
- The inaugural CAS Discovery Talks, featuring three interactive, thought-provoking sessions on a variety of important topics in anesthesia.
- The John Wade Patient Safety Symposium: "QED: Quality in Everything We Do."
- President's Symposium: Dr Lucie Filteau's final symposium as CAS President: "Backordered!! A Behind the Scenes Look at Supply Chain Issues in Healthcare."
- 12th Annual Anesthesia History Symposium: "Early Medicine and Surgery In Victoria."
- CASIEF Symposium 2024: "Physician Burnout in High, Low and Middle-Income Countries: A Global Phenomenon."

## Mark your calendars! June 20-22, 2025 - CAS Annual Meeting.

The most anticipated event of the year, the **2025 CAS Annual Meeting**, is set to take place from June 20 to 22 in the picturesque city of St. John's, Newfoundland. This premier gathering promises to be a focal point for cutting-edge insights and discussions in the field of anesthesia. The 2025 Annual Meeting "Call for Content" will, for the first time, be **open to all CAS members**. This new format will allow for independent session proposals without needing section or committee affiliation. We will also be removing the Monday programming in favor a more in-depth Friday program. Details will be available in the fall.

With thought-provoking keynotes, interactive workshops, and networking opportunities designed to foster meaningful connections, #CASAM2025 is sure to be an unforgettable and enriching experience for all attendees. Stay tuned for an exciting journey into the future of anesthesia amidst the coastal beauty of St. John's.





# 2023 CAS ANNUAL REPORT – A YEAR OF CHANGE AND CELEBRATION

The Canadian Anesthesiologists' Society is excited to present the **2023 CAS Annual Report**, highlighting our achievements and organizational milestones over the past year.

An annual report serves as a comprehensive record of the Society's progress, providing members, stakeholders, and the broader medical community with a clear picture of how we are advancing our mission. It showcases the collective efforts of our members, volunteer leaders, and staff, who work tirelessly to drive the Society forward. The report includes detailed accounts of our educational initiatives, research advancements, advocacy efforts, and the impact we've made in shaping the future of anesthesiology in Canada.

We extend our heartfelt thanks to all our members and volunteer leaders for their invaluable contributions, which have made 2023 a remarkable and successful year.

**FULL PDF download:**

**Canadian Anesthesiologists' Society**



**2023 Annual Report**



**Highlights include (click on link for details):**

- **Joint Statement of the CEO and President**
- **Advocacy and Communications Update**
- **2023 Membership Summary**
- **A Record Year of Learning: 2023 Education**
- **2023 CAS Annual Meeting**
- **Celebrating Our Members - 2023 Award Winners**
- **Committee Highlights**
- **Section Highlights**
- **Canadian Journal of Anesthesia**
- **Foundations**
- **Meet CAS: Board of Directors, Staff, Volunteers**
- **2023 Financial Summary**





CANADIAN ANESTHESIOLOGISTS' SOCIETY  
SOCIÉTÉ CANADIENNE DES ANESTHÉSIOLOGISTES

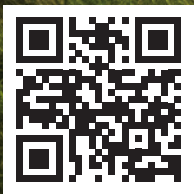
# CAS 2025

ANNUAL MEETING

# St. John's Newfoundland

Join us in St. John's  
**JUNE 20-22, 2025**

Scan the QR Code to Learn More



Or Visit  
[www.cas.ca/annual-meeting](http://www.cas.ca/annual-meeting)  
#CASAM2025



*We're thrilled to announce this year's CAS Annual Meeting in the stunning and historic city of St. John's, Newfoundland! Our dedicated planning team has curated an outstanding lineup of speakers and engaging, interactive sessions. Join us for enjoyable social events to reconnect with old friends and build new connections. We can't wait to welcome you in June 2025!*

*—Dr. Giuseppe Fuda, President of CAS*



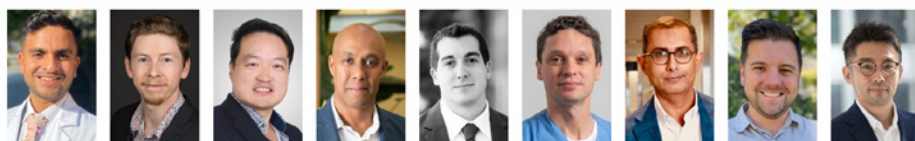
# 2024 CAS AWARD WINNERS

For over 50 years, our mission has been to recognize, promote, and celebrate excellence in anesthesia through our award programs. Whether members are just starting out in medical school or approaching retirement, CAS offers awards that recognize dedication at every stage of their career. Below is the list of our 2024 award recipients. Congratulations to all!

The adjudication process for the CAS Research Operating Grants, Career Scientist Award & Honour Awards is on our [member site](#).

The 2025 Awards Cycle will start in the fall. Visit [www.cas.ca/awards-grants](http://www.cas.ca/awards-grants) for upcoming deadlines.

## 2024 CAS RESEARCH PROGRAM WINNERS



Dr Akash Goel	Dr Connor Brenna	Dr Stephen Yang	Dr Hance Clarke	Dr David Sussman	Dr Gianluca Bertolizio	Dr Naveed Siddiqui	Dr Garrett Barry	Dr Kazuyoshi Aoyama
CANADIAN ANESTHESIOLOGISTS' SOCIETY RESEARCH AWARD - \$30,000	ONTARIO'S ANESTHESIOLOGISTS' CAS RESIDENTS' RESEARCH GRANT - \$10,000	DR JAMES BECKSTEAD AWARD - \$20,000	DR R A GORDON RESEARCH AWARD - \$30,000	AMBULATORY ANESTHESIA SECTION RESEARCH GRANT - \$10,000	SECTION FOR EDUCATION AND SIMULATION IN ANESTHESIA RESEARCH GRANT - \$10,000	OBSTETRIC ANESTHESIA SECTION RESEARCH GRANT - \$20,000	THE SUGANAPATHY REGIONAL ANESTHESIA RESEARCH AWARD - \$10,000	CANADIAN ANESTHESIOLOGISTS' SOCIETY CAREER SCIENTIST AWARD IN ANESTHESIA - \$60,000

## Research Program

Peer-reviewed research project and program competition adjudicated by our Research Advisory Committee. Supported by the [Canadian Anesthesia Research Foundation](#).

