



American Society of
Anesthesiologists™

Central Line

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VOICE OVER:

Welcome to ASA's Central Line, the official podcast series of the American Society of Anesthesiologists, edited by Dr. Adam Striker.

DR. ADAM STRIKER (HOST):

Welcome back to Central Line. I'm Dr. Adam Stiker, host and editor. And in this Inside the Monitor episode, we're speaking with Dr. Zachary Deutch, Associate Professor of Anesthesiology, University of Florida College of Medicine in Jacksonville. Dr. Deutch also happens to write the Ask the Expert articles for the Monitor. Dr. Deutsch, welcome to the show.

DR. ZACHARY DEUTCH:

I appreciate you having me.

DR. STRIKER:

Oh my pleasure. First, let's start off, if you don't mind, by telling us a little bit about yourself and how you came to add the title of columnist to your CV.

DR. DEUTCH:

So currently, I'm in practice in North Florida at the University of Florida in Jacksonville, which is separate than our main campus in Gainesville, just for people's reference. Medium sized academic practice. Prior to that, I was in private practice, a large cell phone group. So not, when we say large now what was large, then it's completely different. It was 100 docs and 100 nurse anesthetists. Now a large group of courses, a national company. In any case, I was there for 10 years. Then I came to, we relocated from the northeast to Florida, and I'm in the practice I'm in right now. And I really just got involved because I had been involved in ASA committees and I was looking for different things that were kind of in my area of expertise, which is writing and editing, stuff that I

like to do. And so I put in my name to be on what was then the Committee on newsletter. And it's since morphed into the editorial board of the ASA Monitor with Dr. Shafer. And it's just been a really kind of a fortuitous occurrence. At the beginning of kind of reshaping this publication, Dr. Shafer had asked us, "Do you guys have ideas for things you want to do?" And I threw this idea out and Dr. Shafer being usually very receptive to people that pitch something. Logically, he said, go for it, and that's how it kind of happened. So really a fortuitous event and also with the support of ASA and with Dr. Schafer is what made it happen.

DR. STRIKER:

Well, the column is titled Ask the Expert, your column, actually, I should say. How did the idea for the column come about? And broadly speaking, what's the goal with the column? Is there anything you're trying to achieve with this over time?

DR. DEUTCH:

I guess the concept was, you know, I wanted people to have access to the type of sidebar conversations you might have after a talk you heard at the ASA. For example, you know, we have people that were giving blood products in certain situations or giving factor seven, and I didn't really understand. So after one ASA meeting, I went up to one of the experts who's a person who's well known, well published in the field. Everybody knows this person is associated with anesthesia and hematology and asked him, What are the possible indications for giving this medication? In 30 seconds, spared me like weeks worth of research. So I thought, wouldn't it be nice to have a voice that can provide clinical pearls and very useful information for our readers? And that's really what I was thinking of is basically just someone sharing their expertise in a way that was very palatable without poring through a journal that might have 20 articles you don't want. Here you have someone who's a fount of knowledge and also hopefully of practical knowledge. You know, that's what I really wanted to happen out of that.

And secondarily, I really wanted to see people who had a lot of expertise but weren't known, maybe didn't speak at the ASA, maybe weren't well published, maybe one at the rank of professor at some university, but nonetheless knew everything about a particular topic, to be someone to brief us as ASA members on that because we all know people like that in our practices that are like just the absolute expert with kids, know everything about pediatrics, but maybe they are not giving refresher course lectures. But they're welcome, of course, to co-author with me to share their knowledge with the rest of us.

DR. STRIKER:

Well, how do you choose what topics to tackle? For instance, you've written articles on chronic pain, diversity, inclusion, obstetrics, COVID, et cetera. It goes on and on. How do you decide which issues to address?

DR. DEUTCH:

Basically, I want to touch all the core topics in anesthesia, like all of our subspecialty things. And when I say subspecialty, they may or may not be like obstetrics. Some people have fellowship training, and it's very specialized. Others simply do it in the community. So it's something that's kind of germane to a lot of people's practices. So things like pain, cardiac, obstetrics, critical care, these are kind of all part of anesthesia. So I wanted those to be covered.

