

Reflections on the future of Anaesthesiology in Europe

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Anaesthesiology is the most interesting and rewarding medical speciality.

We use our brains when we have to decide the best medical treatment for a particular patient, often at the spark of the moment. We use our hands when we are dealing with practical procedures. We use our hearts when we reach out to patients and relatives when life of the person or a loved one is in dire straits. Teamwork is the core of our daily life. Unfortunately for us, both medical colleagues and the public alike sometimes fail to see and understand our roles. In some European countries, like the Scandinavian, anaesthesiology tops the list of prestigious medical specialties among colleagues, whereas in other countries, it is much less valued.

In many European countries, there is a shortage of anaesthesiologists, due to lack of positions, recruitment difficulties and migration. Unfortunately, we cannot expect that managers and politicians will do anything with this problem unless we help them open their eyes and suggest some solutions. For recruitment, we have a problem in that we have to fight to attract the trainees in the jungle of attractive specialties. We must make an effort to inspire medical students and make them understand how interesting and rewarding anaesthesiology is. One of the problems with our on-call intensive speciality is that medicine is becoming feminised, which often means less possibility to work evenings and nights. In addition, young doctors are generally not motivated to work long hours, and we also face challenges with the EU Working Directive. Other factors also are in force.

Most European countries know the challenge of migration, from East to West in Europe and then even further across the Atlantic. Most colleagues, if given a real choice, would prefer to stay in their home countries, but money, working conditions and possibilities for professional development make them choose differently. Hence, the goal should be to improve the conditions at home.

But even though we were able to optimise all the factors mentioned above, we face challenges. How do we want our profession to develop?

Both in Europe and in other parts of the world, leading voices warn against splintering the speciality. We need to address the way we are dividing our speciality into small pieces in different subspecialties, which has the potential of making us pull in different directions and be counterproductive.

In the old days (and still is the case in some countries), surgeons were the boss in the theatre, instructing the anaesthesiologists what to do with the patients. Now there is a tendency that eg. cardiothoracic anaesthetists prefer to be organised in cardiothoracic departments with a surgeon boss. The similar is the case for paediatric anaesthesiologists. But as Jerome H. Modell said in the ASA Rovenstine Memorial Lecture in 2004: "These groups should remain as part of the anesthesiology community – there is strength in numbers that cannot be achieved by multiple small competing groups"[1].

We need a certain subspecialisation, as our field has become so complicated that nobody can master everything, and we want to benefit research, development and co-operation with other specialties. But we must make sure that we have a common trunk and remember that we need to stand together to be strong. And this does not go only for anaesthesiologists in one hospital, one region and one country. The same is true across Europe.

European anaesthesiologists work under varying conditions. In some countries, we do it all – from anaesthetics, intensive care medicine, chronic pain treatment and acute care/emergency medicine, whereas in others, we are more inclined to stay in the operating theatre. The organisation of our systems differs, eg. some colleagues rely on working very closely with anaesthesia nurses, some with technicians and some do most of the work independently.

The duration and content of our training also vary.

Now with 27 countries grouped together in the EU with a common European market, it is even more important that we try to streamline the way we work. The UEMS (Union of European Medical Specialists) was established 1958 and has developed into the most comprehensive and representative medical organisation in Europe.

The aim of the UEMS is “to maintain and develop the entire spectrum of professional interests of European medical specialists, with special emphasis of assuring the highest level of professional autonomy/self regulation and the continuous participation of medical specialists and ensuring the highest possible quality of healthcare services for the benefit of all European citizens”.

The Section and Board of Anaesthesiology (EBA) in the UEMS is active in trying to fulfil these aims, by

- The delivery of optimum, high quality and safe anaesthesiology to all citizens of its member states, including the study and promotion of the highest level of pre- and post-graduate training of anaesthesiologists
- The maintenance and further development of the professional autonomy of European anaesthesiologists.
- The promotion of free movement of anaesthesiologists within the EU
- The active participation in and representation, within the framework of the organised medical specialist profession in the Member States of the EU, to all relevant statutory EU agencies and any other authority and /or organisation dealing with issues relating to anaesthesiology.

Particularly the aim to promote free movement of doctors within the EU causes problems in some countries, as the specialist emigration causes huge problems. However the solution cannot be to restrict individual doctor in moving, but to create sufficient opportunities for doctors to make staying in their home countries the most attractive option.

The UEMS aims to be a politically significant force at the EU level and in each individual country. The EBA works to promote the interest of anaesthesiologists and our professional activities in Europe. As each country's medical services are delivered in the context of the history and culture of that particular country; it is not feasible to push all countries to do exactly the same thing. However, sharing each others' experience and making the best out of them, is very useful.

An example is the duration of specialist training, which has been 3–6 years in various countries. Those with short duration of training can use the recommendation of the UEMS as a tool to increase the duration. The focus is currently shifting from duration to competency based training, but it is clear that it is extremely difficult to obtain sufficient competence in anaesthesiology in only three years. EBA has published guidelines on specialist training [2].

An important part of that is harmonising post graduate anaesthesiological specialist training in Europe. This is being done by publishing guidelines for CME/CPD [3] and doing up-to-date reviews about such programmes in European countries. In addition, the EBA works together with ESA to implement a Fellowship of European Anaesthesiology.

EBA also works to improve anaesthesiological practice quality assurance and patient safety in Europe [4]. Learning from other countries' experiences can help us improve in our own countries.

In addition, the EBA co-operates with other specialist sections to develop road maps and future plans for cross-specialty fields, like intensive care medicine, as special areas of competence. EBA also works to monitor manpower issues, and has its own standing committee on workforce, organisation of practice and working conditions.

Different organisations in Europe need to act together to the benefit of our specialty. This is the case for the EBA and ESA, for instance when developing guidelines for different aspects of our specialty. This co-operation will be further developed in the future.

A strong European anaesthesiology is important not only for the specialty but also for patient care and for the anaesthesiologists. The older EU member countries have the inborn EU history and can advise the newer on how to navigate in EU waters. The newer countries with their rich tradition and with their positive attitude towards Europe from the past will be playing a prominent role to achieve a bright future for European Anaesthesiology. A very relevant quote in this aspect is stated by many, the first is supposed to be Aesop, more 2500 years ago: **“United we stand, divided we fall!”**

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