[FULL LIST OF WINNERS](#)

## 2024 CAS HONOUR AWARDS WINNERS



**Dr J. Adam Law**  
Gold Medal  
Halifax, NS



**Dr John Bowering**  
Clinical Practitioner  
Award  
Vancouver, BC



**Dr Mark Hynes**  
Clinical Teacher  
Award  
Ottawa, ON



**Dr Anton Chau**  
John Bradley Young  
Educator Award  
Vancouver, BC



**Dr Wesley Rajaleelan**  
CAS Humanitarian  
Award  
Ottawa, ON



**Dr Vivian Ip**  
CAS Outstanding  
Volunteer Award  
Calgary, AB

## CAS Honour Awards

The CAS Honour Awards program celebrates the diverse representation of anesthesiologists across Canada and their achievements. We are proud to recognize outstanding contributions to the field of anesthesia by awarding the following distinctions.

[FULL LIST OF WINNERS](#)

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## 2024 BEST ABSTRACT WINNERS



Ambulatory Anesthesia  
Dr Hui Yu Zhang



Chronic Pain Anesthesia  
Dr Harsha Shanthanna



Obstetric Anesthesia (Medical Student)  
Noah Reaume



Obstetric Anesthesia (Anesthesiologist)  
Dr Juliana Barrera



Neuroanesthesia - Best Abstract  
Kevin Jun Won Lee



Regional and Acute Pain Anesthesia  
Dr Isabelle Birchall



Critical Care Medicine  
Carrie Gu



Ian White Patient Safety  
Dr Karina Spoyalo



Education and Simulation in Anesthesia  
Dr Zach Androschuk



CVT Raymond Martineau Prize  
Dr Margarita Otorala Esteban



Pediatric Anesthesia  
Dr Zaid Alhasani



Perioperative Anesthesia  
Yonathan Agung

### Best Abstract Winners

Pre/screened by the Abstracts Subcommittee and the Quality and Patient Safety Committee, for related abstracts; judged by the same groups or by an on-site jury.

[FULL LIST OF WINNERS](#)

## 2024 BEST ABSTRACTS - ONSITE



Richard Knill Competition  
Yonathan Agung



Richard Knill Competition (Honorable Mention)  
Dr Harsha Shanthanna



Residents' Oral Competition  
Dr Fang Zhou (Mike) Ge



Presented at the 2024 CAS Annual Meeting

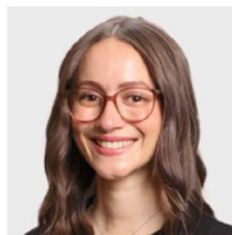
### Medical Student Award

Essay competition organized through anesthesia university departments and judged by a national review committee.

[FULL LIST OF WINNERS](#)



2024 CAS MEDICAL STUDENT PRIZE WINNERS



First Place

Fannie Gélinas-Gascon

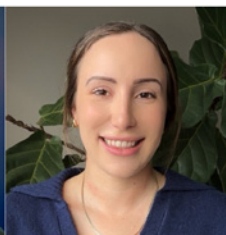
UNIVERSITÉ LAVAL



Second Place

Jacob Jensen

UNIVERSITY OF MANITOBA



Third Place

Madeline Green

UNIVERSITY OF WESTERN ONTARIO

[READ THE WINNING ESSAY HERE](#)

# 2024 CAS OUTSTANDING VOLUNTEER AWARD WINNER

**THIS DISTINCTION IS AWARDED TO CAS MEMBERS THAT HAVE MADE A SIGNIFICANT AND SUSTAINED CONTRIBUTION TO THE SOCIETY AND HAVE HELPED IMPROVE ITS IMAGE AS VOLUNTEERS.**



## **Dr Vivian Ip**

Dr Vivian Ip is a Clinical Professor at the University of Calgary, Alberta. She is a practicing anesthesiologist with fellowship training in Regional Anesthesia and Pain Medicine, and Ambulatory anesthesia. At the South Health Campus Hospital in Calgary, she is the Director of Regional Anesthesia and Acute Pain Medicine Fellowship Program.

At CAS she is the Vice Chair of the Regional Anesthesia Section and the Chair of the Environmental Sustainability Section. She is also the CAS representative on the Sustainability Committee at the World Federation of Societies of Anesthesiologists. At the American Society of Regional Anesthesia (ASRA) Pain Medicine, she is the Chair of the Newsletter Committee and the Chair of the Green Anesthesia Special Interest Group. She also serves as a member of the Editorial Board at the Canadian Journal of Anesthesia (CJA), and she is an Editor for the journal, Regional Anesthesia and Pain Medicine (RAPM).

**[WWW.CAS.CA/HONOUR-AWARDS](http://WWW.CAS.CA/HONOUR-AWARDS)**






# UPCOMING EDUCATIONAL OPPORTUNITIES

Prepare for an exciting close to 2024! This autumn, CAS is offering a dynamic lineup of events, featuring a wide array of educational topics tailored to support your professional growth and address the evolving needs of our members. CAS continues to be dedicated to cultivating a thriving community of medical practitioners.