Once I've sort of done that. I'm looking to get more creative. So things like, you know, we had a great, I thought was a great piece with Dr. Keysborough about the environment. This was the perioperative kind of footprint in the environment, ecological concerns of anesthesia care. This is a topic which is very interesting to me, and I thought it would be interesting to others, and he really summed it up well. That's been a great column that I thought was one of the best. So once I've kind of gotten to the core topics, I've kind of made at least one first pass through that. Now I'm looking at other things that are stuff of interest to us as ASA members are not too esoteric, but not necessarily something that you'd find in a chapter of Miller or something like that.

DR. STRIKER:

I've learned a lot from hosting this show. Similarly, because I get to talk to so many leaders from the specialty who bring different points of view, expertise, et cetera, and wondering what you've taken away from writing this series? How has it impacted your practice? Or your understanding of anesthesiology?

DR. DEUTCH:

The first thing that's really impressed me is how articulate people are. They're very good at expressing their ideas, making their points and writing well. And you know, I haven't gone out and selected people that are English majors or novelists on the side. But the pieces that they've written, the amount of editing I've had to do has been not very significant. And I've just been really impressed with again how easily people's ideas flow, at least onto the page. And you know, I think to the readership, I hope the readers get that as well.

Within each piece, I learned something at least one thing, for example, Doctor Keenan. He writes a statement that remember when you're treating chronic pain patients we all know is a stigma in anesthesia. Like nobody wants to see those patients, we groan when we think of it. Remember, the patient didn't choose to have chronic pain, and I'm paraphrasing, any more than a patient chose to have pancreatic cancer. And so that type of statement is so powerful now. Suresh, of course, is a very articulate guy, but others have made statements that are similarly powerful. And so that's really, to me, just listening to other people's voices come through has been very educational for me and very, very enjoyable.

DR. STRIKER:

Let's talk about your guests specifically. You focused on finding new voices and interviewing specialists who maybe aren't the first people who come to mind. For instance, you said they're not maybe the most researched or the, you know, the biggest names. And it sounds like, correct me, if I'm wrong, it sounds like it is a little bit intentional because you want to give other voices the opportunity to get out to the masses, if you will, and also make it more accessible. Is that correct? And if so, why is that important to you?

DR. DEUTCH:

It is definitely correct, Adam. I feel like and I kind of want to tread lightly here because the vast majority of the time, there's a reason why a person is an expert, somebody who's a, you know, I'm just throwing things out there, a full professor at Duke or the Cleveland Clinic or at Harvard Medical School and has a CV with dozens and dozens of peer reviewed articles. There's a reason why these people are there and they have that expertise. But I do feel that we have a tendency on our specialty to kind of put the same people forward in the same lectures and the same positions. And I feel that that can give the membership that are consumers of our educational products and of other things that we put forward a little bit of fatigue. So I felt like, Hey, let's get some other people out there because we all, again, know people in our practices that are just brilliant in certain ways, and they deserve a voice and a chance to come forward as well. So that's really kind of what I wanted to do. And I feel like it's been successful in that, again, the voices that have come through these articles, I felt, have been very powerful, learned in their own way. So it was definitely an intentional move.

Also, you know, the other thing you see, just as a side point for people that are younger and career looking to build their CV are looking to build their national reputation. There tends to be a greater amount enthusiasm for an endeavor like this because they know, you know, 40 to 50000 people potentially will read this or have the access to it. And so

getting that in print is no trivial matter for them. I'm happy to be able to help people. That's a side benefit.

DR. STRIKER:

Well, I imagine, and I don't want to put words in your mouth, but I imagine, too, that everybody has different aptitudes, and it takes a great amount of talent and skill to produce those peer reviewed articles that a lot of our most respected colleagues at the institutions or institutions like the ones you mentioned do. But I think equally, having the different voices providing different conduits to get the messaging through to others is effective.

