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Present and future of anaesthesiology

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The aim of the European Union of Medical Specialists is to improve and harmonise training and free movement of medical specialists in Europe. The training of European anaesthesiologists varies across country borders. The Section and Board of Anaesthesiology has chaired the development of new training guidelines and curriculum which will serve to make the training more uniform. We have also been pioneers in patient safety and in developing our specialty with its various areas of competence. We need to take charge of our own future, also when it comes to manpower and medical development.

Key words: patient safety, post-graduate training, examination, migration

Although anaesthesia providers have been active since ancient times, in Europe we most often refer to the birth of modern anaesthesia as the time of Morton's ether anaesthesia in 1846. Since then, our discipline has developed and expanded into the speciality we know today. "Anaesthesiology" includes anaesthesia, intensive care medicine, pain medicine, and critical emergency – the whole field of perioperative medicine. In addition, we regard ourselves as leaders in patient safety.

The aim of the European Union of Medical Specialists (UEMS) is among others (1):

- The study, promotion and harmonisation of the highest level of training of the medical specialists, medical practice and health care within the European Union;
- The study and promotion of free movement of specialists doctors within the EU.

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The Directive 2005/36/EC of the European Parliament & Council on the recognition of professional qualifications states that the minimum duration of specialist training in anaesthesiology should be three years only. This recommendation is a relic from those days when our speciality was little developed. Today, the minimum duration of training lasts from four to seven years in European countries. It goes without saying that this variation leads to variations in competence. Another major variation is seen in the professional activity of anaesthesiologists throughout Europe. Whereas in some countries, anaesthesiologists spend almost all of their working days in the operation theatre; in others, up to 50% are spent in other areas of anaesthesiology (2).

Medicine is ever-changing, and so is anaesthesiology. In some parts of the world, including Europe, there has been much pressure to develop intensive care medicine and emergency medicine as primary specialities. Jerome Modell said at the 43rd Rovenstein lecture of the American Society of Anesthesiology meeting in 2005 (3) that "Dr. A. Jay Block,

editor of *CHEST*, told me that anesthesiologists have done such a wonderful job of teaching others what they do in the areas of critical care and respiratory therapy that it will not be long before other disciplines take over the practice of those specialties. However, we are at a critical crossroad. We can become complacent, place our heads in the sand, and expend all of our energies at keeping the status quo. If that is our direction, I predict that within my grandchildren's lifetime, one will have to visit the Smithsonian Institute to appreciate what an anesthesiologist was."

Out of similar concerns, the Scandinavian Society of Anaesthesiology did a survey among our members to learn what they wanted the future to be like (4). Based on that, we developed a position paper (5) to act as a guiding light to get there. The conclusion was as follows:

"SSAI acknowledges that anaesthesiologists have played and will continue to play an active role in the design of health care delivery, hospital infrastructure and patient flows. Therefore, the advanced educational programmes for specialists should be expanded and include formal assessment(s) leading to a PMC as defined by the UEMS. In this way, Scandinavian anaesthesiologists will also remain leaders in intensive care, pain and critical emergency medicine in the future. SSAI acknowledges that anaesthesiologists have played and will continue to play an active role in the design of health care delivery, hospital infrastructure and patient flows. Therefore, leadership and management skills should be integral parts of both training and specialist positions. SSAI recommends that all anaesthesiology services be organised in a common administrative fashion. This will establish optimal premises for the quality of care and resource utilisation, improve patient safety and safeguard the common professional interests of anaesthesiologists.

SSAI recognises the importance of having a sustained focus on maintaining recruitment to the speciality and the factors affecting this. Failure to do so will severely affect the development of the speciality by work force limitations.

SSAI strongly believes that only a joint Scandinavian venture will create sufficient momentum to play an active role in shaping European clinical and academic anaesthesiology and intensive care medicine. Therefore, SSAI will continue to provide platforms and networks for research, education and clinical practice. The SSAI will, in addition, strive for formal representation in various bodies of European and international societies of anaesthesiology and intensive care medicine. The Scandinavian way of practice should aspire to be a role model for other parts of Europe and the world."

We need to take an active stand not only when it comes to involvement outside the operating theatre, but also in other fields. One is education. The EBA were leaders in this when we developed the new post graduate training guidelines (6) and curriculum recently. These give national societies a consensus developed programme. Some countries, like Moldova and Romania, have already adopted the new guidelines, whereas others have taken elements from it. In addition, anaesthesiologists have been pioneers for new electronic assessment and exams (7).

We regard ourselves as pioneers and leaders also in patient safety. The EBA launched the Helsinki Declaration of Patient Safety in Anaesthesiology in 2010 (8). Since its launch, it has been endorsed by greater parts of the world. Particularly in times when there are financial restraints, some needs to take the role as the patients' guardian angels. Anaesthesiologists are in a unique position to do so.

In Europe, the use of nurses in anaesthesiology varies from, e. g. in Scandinavia (where nurses work very closely with anaesthesiologists (9), but they are not as independent as their counterparts in the USA) to Germany and Greece, where they play a very subordinate role. With the manpower shortage we see it is likely that governments would like to see a shift from doctor-provided to nurse-provided anaesthesia. Organisational structures depend heavily on history and culture, and it will take a while until UEMS reaches its goal about uniformity. The important issue is that we try to be open-minded and see that there might be opportunities in new ways of organising our work.

The other UEMS goal concerning free movement is also tricky. In many European countries, there is a manpower shortage, and it tends to worsen in some countries. Although the government invests a lot of resources in educating new anaesthesiologists, once they are qualified, particularly if they have also passed the European Diploma Examination, then they leave their country for greener pastures. This is a major problem, but it will not be solved by placing migration restrictions. In e. g. India, they now see that migrants are coming back, as the liv-

ing conditions have improved in India. It is likely that we will see the same in Europe.

Finally, there will be major changes in medicine. If there is one thing we can promise, it is that future anaesthesiology will never be as we predict it today. Medical developments lead their own creative courses, and our responsibility is to drive that and to direct the development into the direction that we would like it to see. The future will not be status quo. Anaesthesiologists must take the driving seat for this change, not politicians, not other specialties, not consulting firms.

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ANESTEZIOLOGIJOS DABARTIS IR ATEITIS

Santrauka

Europos medicinos specialistų sąjungos (*angl.* European Union of Medical Specialists) tikslas yra tobulinti ir harmonizuoti medicinos specialistų mokymą bei laisvą judėjimą Europoje. Europos šalių anesteziologų parengimas yra skirtingas. Anesteziologijos skyrius ir valdyba ėmėsi kurti naujas mokymo gaires ir programą, kurie padės suvienodinti parengimą. Mes taip pat buvome pacientų saugumo klausimų bei mūsų specialybės ir skirtingų jos sričių plėtros pionieriai. Mes turime pasirūpinti savo pačių ateitimi ir tada, kai tai susiję su darbo ir medicinos plėtojimu.

Raktažodžiai: pacientų saugumas, mokymai po universiteto baigimo, egzaminai, migracija