**2024 CAS PINNACLE ROUNDS SERIES**

## Perioperative Frailty

October 2, 2024 - 8 pm ET



**Moderator:**  
Dr Amélie Pelland

**Presenter:**  
Dr Abdulrahman Alboog

[www.cas.ca/pinnacle-rounds](http://www.cas.ca/pinnacle-rounds)

### Perioperative Frailty

October 2, 2024

[REGISTER HERE](#)

**2024 CAS PINNACLE ROUNDS SERIES**

## The Perioperative Breastfeeding Patient

December 4, 2024 - 8 pm ET



**Moderator:**  
Dr Dan McIsaac

**Presenter:**  
Dr Lynn Squires

**Presenter:**  
Dr Jaime Sim

[www.cas.ca/pinnacle-rounds](http://www.cas.ca/pinnacle-rounds)

### The Perioperative Breastfeeding Patient

December 4, 2024

[REGISTER HERE](#)

## UPCOMING WEBINAR IN CELEBRATION OF WORLD ANESTHESIA DAY: "Addressing Anesthesia Workforce Challenges in Canada." - October 30, 2024

2017 CAS Gold Medal Winner Dr Beverley Orser will present an overview of the Canadian anesthesia workforce, presenting the decades of historical antecedents to our current health and human resources challenges. She will describe the present state of our national anesthesia workforce and discuss strategies in place to improve access to anesthesia care given the significant resource limitations facing our health care system.

Stay tuned to our [events page](#) for details.

# CAS MEMBER NEWS



Dr Lucie Filteau and President of the Canadian Women in Medicine, anesthesiologist Dr Tina Whitty

CAS Past President Dr Lucie Filteau was honored at the Canadian Women In Medicine National Conference in Halifax this past May, receiving the prestigious award reserved for Canadian women physicians who demonstrate exceptional dedication to their community, workplace, colleagues, and friends.

As a distinguished leader and doctor, Dr Filteau has consistently excelled in both education and patient care, earning accolades for her outstanding contributions to teaching, mentorship, and patient safety. Her former role as President of the Canadian Anesthesiologists' Society further underscores her leadership and commitment to advancing her field.

Beyond her professional achievements, Dr Filteau is known for her innovative Lego creations and her philanthropic endeavors, reflecting her multifaceted talents and her dedication to giving back. Additionally, as a devoted mother to two neurodiverse children, she actively engages in raising awareness and support for neurodiversity while also being a pillar of strength and support for her friends and colleagues.

**Congratulations to Dr Lucie Filteau on this well-deserved recognition!**

## WORKING TOGETHER

## AOTEAROA NZ ANAESTHESIA ASM 2024

7 - 9 NOVEMBER 2024  
AOTEA CENTRE  
AUCKLAND TĀMAKI MAKĀURAU  
NEW ZEALAND AOTEAROA



A/Prof Joyce Yeung  
University of Warwick, UK



Prof BobbieJean Sweitzer  
Inova Health & University of Virginia, USA



Prof Ki Jinn Chin  
Toronto Western Hospital & University of Toronto, Canada



A/Prof Hairil Rizal Abdullah  
Singapore General Hospital, Singapore



Sir Ashley Bloomfield  
Alan Merry Orator



Register to attend in person or on demand  
[www.nzanaesthesia.com](http://www.nzanaesthesia.com)

AND

### Aotearoa NZ Perioperative Symposium

Tuesday 5 November, 2024 | North Shore Hospital, Auckland, New Zealand





# RESEARCH REVIEW – DR DAVID OGEZ

The [Canadian Anesthesia Research Foundation](#) (CARF) plays a pivotal role in advancing the field of anesthesia by providing crucial grants and funds that support innovative research. As the research arm of the Canadian Anesthesiologists' Society (CAS), CARF is dedicated to fostering the development of new knowledge and techniques that enhance patient care, improve outcomes, and contribute to the global body of anesthesia science. By investing in groundbreaking research, CARF ensures that Canadian anesthesiologists remain at the forefront of medical advancements, continually pushing the boundaries of what is possible in this critical medical specialty.

[DONATE HERE](#)

## Evaluating the implementation of hypnotic techniques for pain management during lumbar punctures in pediatric hematology-oncology: A mixed-method study.

### Background

Children undergoing treatment for pediatric oncology endure numerous painful medical procedures, which significantly impact their quality of life both short and long term, often leading to psychological distress. This highlights the importance of addressing emotional well-being alongside physical pain. Past medical experiences can exacerbate fears and anxieties related to future treatments. For children with hematological cancers, lumbar punctures (LP) are typically performed under deep sedation by an anesthesiologist, provoking anxiety due to concerns about pain and the side effects of anesthetic agents. Non-pharmacological alternatives, such as hypnosis, may help alleviate this anxiety.

Hypnosis is a simple, cost-effective technique that can effectively reduce pain and anxiety. The emergence of hypno-sedation, combining local anesthesia with hypnosis and tailored sedation or analgesia, has enabled its integration into operating rooms. This approach allows certain surgical procedures, which usually require general anesthesia, to be performed using only local anesthesia or minimal pharmacological sedation, facilitating faster postoperative recovery. Hypno-sedation has been successfully applied in various adult surgeries. Research shows that hypnosis, even without pharmacological sedation, provides clinically significant pain relief for 75% of patients undergoing minor surgeries. Two meta-analyses indicate that hypno-sedation reduces the need for perioperative medications while delivering effective procedural analgesia. Additionally, hypnosis helps mitigate emotional distress, promoting better patient cooperation without extending procedure duration or recovery time. In pediatric settings, studies demonstrate that hypnosis improves procedural pain management and reduces perioperative discomfort and anxiety.

### Objectives

Despite these promising findings, hypno-sedation remains underutilized in Canada. Our research aimed to evaluate the feasibility of implementing hypno-sedation as an alternative to deep sedation for LP in children in hemato-oncology. Specifically, we evaluated:

- 1- the training in hypno-sedation techniques for healthcare professionals in anesthesia;
- 2- the implementation of these techniques in the LP room in a mixed study assessing pre-post effects in a small sample of patients, and the level of satisfaction of healthcare professionals and parents.