DR. DEUTCH:

To your point, we have all different types of people with different intellectual capacities and abilities to communicate and whether it's verbally or non-verbally, written or verbal. I'm just thinking about what you're talking about. I don't believe he practices in the U.S. anymore, but I think many of us don't. Dr. Hadzovic, who is a kind of a giant in regional anesthesiology, and I remember going to a refresher course lecture he gave at the ASA. And I was expecting it to be extremely esoteric and to be really just kind of laborious. Too many details, too many slides, too many references. He couldn't have put it more right up my alley. He said, OK, guys, you're here to learn about lower extremity anesthesia. Let's talk about the blocks. And he said, these are the blocks you need to know. He listed them all. And then he went through each one, and then he got to the blocks that were more obscure, and he said, frankly, this is a block in search of an indication. I mean, he summed everything up in 10 minutes. Everyone walked away from that talk with pearls like ten pearls. So some people of his stature are capable of doing that and others are not.

I want to find people that definitely can communicate in that way, at least on the written page. And if they do that, I mean, again, I walked out of that lecture and I was like, I had a ton of respect for that guy. And meanwhile, I walked back to my practice was like, Well, the three blocks I'm doing just reinforce what I'm doing, and I'm not picking up these other two. It's a waste of time. I heard it from the head of NYSORA and I'm done, so it was good.

DR. STRIKER:

Have you heard feedback from rank and file, if you will, for lack of a better term? But people who are readers who have enjoyed the column or like the approach? What's your impression?

DR. DEUTCH:

I am a pessimist by nature. I have heard pretty much universally positive feedback. However, again, we live generally in a polite society, so it's not like people that I used to work with are going to text me and say, Hey, that was horrible. I know. What do you think? So I have gotten a bunch of texts from people I used to work with and people that I know saying, Hey, I saw this. It was really cool. Even some people that I knew from medical school have reached out. Obviously locally, people are very supportive and the ASA staff at the meeting in San Diego presented me with the feedback that they have and it was very positive. So again, I hope that that really represents the trend of how people see it. You know, I think that it is there, but mostly I haven't heard too much that's negative. We'll see. It's on me to keep putting out a good product and something that's worthwhile and to stay original.

I'm not too worried about finding co-authors in the sense that if I do the legwork that there, there's so many talented people out there, it's ridiculous. But I had this vision in my mind. One day it was going to be a private practitioner from Maine, and then the next month it was going to be an academician from Southern California. Then it was going to be a private practitioner from Kansas City. I wanted an absolute melting pot. I haven't really been able to do that. But if I can maintain a product that's very palatable to the readership, then I'm willing to sacrifice that part of it.

DR. STRIKER:

Let's talk about this month's Ask the Expert article. It's about sustainable, sensible staffing. Do you mind sharing a few key takeaways with our audience, which we know?

DR. DEUTCH:

First of all, I'm using someone who is a very well-known voice and a very recognizable expert, Dr. Abolish. I mean, I don't think there's anybody that doesn't know him as an expert in practice management, medical economics and perioperative medicine. We serve on a couple of committees together. He volunteered to participate and I said, there is no way I'm turning him away. He's a great speaker and he writes well and he's just very good at conveying his message. So I was delighted to have him offer to participate, and I think his topic is very germane to many of our practices.

He's basically talking about how do you do things logistically? How many people do you need? Where do you put them and how do you answer to administrative entities that don't know anything about what we do but think they do or think they understand the

perioperative economics, and he really breaks it down pretty well. On top of that, he gives a number of references that are very readable references that people can follow up to kind of understand how to deal with an administration that pressures you about staffing models, costs, availability. So it's a very broad appeal article, I think, because even if you work as I do in an academic center where you aren't contracting, you're kind of employed. You still get these same pressures about coverage. The how the when, the where and the why are the why not. And you have to be able to sit with these people in an intelligent manner and rebut stuff that really doesn't make sense, either logistically, economically, or in patient safety sense. This piece really, I think, speaks to that. He did a wonderful job.

