



American Society of
Anesthesiologists[®]

April 29, 2021

Board of Directors
c/o Francis Gerbasi, PhD, CRNA, Chief Executive Officer
Council on Accreditation of Nurse Anesthesia Educational Programs
222 S. Prospect Avenue
Park Ridge, Illinois 60068-4001

Dear Board of Directors and Francis Gerbasi, PhD, CRNA, Chief Executive Officer:

The American Society of Anesthesiologists (ASA) values our nurse anesthetist colleagues and their contributions to anesthesia care delivery. We recognize their important service to patients, anesthesia groups and departments, and hospitals and surgery centers. We also recognize that many nurse anesthetists value working together with us to provide patients the safest and highest-quality care.

Please be aware, however, ASA has grave concerns about the efforts of one of your key stakeholders, the American Association of Nurse Anesthetists (AANA), to confuse and mislead the public and patients by misappropriating physician descriptors and medical titles. This will have profoundly negative implications for the clinical setting as well as the teaching setting. It is our hope that you will join us in urging AANA to end their efforts to encourage the adoption of the terms “nurse anesthesiology” and “nurse anesthesiologist.” These are confusing and inaccurate terms for nurse anesthetists.

It is an unchallenged ethical principle that patients must have full knowledge and understanding of the education, training, skills, and experience of the health care professionals providing their care. Similarly, staff in the clinical setting must be entirely informed of the education, skills, and training of their colleagues. AANA’s actions are wholly inconsistent with both our patients’ and professional colleagues’ best interests.

We understand that AANA has written to the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) and Council on Accreditation of Nurse Anesthesia Educational Programs (Council on Accreditation) to formally request that the two organizations:

- “... define CRNA as ‘certified registered nurse anesthetist’ and ‘certified registered nurse anesthesiologist,’ and to recognize the terms as conceptually interchangeable and synonymous just like the AANA.”
- Update their documents “... to change the term ‘anesthesiologist’ when being used to refer to a physician to ‘physician anesthesiologist,’ and when being used to refer to a dentist to ‘dentist anesthesiologist.’”

Ever since the word was first coined, the descriptor “anesthesiologist” has specifically been used to differentiate specially-trained physicians from non-physician anesthetists. AANA is now intentionally trying to blur that distinction in the minds of the unsuspecting public. We ask that you reject that request and affirm existing and widely recognized professional descriptors and titles.

As you may know, the New Hampshire Supreme Court upheld a ruling by the New Hampshire Board of Medicine to limit the use of the term “anesthesiologist” to individuals licensed to practice medicine. The Board of Medicine’s review included studies, surveys and licensure requirements highlighting similarities and differences between nurse anesthetists and physician anesthesiologists and the public’s understanding of that distinction – information that was likely the basis for their decision. This decision has been widely applauded throughout health care.

The Council on Accreditation plays a critical role in developing educational programs based on national standards of quality and pursues its mission and conducts its operations with integrity. Your voice on this subject is important to patients and your education training programs.

We acknowledge that our organizations and members may have disagreements about anesthesia care delivery practices and models. These disagreements have been and are being addressed in federal and state legislatures and regulatory bodies, as appropriate. AANA’s medical title manipulation and misrepresentation represents an unprecedented and particularly divisive element to the actual care setting. It distracts from the best interests of our patients, intentionally creating discord in the clinical setting and training programs. It purposefully degrades the relationship between the anesthesiology specialty and nursing profession and the care we provide to patients.

ASA and the Council on Accreditation share a commitment to quality that ensures the care and safety of the public. We urge you to reject AANA’s request and issue a statement affirming appropriate descriptors and titles. We welcome the opportunity to discuss this with you further.

Sincerely,



Beverly K. Philip, MD, FACA, FASA
President, American Society of Anesthesiologists

cc: Paul Pomerantz, FACHE
Chief Executive Officer, American Society of Anesthesiologists