### Results and Significance

**Study 1** examined the training of the operating room team in medical hypnosis integration, targeting anesthesia nurses and respiratory therapists. We provided specialized training and assessed its impact on routine anesthesia protocols. Participants commented the program's quality, structure, and expertise, highlighting its valuable material, engaging atmosphere, practical workshops, and extensive knowledge. Comments emphasized the training's relevance for healthcare professionals in pain management facility. Suggestions for improvement included diversified materials, realistic workshops, patient testimonials, follow-up sessions, and ongoing education to enhance the program's relevance and effectiveness.

**Study 2** evaluated the use of hypnosis during LP in children (3 boys and 2 girls, aged  $8 \pm 5$  years) with cancer. Results showed low levels of pain associated with LP performed under hypnosis ( $M = 0.8 \pm 0.8$ ,  $Min = 0$ ,  $Max = 3$ ) and significant reductions in

*...continued on page 15*

procedural anxiety ( $T1 = 4.2 \pm 3$ ,  $T2 = 0.8 \pm 1.3$ ,  $p < .05$ ). The perceptions of healthcare professionals and parents regarding the use of hypnosis during LP in pediatric oncology revealed perspectives before and after the intervention. Healthcare professionals expressed opinions on the use of hypnosis. Before the intervention, children were often reluctant to undergo traditional LP, fearing sedation and disliking the taste of propofol, which led to anxiety. In contrast, hypno-sedation was deemed particularly effective with adolescents, although some stressed children refused this method. Parents were sometimes more anxious, fearing their children would experience pain. Noted advantages included faster recovery and the possibility for children to leave hospital more quickly. However, hypno-sedation requires active participation from the child, occasionally complicating the procedure. Initially, some professionals associated hypnosis with shows, European practices or had no particular perception. After the experience, they acknowledged that hypnosis offers benefits for some children, especially adolescents. Professionals recommended training all anesthetists in this technique, proposing it systematically, ensuring continuity of care with the same anesthetist, and providing information to parents about this method.

Parents indicated that the experience changed their perception of medical hypnosis. Before hypno-sedation, they had limited knowledge of hypnosis or associated it with shows or alternative medicine. After the experience, parents highlighted the effects of hypnosis in terms of distraction, a form of meditation or visualization. They also emphasized the simplicity of the approach, the specificity of the conversation and rhythm, and recognized hypnosis as a medical technique that diverts attention. According to parents, the benefits of hypno-sedation included reduced medication, the ability to eat more quickly after the procedure, a faster procedure, a more pleasant psychological experience, a quicker return home, and a less distressing and anxious experience. Drawbacks included the fact that hypnosis does not work for everyone, the necessity of a playful approach to be effective, and the fear that their children might experience more pain. During traditional LP, parents observed that their children reacted very poorly, had adverse reactions to the medication, disliked the effects of the medication upon waking, experienced very high anxiety, needed psychological priming several days before the procedure, and suffered from headaches, nausea, and cerebrospinal fluid imbalance. Hypno-sedation helped children feel no



Dr David Ogez,  
2022 CAS Research Award *in memory of Adrienne Cheng* winner

pain during the procedure, made them happy with their experience, made the procedure faster, and created a psychological and visual connection with the anesthetist. It also provided comprehensive care and a sense of control over the situation, though some parents noted no significant difference from the usual procedure.

In terms of implementation, parents found hypno-sedation to be useful, viewed it as an innovative project, and were supportive of its use depending on the patient. They recommended filming the procedure to demystify hypnosis, better informing about the post-procedure process, allowing parents to attend a hypno-sedation session, testing the child's susceptibility to hypnosis before the procedure, teaching self-hypnosis, ensuring the anesthetist can engage the children's imagination, maintaining the same anesthetist to keep a good connection with the children, and documenting hypnosis sessions. Based on these results, we will be adapting our training programs and developing clinical studies to assess the effects on a larger scale.

### Acknowledgement

This research was supported by the Canadian Anesthesia Research Foundation. We would like to thank CAS for the 2022 CAS Research Award *in memory of Adrienne Cheng*, which made this project possible. Thanks also to the participants and the students, Éloïse Cardinal, Julie Delage and Antoine de Chantérac, who carried out these studies.

For more information on our research, please visit [www.hypnose-medicale.ca](http://www.hypnose-medicale.ca)



# CJA ON THE CUTTING EDGE CAS ANNUAL MEETING RECAP



## Canadian Journal of Anesthesia Journal canadien d'anesthésie

Excellence in research and knowledge translation in anesthesia, pain, perioperative medicine, and critical care / L'excellence en recherche et en transfert des connaissances en anesthésie, en douleur, en médecine périopératoire et en soins critiques

We would like to extend our gratitude to everyone who attended and participated in the 2024 CAS Annual Meeting, which took place from June 7 to 10, 2024, in beautiful Victoria, BC. This event was a highlight of the year, featuring a packed schedule of events and educational activities.

On Saturday, June 8, we were proud to contribute to the meeting with the annual Richard Knill Competition. This competition showcased the outstanding research and innovation within the CAS community, featuring oral presentations of top-rated abstracts selected by the CAS Abstracts Subcommittee.

### Richard Knill Competition Winner Yonathan Agung

Faculty of Medicine, University of Ottawa

*Frailty and decisional regret after elective noncardiac surgery: a multicentre prospective cohort study*



Later that day, we hosted our annual CJA symposium: "Just Published a Paper. Then Got Sued. A Past Editor's Perspective on Existential Threat to Academic Research and Scholarly Debate." Moderated by our Editor-in-Chief, Dr Stephan Schwarz, and Deputy Editor-in-Chief, Dr Phillip Jones, with esteemed speaker Dr Evan D. Kharasch, this session reviewed notable articles from the past year, explored their implications for practice, and discussed their limitations. It was a stimulating discussion that highlighted important issues in academic research and scholarly debate.