DR. STRIKER:

What did you learn about hidden or forgotten costs?

DR. DEUTCH:

The way that he summarized it was so succinct and on point that I thought it coalesced thoughts that were floating around in my mind and said, That's exactly it. And I think the number one thing that he put that I had never put in my own thoughts, but it kind of is in my subconscious is how do you budget for FMLA, unexpected illness, family problems? I'm ill. God forbid my spouse has a stroke. And he's saying for every 10 people, I budget for this, and I had never thought about it that way. But it makes good sense. And so that was one little tidbit that I had never thought about that he put right into his bullet point, so it was excellent.

DR. STRIKER:

We've talked about on the show before, and it's a priority for us in the ASA to try to provide tools to members, to talk to administrators and figure out a good way to convey to them the value we bring to our patients each and every day. And so having these avenues to garner information that arms the membership, if you will, with the ability to talk to people who may not be medicine by background is going to be really helpful. So articles like this can only help improve the situation. I would imagine

DR. DEUTCH:

Also creating a bridge between quote the ASA and I'm making air quotes as I talk and the membership. In other words, you know, maybe I'm just a member who is interested in advocacy appreciates what the ASA does. Not really that involved. Sometimes they go to the meeting, sometimes I don't. These are the type of people if they had a contract

dispute or a question and they emailed somebody like Dr. Abhilasha, and I don't want to speak for him, but I'm thinking somebody like Dr. Hudson in Pittsburgh. I find it hard to believe these people wouldn't reach back out with references and advice and things like that. I mean, it's a big community, but it's a community of all of us. And so it's not just downloading a practice parameter, but it's actually finding people that can help you, whether it's through your state society or not.

I hope that people aren't too shy to do things like that. Again, this column, there's somebody out there who's an expert in whatever, and if you had a question, you should darn well email them. They'd be flattered and probably delighted to help. I'd be stunned if they weren't.

I think, to your point, more resources for again, the rank and file members to feel like I pay dues to this organization. It is a resource that you have, and it's a benefit that you get is being part of a community that should be supporting our profession as a whole.

DR. STRIKER:

Absolutely. I mean, I probably has forgotten a little bit that the ASA or any professional society is made up of professional members. Everybody that's a part of it is there to try to do the best job they can for for the specialty at large, so hopefully the society is doing an even better job of making it more accessible to the members. They realize it is for the members. It's made up of members and it's for them.

DR. DEUTCH:

Yeah. And I think as an extension of not necessarily about my Ask the Expert, but about the Monitor. I mean, we have an editorial board that's very active now. And obviously, Dr. Shafer is a very conspicuous and very capable lead people coming to Dr. Shafer. Any editorial board member with an idea for an issue or an article or a submission or something that should be covered that would be extremely well received. Extremely well. Obviously, again, I don't want I don't want to speak for Dr. Shafer. He's the ultimate arbiter, but he is a very open to ideas and we were out kind of combing everybody, putting together these issues. And I think it would be great to hear from members, even if they weren't didn't want to write it. But they said, Can you please talk about X? We can get a lot of people out of the woodwork for things like that. So I don't want that to be lost in the members, either. The publication know the Monitor, it's not a dense scientific publication. It's basically a news for anesthesiologist and it should be the news they want to read and that they're interested in.

DR. STRIKER:

Let's talk a little bit more about the series. What's missing in it if you had to choose something or is there something you have yet to accomplish, if you will, with Ask the Expert series?

DR. DEUTCH:

There's been questions I couldn't ask because there wasn't enough space in a lot of these. What I'd really love to have done and this was one of my original hopes, was that I'd get a lot of questions from members about stuff like, What's the deal with Gabapentin? Does it even work? Or, does anybody use a PA catheter anymore? I kind of did address that with Dr. Williams, but those type of questions, and I thought I'd put together a couple of hodgepodge columns that basically like, I took reader questions and I just answered them. That really hasn't happened, unfortunately. So that's something I would have liked to have done. If I get a flood of those questions, I could do it and I could just go from place to place. If there's a question about pediatric sequencing ... PD experts. If there's a question about critical care, I'd talked to, you know, an ICU doc and then I just kind of credit each one of them. I thought that would be wonderful. But it hasn't happened like that. So I've kind of let it take the direction it's going to take, and I think it's still been effective.

