



Should we let nurses deliver anesthetics?

They do in the U.S. and other nations
Allowing it here could cut wait time

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ETER KRIVEL

STAFF REPORTER

Shai Goel is studying at the University of Pittsburgh to be a nurse anesthetist and would love to return to Toronto to practise.

But he knows that isn't likely.

"I'm not expecting nursing anesthesia to come to Canada tomorrow," says Goel, who graduated from the University of Toronto and practised nursing at Toronto Western and General hospitals.

Nurse anesthetists — nurses with master's degrees who administer 66 per cent of anesthetics given to patients each year in the United States — are one of the profession's most desired specialties, with a starting salary in 2003 of \$120,000 (U.S.), according to the American Association for Nurse Anesthetists.

Nurse anesthetists practise in 30 countries other than the U.S., but not in Canada, even though they could play a major role in cutting down wait times for surgeries here, critics say.

Nurse anesthetists are the sole anesthesia providers in two-thirds of all rural hospitals in the U.S. But only doctors are allowed to administer anesthetics in Canada.

"From the moment the wait time strategy was initiated a year and a half ago, lack of anesthesia services was signalled as a major issue and it remains so today," says Dr. Alan Hudson, the chair of Ontario's Wait Times Strategy, a group working to reduce wait times in the province.

The closest Canada comes to nurse anesthetists are anesthesia assistants, who train in programs at Thompson Rivers University in Kamloops, B.C. and the Michener Institute in Toronto. But graduates are not allowed to dispense anesthetics.

Ontario's health minister, George Smitherman, "promised me that there will be nurse anesthetists," says Doris Grinspun, executive director of the Registered Nurses Association of Ontario.

They initiated the role of anesthesia assistant. That is very different and we're not in support of it. It's a role that will need to be totally supervised. It doesn't have the in-depth education of nurse anesthetist. It's a Band-Aid solution."

'In the U.S., you will see one doctor to three or four nurses; here, we have a large group of physicians and one nurse'

***Doris Grinspun, executive director,
Registered Nurses Association of Ontario***

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health ministry spokesperson John Letherby says, "the ministry recognizes the shortage of anesthetists and the need to ensure access to needed surgery. We remain open to exploring a range of options for health human resources to address these issues, now and in the future."

The Ontario Medical Association has erected a lot of the barriers against nurse anesthetists, Grinspun says.

We need to decide: are we going to serve one profession or the other? Or are we going to serve the public together?

If it's to serve the public, then we need to move to the role of nurse anesthetists."

Dr. Stephen Brown, chair of the section of anesthesiology for the Ontario Medical Association, says the OMA's believes nurses have a vital role to play in the delivery of anesthesia care.

We have developed a model with the Ministry of Health and Long-Term Care that will help to improve wait times. This model has nurses working as anesthesia assistants under the direct supervision of an anesthesiologist. We believe these types of care teams are an innovative approach to address the shortage of anesthesiologists. This position is consistent with that of the Canadian Anesthesiologists' Society, The College of Physicians and Surgeons of Ontario, and the Ontario Medical Association."

As to whether the Ontario Medical Association sees nurse anesthetists as moving into their territory, Brown responds:

All doctors, including anesthesiologists, support working with other health care professionals to bring the best possible care to patients in Ontario.

We support attempts to bring innovative solutions that improve patient care and maintain patient safety."

Grinspun sees other expanded roles for nurses, which might involve endoscopies, cataract clinics for post surgery, incontinence treatment, pressure ulcers and education for the management of asthma.

In the U.S., there are nurses who run clinics for primary health care," she says. "You will see one doctor to three or four nurses. The access is huge. Here we have a large group of physicians with one nurse."

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