CJA Board at the 2024 CAS Annual Meeting in Victoria BC



Dr Evan D. Kharasch speaking at our annual CJA symposium at the CAS Annual Meeting in Victoria

### Special Issue on Regional Anesthesia and Acute Pain

Please ensure that you check out the special issue on Regional Anesthesia and Acute Pain, released in June 2024. A project led by Associate Editor, Dr Vishal Uppal, one of our Canadian trailblazers in the field and recipient of the 2024 Presidential Scholar Award of the American Society of Regional Anesthesia and Pain Medicine, the issue comprises a total of 30 articles that speak to a wide range of topics, categories, and methods.

[ACCESS ISSUE HERE](#)

# ANESTHESIA HISTORY CORNER

## ANESTHETICS ABLAZE: COMBUSTION IN THE OPERATING ROOM

By Dr Michael Wong

*"As a first year resident in a Toronto teaching hospital during a dry, cold January day in 1965, I became involved in an anesthetic disaster. [...There was] a massive explosion in the OR which blew up the gas machine, created a blast injury to the patient's lungs and left the OR and its staff in complete confusion and disarray." – Gordon Sellery, 2004*

In a short historical vignette published in the *Canadian Journal of Anesthesia*, former CAS treasurer Dr Gordon Sellery recalls a harrowing operating room incident eventually resulting in a patient's untimely demise. In mid-century anesthetic practice, this type of catastrophic event was sadly not a rarity, occurring with an incidence of at least one in 80,000 anesthetic cases. A glance at the *CJA* catalogue reveals a wealth of articles directly relating to this grave topic.

Cyclopropane was the anesthetic agent used in Dr Sellery's case. Its anesthetic properties were first introduced in 1929 by the University of Toronto's Drs George Lucas, Velyien Henderson, and Easson Brown. It was a preferred anesthetic agent for inhalational induction owing to its rapid onset; however, being both flammable and explosive at clinically relevant concentrations, it was implicated in numerous explosive incidents during its decades of use. Other hazardous anesthetics included ether, ethyl chloride, acetylene, ethylene.

Common mitigating measures for operating room explosions included humidity regulation, electrical isolation, conductive flooring and equipment, as well as conductive rubber footwear and bedding, all in an effort to minimize static electricity build-up. Additionally, leakage of anesthetic gases from the ventilatory circuit was to be avoided at all cost. It was also recommended to avoid using the flush valve, in the event that sufficient friction could be generated by the anesthesia machine valves to ignite the gases within the circuit.

The introduction of the – relatively – non-flammable and non-explosive halogenated anesthetics (e.g., halothane, enflurane, etc.) markedly reduced the risk of these incidents, though oxygen-enriched air and nitrous oxide may still contribute to operating room fires.



*A patient dies as a result of a cyclopropane-related operating room explosion at Moncton's Hôtel Dieu hospital. Unfortunately, such newspaper headlines were once relatively commonplace. (Daily Gleaner, June 28, 1962)*

### References

- Canadian Standards Association. 1963. Bulletin Z32: Code for use of flammable anesthetics.
- Conn AW. Practical policy for non-explosive anaesthesia. *Canadian Journal of Anesthesia*. 1968; 15:378.
- MacDonald AG. A short history of fires and explosions caused by anaesthetic agents. *British Journal of Anaesthesia*; 72:710.
- National Fire Protective Association. Recommended safe practices for hospital operating rooms. 1952.
- Sellery G. A historical note: An anesthetic disaster. *Canadian Journal of Anesthesia*. 2004; 51:828.
- Sereda PJ, Morse AR. Precautions against ignition of flammable anesthetics. *Canadian Journal of Anesthesia*. 1963; 10:122.
- Wishart JM. Explosion hazards in anaesthesia. *Canadian Journal of Anesthesia*. 1957; 4:143.

### Announcements

The Archives and Artifacts Committee is pleased to present its 2<sup>nd</sup> Annual World Anesthesia Day History Symposium on October 30th, 1830h EST (N.B., World Anesthesia Day/ Ether Day is actually October 16)

# CAS and CPAS NEWS

CAS and the **Canadian Pediatric Anesthesia Society (CPAS)** officially separated on August 31, 2024. Originally part of CAS, CPAS became an independent entity in 2004 and has since expanded its role in advocating for pediatric anesthesia providers, offering educational support, and advancing scholarly research. The decision to separate aims to support CPAS's continued growth. Following the separation, CAS will no longer have a pediatric section but will explore ways to support its members during this transition. Members specializing in pediatrics are encouraged to maintain memberships with both CAS for general advocacy and research, and CPAS for specialized education and community involvement. Both organizations will continue to collaborate on key initiatives for the Canadian anesthesia community.

For inquiries, contact [anesthesia@cas.ca](mailto:anesthesia@cas.ca).

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# CANADIAN ANESTHESIOLOGISTS' SOCIETY INTERNATIONAL EDUCATION FOUNDATION (CASIEF) SUMMER UPDATE



Many dozens of Canadian anesthesiologists have travelled to our programs in Rwanda, Ethiopia and Guyana, finding these trips exciting, rewarding and fun! Our partners need the experience of our anesthesiology educators to move their medical systems forward. Travel costs and accommodations are reimbursed, so this is also a great opportunity to have a meaningful impact and connect with people around the world! Please contact us at [info@casief.ca](mailto:info@casief.ca) if you'd like to get involved- you will never regret it.

Please [visit our website](#), and if you haven't yet seen the fantastic videos about CASIEF's partnerships, please visit our [YouTube channel](#).

Through CASIEF and its partners, Canadian anesthesiologists are known around the world for their charity and dedication to promote safe anesthesia for all. Please consider providing your expertise and donations to support our very worthy cause.

[DONATE HERE](#)

## CASIEF HARAMAYA-ETHIOPIA PROGRAM

In January of this year, in the ancient walled city of Harar in eastern Ethiopia, we delivered our fourth Vital Simulation in Anesthesia Training (VAST) course in Ethiopia since 2019. Consisting of a facilitators' course to train local faculty, followed by a VAST participants' course designed for anesthesia residents, surgeons, obstetricians and OR nursing staff, these courses were attended by faculty and participants from five anesthesia training programs in Ethiopia as well as a group from Somaliland. The program aims to develop non-technical skills, break down hierarchical

barriers to effective peri-operative communication and foster effective teamworking through low-tech, affordable simulation-based learning.

