When Seconds Count®... Count on physician-led care.

Despite advances in medicine and patient safety, surgery and anesthesia are inherently dangerous and physician anesthesiologists protect patients when seconds count.

These highly skilled medical experts are committed to patient safety and high-quality care. Physician anesthesiologists receive 12 to 14 years of education, including medical school, and 12,000 to 16,000 hours of clinical training to specialize in anesthesia care and pain control with the necessary knowledge to understand and treat the entire human body.¹

Removing physician supervision from anesthesia in surgery lowers the standard of care and jeopardizes patients’ lives.

Say “yes” to high-quality patient care.

Removing physician supervision from anesthesia care in surgery jeopardizes patient safety. A physician anesthesiologist’s education and training can mean the difference between life and death when a medical complication occurs.

In fact, physician anesthesiologists often prevent complications by using their diagnostic skills to evaluate a patient’s overall health, and identify and respond to underlying medical conditions. They evaluate, monitor and supervise patient care before, during and after surgery, delivering anesthesia, leading the Anesthesia Care Team and ensuring optimal patient safety.

Nurse anesthetists are qualified members of an Anesthesia Care Team but they can’t replace a physician and have about half the education and only 2,500 hours of clinical training.²

Physician Anesthesiologist Saves an Expectant Mother and Her Baby

When a young woman experienced cardiac arrest during childbirth due to an amniotic embolism — a rare, but often deadly condition where amniotic fluid enters the mother’s bloodstream — physician anesthesiologist Patrick Allaire, M.D., saved her. He immediately placed a breathing tube, administered medication to restart her heart and instructed the care team to begin chest compressions. The mother had an emergency Cesarean section, and Dr. Allaire cared for her throughout the day and night. Dr. Allaire’s quick response saved both mother and child.

“This case underscores the importance of having a physician anesthesiologist as the leader of the Anesthesia Care Team. Physicians have a unique set of skills and experience ... that allows them to provide comprehensive assessment and care of their patients.” – Patrick Allaire, M.D., Ames, Iowa.
The facts:

- Nurse anesthetists are trained to administer anesthesia, but do not have the medical education or clinical training to make critical decisions during surgery.
- There are no independent studies that show nurses can ensure the same outcomes as physician anesthesiologists.
- Recent research also shows that removing physician supervision does not increase patient access to surgery, procedures or anesthesia care.\[^3-6\]
- Current laws in 46 states and the District of Columbia all require physician involvement for anesthesia care.
- The Department of Veterans Affairs (VA) recently decided to maintain its patient-centered, physician-led model of anesthesia care where physicians and nurse anesthetists work together as a team.
- Allowing nurses to administer anesthesia without physician supervision does not save patients or taxpayers money. Medicare, Medicaid and most third-party insurers pay the same fees for anesthesia whether it is administered by a nurse anesthetist or physician anesthesiologist.
- Eliminating the physician anesthesiologist can actually cost more, as other physicians may be needed to consult or provide the services a physician anesthesiologist would: assessing pre-existing conditions or handling emergencies and other medical issues before, during and after medical procedures.

Former Nurse Anesthetist Recognizes Training Limits

“After six months practicing as a nurse anesthetist, I found myself getting frustrated that I did not know everything I wanted to know about the increasingly complex surgical procedures being performed on my patients. I also struggled to understand the details of all the patients’ medical illnesses. Yet my attending physician anesthesiologist had the benefit of that knowledge due to the additional years of medical education and residency training in anesthesiology. I decided then that I wanted to be able to provide complete, comprehensive anesthesia care for my patients.

I knew that the only way to acquire this perioperative and periprocedural knowledge was to apply to medical school and complete residency training.”

– Jane C.K. Fitch, M.D., ASA Past President and Professor and Chair of the Department of Anesthesiology at the University of Oklahoma Health Sciences Center in Oklahoma City and Former Nurse Anesthetist.
Physician Anesthesiologist Ensures Complicated Surgery Is Safe and Successful

While planning for a patient’s gallbladder removal surgery, physician anesthesiologist Paul Yost, M.D., discovered that the typically straightforward procedure was going to be a challenging one. The patient’s gallbladder was severely infected and inflamed, and the liver — the organ that stops bleeding during surgery — was failing.

To ensure a safe and successful surgery, Dr. Yost customized an anesthesia plan to the patient’s special circumstance.

“As a physician anesthesiologist, I understand the other disease processes, the other organ systems and how they fit into the anesthetic. So we set up a whole set of different types of medications and blood products to stop the bleeding.

“A lot of what we do is preparation. It’s anticipation. It’s understanding what the surgeon is doing and how that’s going to interact with the disease processes of that patient. We’re able to get patients through a procedure safely and comfortably, back on their feet and return them to their way of life.”

– Paul Yost, M.D., Orange, CA
Education, training and experience can mean the difference between life and death.

You wouldn't board a plane without a qualified pilot, and you shouldn't receive anesthesia during surgery without physician supervision. Physician anesthesiologists developed the techniques and protocols that have greatly improved the safety of anesthesia, and no one knows as much about delivering the highest-quality medical care and ensuring patients' safety under anesthesia as these highly trained physicians.

Some nurses are now pursuing doctorate degrees or Doctor of Nursing Practice degrees (DNPs). The DNP is not equivalent to a Doctor of Medicine degree or Doctor of Osteopathic Medicine degree and the DNP “will not alter the current scope of practice for APRNs (advanced practice registered nurses),” according to the American Association of Colleges of Nursing. The group said it expects DNP graduates to seek positions as leaders of quality initiatives, executives in health care organizations, clinical program directors and faculty. No state boards of nursing have mandated the DNP as a requirement for nurse anesthetists. The DNP will be required for entry-level nurse anesthetist programs by 2025.

Quality care matters most of all.

An independent outcomes study published in the peer-reviewed Anesthesiology® journal found that the presence of a physician anesthesiologist prevented 6.9 excess deaths per 1,000 cases in which an anesthesia or surgical complication occurred. Surveys also repeatedly show patients want physicians in charge.

Nurse anesthetists often advocate that substituting nurses for physicians cuts costs without increasing patient deaths or complications. However, there are no definitive, independent studies that confirm nurse anesthetists can ensure the same quality of care, patient safety and outcomes at less cost when working without physician supervision.

Take action. Protect patients.

Advocate for patient-centered, physician-led anesthesia care to ensure the highest-quality and safest medical care. Patients deserve no less. Who do you want providing medical care for you, your family or a loved one?