DR. STRIKER:

You know what you're talking about, I think has evolved with the essay online communities as a discussion forum just for those kinds of questions. And so when I've checked in on that, it seems like that's been an effective platform for the kind of give and take and real casual discussion you're talking about. So, you know, it seems like there's places for all these types of communication. And so I don't know if you've seen that, but I think what you're talking about can be found in places already.

DR. DEUTCH:

Yeah, I think, Adam, you make a very good point. I mean, at the time that I formulated this, I don't know how up and running that community was, but it's clearly obviated that goal without question. I mean, it's every day something comes along there. And so I was an early adopter of that community, and now I'm kind of more just a lurker. I mean, I like to look at it every day and I read it and I learn. And so you're right, that vision of mine is kind of not necessary. You're better off with me staying more focused in this column. I've thought also about kind of dipping into that community, and I'll probably do it in the near future to troll for some topics and volunteers in terms of people that want to participate with me because I know they're out there and I think they feel shy is what it

is. But I think that community, whoever came up with that idea, that was brilliant. And it seems like a heck of a lot of people are participating and there are some people that are uber participators. But it seems like it's all over the place, like many, many people are involved. So I'm glad you brought that up because that's just kind of complementary to what we're trying to do here.

DR. STRIKER:

Yeah, certainly along those lines, I'm confident we have experts in our audience listening now. So if someone is listening to this and has an idea or an expertise that they feel that they can expound upon, what should they do?

DR. DEUTCH:

They can just email me zdeutsch at yahoo.com. And I typically put it in each column kind of troll people. Hey, feedback, whatever they reach out to me, I'll get right back to them and we'll come up with a plan. That would be wonderful. I haven't had a lot of people doing that, so I'm going to see how it goes. I'm happy with the way things are going now. I'm kind of coming up with the topics and I'm finding experts on my own and they've been great and really receptive. But I might troll the community as well. I might get myself into that ASA community, troll a little bit and say, Hey, who wants to do this? And we'll see what happens. But either way, I think we can go forward very successfully because as we say, there's a lot of talent out there.

DR. STRIKER:

Yes, certainly as we leave the conversation, if you don't mind giving us a little bit of preview on what's coming up with regard to this series,

DR. DEUTCH:

I like the topics that are a little bit more philosophical. I'd like to do some stuff on ethics and things like that and ask some tough questions. For example, in ethics, we're doing surgery we think is futile, a procedure in a 99 year old with Alzheimer's. I mean, people find that frustrating. They don't understand. Or, for example, I can remember doing a fourth time valvular redo on a guy who's an active drug user. I mean, these are the questions that I know people grind their teeth about in their breakroom. And so that was one thing I kind of I'm thinking about doing, and I have to think about the proper way to do it so that it doesn't offend people or drive them away, but draws them into the conversation.

DR. STRIKER:

Absolutely. Great ideas, and I certainly look forward to continue reading the column. I'm sure as we get the word out even more that more and more people will gravitate to it and enjoy it as much as I have.

Dr. Deutsch, thanks for joining us today to share your insights and give us a little peek into behind the scenes, if you will, of the Ask the Expert column.

And to our listeners, thanks very much for listening to this Inside the Monitor edition of Central Line. Remember to check out the Monitor at asamonitor.org for Dr. Deutsche's Ask the expert columns this month and most months. And if you have ideas, Dr. Deutch is obviously open to them, so please get in touch with him and we hope you enjoy the show. Please remember to review and subscribe. Join us again next time, Dr. Deutch. Thanks again.

DR. DEUTCH:

Thank you, Adam. It's been a pleasure
(SOUNDBITE OF MUSIC)

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