We were thrilled at the enthusiasm for taking this program forward across the country and wider region. We are very grateful for the support of Dr Patty Livingston (O.C.), Dr Adam Mossenson and Michelle Murray from the VAST organization as well as all our Ethiopian and international faculty and participants, and to the Queen's University-Haramaya University partnership for their logistical and financial support, and for being such welcoming hosts.



VAST Facilitator Course Graduates, Haramaya Ethiopia

## CASIEF ADDIS ABABA-ETHIOPIA PROGRAM

The CASIEF Addis Ababa program is delighted to welcome Dr Amanuel Negash as our local education fellow at Addis Ababa University (AAU). Amanuel has recently graduated from the AAU anesthesiology residency program. He has been a passionate advocate for education and training throughout his residency and has helped CASIEF greatly, supporting visiting faculty and the VAST course we delivered earlier this year in Harar, Ethiopia. Amanuel will spend two days per week for the next twelve months helping deliver the simulation-based VAST foundation year curriculum to first year residents, while also helping revise and update the teaching schedule for the senior resident curriculum.

*...continued on page 20*



Follow CASIEF online



Dr Amanuel Negash,  
education fellow, Addis  
Ababa, Ethiopia

## CASIEF RWANDA PROGRAM

The Rwanda program continues to need our support through high quality clinical mentorship, teaching and curriculum development. Anesthesia training is expanding in Rwanda, in a big way. The University of Rwanda Master's in Anesthesia (UR MMed) program (equivalent to the Anesthesiology Residency Program (FRCPC)) has been running for many years now, supported by the work of many CASIEF volunteers. There are several gifted Rwandan anesthesiologists and educators who have graduated from the UR Anesthesia program. However, there are still <50 anesthesiologists serving 13 million people in Rwanda. Lack of faculty make it difficult to find time to teach, supervise research, advocate for change with the government, and mentor budding anesthesiologists. The UR program is now accepting up to 20 new residents per year and a second anesthesia program will be starting at the newly formed Africa Health Sciences University. So now, more than ever, we need volunteers to support anesthesia learning in Rwanda. They are so close to independently growing anesthesia only 30 years after a devastating tragedy. We can't abandon them now!



Morning report in Butare, Rwanda, 2012

## CASIEF SYMPOSIUM at CAS ANNUAL MEETING

This year's symposium titled "Physician Burnout in High, Low and Middle Income Countries: A Global Phenomenon!" highlighted similarities and differences in burnout that health care providers face in Canada, Rwanda and the United Kingdom with key learnings from anesthesiologists Drs Asim Iqbal and Eugene Tuyishime. Dr Jonathan Bailey shared experiences with the VAST Wellbeing Course, a mindfulness-based course designed to promote multidisciplinary communication and collaboration on strategies to promote wellbeing and mitigate burnout.

## INCOMING CASIEF CHAIR

My first experience with CASIEF was as a resident volunteer in January of 2012 where I accompanied my now longtime mentor and friend Dr Patty Livingston (O.C.) on her yearly teaching mission to Rwanda. We didn't know each other that well at the time but it wasn't long before I realized that I was to be forever inspired and changed by her commitment to education, global health, and patient safety. Since that first visit, I have endeavored to bring her teachings and those of other CASIEF educators including Past Chairs Dr Dylan Bould and Dr Joel Parlow in to how I approach education, research and clinical practice. I am an advocate for volunteerism, mentorship and collaboration and I hope to carry on and be the guardian of the great work that past CASIEF Chairs have created and fostered within the foundation.

My vision for the future of CASIEF is one that maintains the grassroots values that have shaped the organization and its principles for many years while seeking new collaborations and areas of growth that aim to serve more patients and educators in a manner that prioritizes sustainability and equity. I look forward to working with and learning from many of you and encourage you to be curious and get involved in CASIEF as it will likely change your life too.



Terri Skelton, MD, FRCPC, MPH

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## RESIDENTS CORNER

# – 2024 CAS ANNUAL MEETING RECAP AND LEADERSHIP OPPORTUNITIES

We had so much fun during the first CAS Resident Simulation Olympics at the Annual Meeting since 2019. Three teams from residency programs across Canada met at the Simulation Centre at Royal Jubilee Hospital in Victoria for this friendly closed-door event. With the guidance and support of our Resident Section leaders, each team worked through a high-fidelity obstetrics scenario, and received feedback from the judges. Participants also had a great time between rounds, playing 'Anesthesia Jeopardy' and trying out VR technology that simulates real situations they might encounter in an OR—except one that involved operating on an alien!

Two teams advanced to the final round, which tested their skills in a trauma scenario. Congratulations to our **2024 SIM Olympics champions**: *Dr Zijian (James) Zhou (McMaster University), Dr Prab Boni (University of Manitoba), and Dr Hui Yu (Betty) Zhang (University of Manitoba)*—who will share a \$1,000 CAD grand prize provided by our Education and Simulation in Anesthesia Section. With the success of this year's event, we are eager to bring the SIM Olympics back for our 2025 Annual Meeting.

For this year's Resident's Oral Competition, our Abstracts Subcommittee selected 6 outstanding abstracts to be presented at the conference. Congratulations to our 2024 competition winner *Dr Fang Zhou (Mike) Ge (University of Toronto)* for his presentation: "Perioperative benzodiazepine administration and patient-reported recovery outcomes." During the Resident Panel, "Careers outside the conventional OR," three speakers detailed their career trajectories from residency to leadership/administration, global health, and healthcare improvement roles.



Congratulations to Drs Zijian (James) Zhou, Prab Boni, and Hui Yu (Betty) Zhang, our 2024 SIM Olympics champions at the Annual Meeting in Victoria.

