

What kind of help do we need : Editorial

Dr. P. M. KEMPTHORNE

These days, all health funding is limited. The difference between countries is a matter of degree. Developing countries have little choice about how to plan their anaesthesia provision. Developed countries do have a choice. Some, like the United States, Sweden, the Netherlands and France have used non-medical personnel for many years and the reasons this has happened are largely historic. Analysis of the American situation shows that using a non-medical alternative is no cheaper than the equivalent service with anaesthesiologists – it is a different way of achieving a similar service. Many countries are facing a predicted shortage of anaesthesiologists in about five years time. In Britain, partly because the planned introduction of the European Working Time Directive will shorten the hours an anaesthesiologist is able to work, The Royal College of Anaesthetists of Great Britain and Ireland is looking at introducing the non-medical anaesthesia assistant under the supervision of the anaesthesiologist. The New Zealand Government is, against the advice of the anaesthesiologist bodies, planning to introduce unsupervised nurse anaesthetists to address the same predicted shortage. Belgium is also expecting the shortage and the 2004 Enquiry is a way of utilising an extremely valuable resource – the collective wisdom of the current anaesthesiologists accumulated over many generations. This is a voice that must be heard and

hopefully heeded. The Enquiry has collated this wisdom in a way that will be useful in the countries that are facing the same pressure to change. The problem with such a report is that it is enquiring of the current anaesthesia providers who are seen by others, such as health funding organisations and governments, as members of a cartel looking after their own interests. This will always be a weakness of such a collation of opinion. Unfortunately, as usual it comes down to the fact that only those currently holding the position have the knowledge of where they have come from as a specialty and what would be in store for their patients should a proposed change of anaesthesia provider be forced upon them. It is interesting that with a proposed shortage of anaesthesiologists, the solution is seen as the introduction of an alternative non-medical provider. One of the natural progressions, if the alternative non-medical provider is seen as being in competition with the anaesthesiologist, is that medical students may choose other specialties as their vocation. Such flow-on effects may make the predicted shortage become a self-fulfilling prophecy.

Dr. Peter M. KEMPTHORNE
Chairman
Manpower Taskforce
World Federation of
Societies of Anaesthesiologists