In the coming months, we'll be providing updates on next year's conference—taking place June 20-22 in St. John's, Newfoundland—as well as several exciting new and returning initiatives to help you get the most out of your residency. A big thank you to the Resident Section Executive Team for their dedication to planning events and resources for the Annual Meeting and throughout the year.

### Join the Resident Section Executive Team

The CAS Resident Section Executive team is currently recruiting for a number of positions. These volunteer roles are a fantastic opportunity to connect with your peers, get involved with your community, enhance your CV, develop leadership skills, and have fun during your studies! Open roles include:

#### Co-Chairs (2 positions):

Work closely with the CAS National Office to organize resident engagement initiatives, arrange resident speaker sessions for the CAS Annual Meeting, and oversee the coordination of the Simulation Olympics and other special projects. Lead the Resident Section Executive and propel section initiatives forward. The term is two years (October 1, 2024 – August 31, 2026), one year as Co-Chair and one year as Past Chair.

#### At-Large Members (1-3 positions):

Participate in bi-monthly committee meetings and email correspondence as needed. Assist with special projects as required: Resident Ambassador Program, Resident webinar series, resident exam prep initiatives etc. Terms are two years (October 1, 2024 – August 31, 2026).

#### Simulation Olympics Representatives (2 positions):

Work closely with the Residents Section Executive Co-Chairs and National Office to organize the SIM Olympics event at the CAS Annual Meeting, which will occur on Friday, June 20, 2024, in St. John's, Newfoundland. This role includes planning simulations, liaising with university teams, and running the simulations on the day of the event. Must be based in Newfoundland/Labrador. The term is one year (October 1, 2024 – August 31, 2025).

#### Deadline

The application deadline for all roles is **Monday, September 30, 2024**. If multiple applications are received a virtual election may be held.

# MEDICAL STUDENT PRIZE AWARD WINNING ESSAY – ANESTHESIOLOGY: LIMITED HUMAN CONTACT – YET UNLIMITED RESPONSIBILITIES?



This essay competition seeks to increase awareness among undergraduate medical students of the specialty of anesthesia and the role of anesthesiologists in modern healthcare.

*By Fannie Gélinas-Gascon, Université Laval*

A lot of fear, a little pain. Stop breathing, stay oxygenated. Being asleep, staying alive. The duality between patient and anesthesiologist. Invasive tasks that seem barbaric, but serve to keep patients alive. A contradiction? Incomprehensible? Rather, in my opinion: the art of reassuring at a moment of intense vulnerability, of having a life in your hands alongside the surgeon. This is anesthesiology, a specialty where the well-being of human beings is at the very core of the profession. In other words, this is a humanist specialty.

From the preoperative consultation to induction, then from intubation to the maintenance phase, and finally from emergence to postoperative pain relief, most of the anesthesiologist's acts are performed whilst the patient is unconscious. Certainly not the most favourable setting for developing an ongoing relationship with the patient, yet essential for quality care, which is at the heart of a relationship based on trust.

The first contact with the patient is the preoperative evaluation. Questions concerning their medical history, medication, allergies, previous surgical interventions, general anesthetics and so on. Listening to and dealing with the patient's doubts, stress and questions. This is a crucial time, and everything is at stake. This is when one's ability to develop a strong relationship with the patient becomes essential in an instant. Contrary to some beliefs, the anesthesiologist must be empathetic, a good listener, and display excellent interpersonal skills. They must be reassuring at a moment of intense vulnerability. All of this, to determine which anesthesia technique is the most appropriate for the patient's condition. All of this, because anesthesiologists are humanist doctors.

Now the induction. Doubts, anxiety, fear of the unknown: the patient is experiencing all these feelings. Tachycardia, hypertension, agitation: the signs observed by the doctor. Render unconscious as fast as possible to make the anxiety go away? A little propofol, opioid and benzodiazepine, and the problem is solved? But no – this is not how anesthesiology is practiced. Despite the power of medication, a patient who is anxious during induction will be an anxious patient when they wake up – not the best scenario. Anesthesiologists are skilled at solving a variety of problems with medication, but they have more than one trick up their sleeve. Taking the time to discuss, to name the steps and to comfort the patient are all essential gestures for the smooth running of the induction. The patient's doubts will then turn into confidence, anxiety will be eased, and fear of the unknown then becomes acceptance. This humanistic side is the very essence of anesthesiology.

Then, the intubation. Just a few short moments, yet of capital importance. This is the anesthesiologist's primordial technical gesture, the gesture that keeps a patient who is no longer breathing by themselves oxygenated. Endotracheal intubation or laryngeal mask? Direct laryngoscopy or video-laryngoscopy or fiberscopy? Everything is designed to adapt to the specific needs of the patient in our care. At this moment, the human being lying on the operating table is the most important consideration for the anesthesiologist.

Then, the maintenance phase. At this stage, the objective of any medication administered or action taken is to optimize the patient's condition, to preserve physiological homeostasis. An adequate level of unconsciousness, sufficient analgesia, amnesia and appropriate muscle relaxation must all be maintained, as necessary. The vital

*...continued on page 24*

signs must be kept stable, and one should always keep an eye on the ventilatory parameters. More vasopressors? Increase respiratory rate? A small amount of opioids to reduce pain? These are just a few examples of the many questions going through the anesthesiologist's mind during the maintenance phase. The patient is not aware of anything, but their life and comfort rest in the hands of the anesthesiologist. This is a huge responsibility, a responsibility that requires a high level of expertise and an unwavering bond of trust with the patient. It is also a responsibility that requires humanism.

Then, the emergence. All anesthetic drugs are discontinued. Extubation takes place when the patient returns to spontaneous breathing without assistance and can respond to simple commands. It is the return to a state of consciousness. The patient can finally move, breathe and speak. Time to get back in touch with the patient. The anesthesiologist has the privilege of being the first person to interact with them after surgery. Then, we make sure the patient recovers well in the minutes and hours following the operation. It's about making sure that they don't experience pain, difficult breathing, or nausea. In other words, it's about taking care of the patient. Another proof of humanism, surely?

Finally, postoperative pain relief. Opioids, acetaminophen, anti-inflammatories: all good options. Yet the very presence of the anesthesiologist is useful in itself in reducing pain. Yes, a mere presence. A visit to the post-anesthesia care unit that makes all the difference for the patient. Focusing on them, on their condition, has a calming and reassuring effect, which is beneficial for the evolution of their general condition. A rather simple tool that is an integral part of the postoperative therapeutic arsenal.

So, to the question "Is the anesthesiologist a humanist doctor?", the answer is undeniably a resounding Yes! At the risk of repeating myself, although human contact is limited in this profession, the very core of our tasks and responsibilities is to ensure the comfort and well-being of patients. This requires an incomparable doctor-patient bond of trust, to the point of leaving one's life under the care of the anesthesiologist. To achieve such a bond, qualities such as empathy, listening, humility and clinical expertise are essential. In addition, the anesthesiologist is a physician who can treat diverse populations, be they adults, children, healthy or comorbid patients. This ability to adapt to a variety of

patients reflects the importance these physicians place on human values. The medical profession cannot do without the humanistic qualities that anesthesiologists possess.

## Bibliography:

Canales, C., Strom, S., Anderson, C.T., Fortier, M.A., Cannesson, M., Rinehart, J.B., Kain, Z.N. et Perret, D., *Humanistic Medicine in Anesthesiology: Development and Assessment of a Curriculum in Humanism for Postgraduate Anaesthesiology Trainees (2019)*, British Journal of Anaesthesia, 123 (6), 887-897.

Chou, C.M., Kellom, K. et Shea, J.A., *Attitudes and Habits of Highly Humanistic Physicians (2014)*, Academic Medicine, vol. 89 (9), 1252-1258.

Oliveira dos Santos, M.F., Melo Fernandes, M.G. and de Olivera, H.J., *Receptiveness and Humanization from the Perspective of Anesthesiologists (2012)*, Revista Brasileira de Anestesiologia, Vol. 62 (2), 199-213.

Scott A Falk, Lee A Fleisher, Up to Date. Overview of anesthesia, 2022, URL address: [https://www.uptodate.com/contents/overview-of-anesthesia?search=anesthesiology&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1#H8](https://www.uptodate.com/contents/overview-of-anesthesia?search=anesthesiology&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H8), accessed on 20/01/2024.

Vanessa Moll, Merck Manual. Intubation trachéale, 2023, URL address: <https://www.merckmanuals.com/fr-ca/professional/réanimation/arrêt-respiratoire/intubation-trachéale>, accessed on 20/01/2024.



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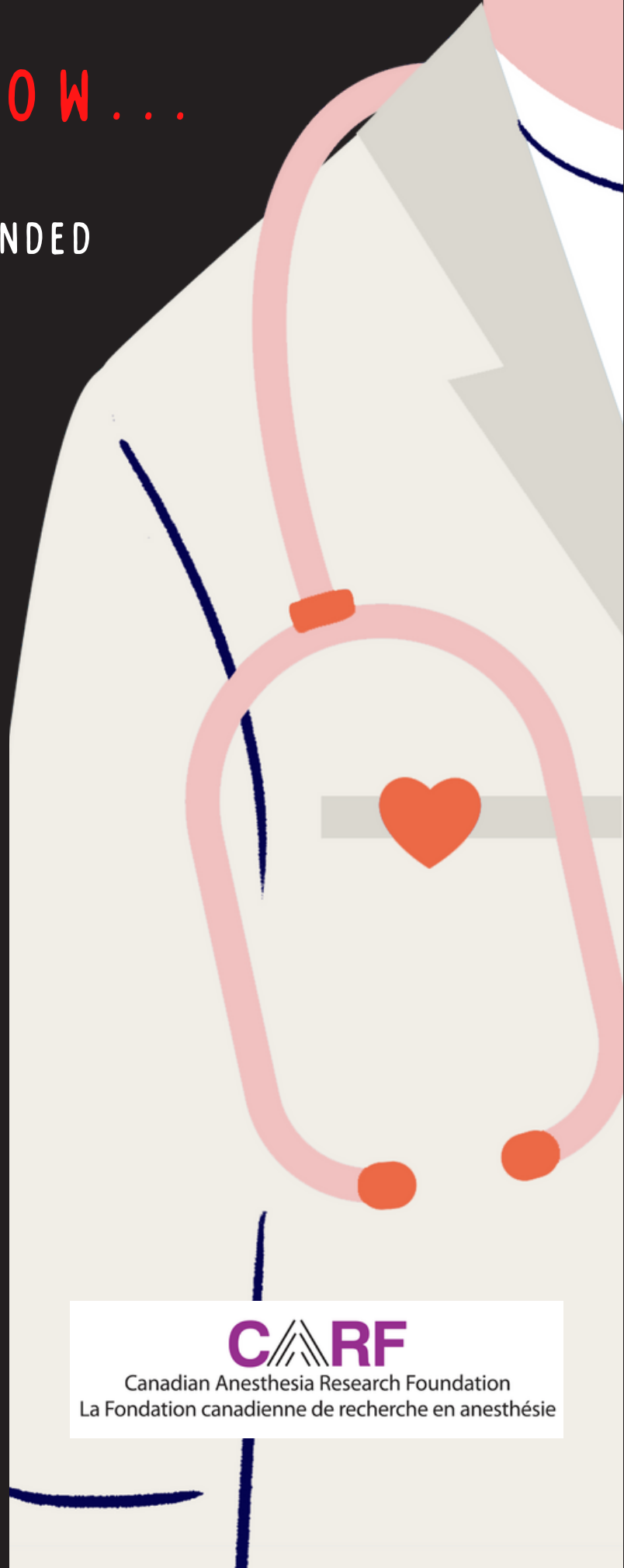
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