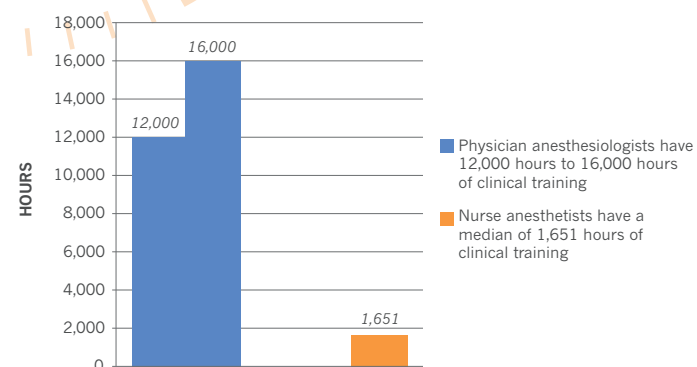


Some nurses are now pursuing doctorate degrees or Doctor of Nursing Practice degrees (DNPs). The DNP is not equivalent to a Doctor of Medicine degree or Doctor of Osteopathic Medicine degree and the DNP “will not alter the current scope of practice for APRNs (advanced practice registered nurses),” according 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.

Physician Anesthesiologists Have 10x More Hours of Clinical Training than Nurse Anesthetists



When Seconds Count™... Quality care matters most of all.

The administration of anesthesia is a complex and technically demanding medical procedure that requires physician supervision.

An independent outcomes study published in the peer-reviewed journal *Anesthesiology* 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.

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.

Surveys also repeatedly show patients want physicians in charge. In a recent American Medical Association survey, 70 percent of consumer respondents said they believed only a physician should administer and monitor anesthesia levels before and after surgery, and 80 percent believed only a physician should perform pain medicine procedures like spinal injections.

When Seconds Count™... Take action. Protect patients.

Protect your constituents. 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?

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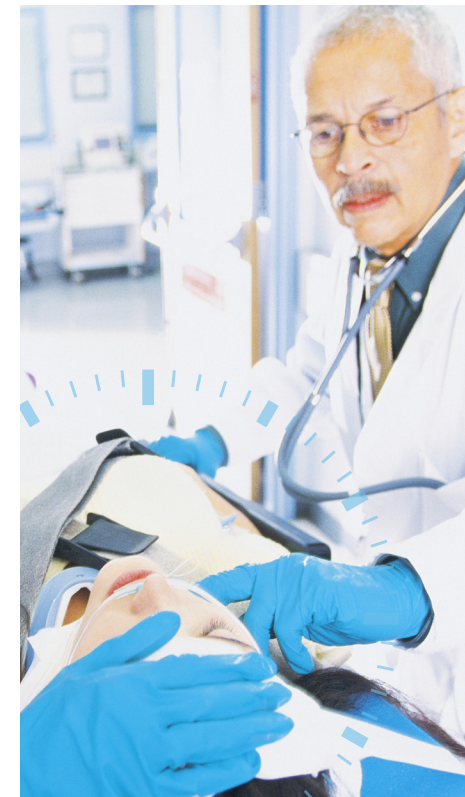
Physician Anesthesiologist Ensures Complicated Surgery Is Safe and Successful

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, Calif.



When Seconds Count...
 Physician Anesthesiologists Save Lives.™
 Take Action. Protect Patients.



American Society of Anesthesiologists®

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 Physicians for Vital Times

American Society of Anesthesiologists®

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

Every day in hospitals, medical centers, ambulatory surgery centers and doctors' offices across the nation, physician anesthesiologists diagnose and treat potentially life-threatening medical complications that arise suddenly during surgery or other procedures.

Physician anesthesiologists are highly trained medical specialists who have 12,000 hours to 16,000 hours of clinical training in anesthesia, pain and critical care medicine. Their medical education covers the entire human body and all of its systems, preparing them to evaluate, diagnose, treat and manage the full spectrum of medical conditions and patient needs.

Because of their superior education and training, physician anesthesiologists provide the highest-quality and safest patient care before, during and after surgery.

Say "yes" to high-quality patient care.

Each surgery and procedure has risks. When seconds count, when a life hangs in the balance, when medical emergencies or other complications occur, physician anesthesiologists draw upon their extensive medical education, years of clinical training and experience to make critical decisions that save lives.

Physician anesthesiologists often prevent complications, use their diagnostic skills to evaluate a patient's overall health, and identify and respond to underlying medical conditions.

Physician anesthesiologists deliver anesthesia and/or lead the Anesthesia Care Team, supervising anesthesiology residents, nurse anesthetists, anesthesiologist assistants and other health care professionals, to provide **the best possible patient outcomes.**

Nurses play an important role on the team, but it's essential to remember: **A nurse cannot replace a physician.** *It's too risky to administer anesthesia without the supervision of a physician.*

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.
- Seventeen states have opted out of a Medicare patient safety standard that provides for physician supervision of anesthesia. Yet, many hospitals in the country have patient-centered, physician-led anesthesia care. As hospitals and health care providers face increasing pressure to cut costs, delivering high-quality and safe patient care must not be compromised—it must be the priority.
- The American Society of Anesthesiologists (ASA)—the educational, research and scientific society representing the medical specialty—strongly advocates for the active participation and immediate physical availability of at least one physician anesthesiologist for every four nurses before, during and after simultaneous or overlapping surgeries and medical procedures involving anesthesia.
- This patient-centered model requires the training and expertise of a physician anesthesiologist to provide diagnostic and treatment services while nurse anesthetists and nonphysicians on the care team provide nursing and other essential services.

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.

Physician anesthesiologists are highly trained medical experts who evaluate, monitor and care for patients before, during and after surgery as well as treat chronic pain, medical emergencies and complications.

- Access is an important health care issue and patients in rural areas across America deserve the same standard of care as every other patient. In the rare case a physician anesthesiologist is not available to deliver anesthesia and/or lead the care team, a surgeon or another qualified physician should supervise anesthesia care.
- 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.
- A *New England Journal of Medicine* review article cites that pre-surgical assessment and preparation of patients for surgery by physician anesthesiologists significantly reduces unnecessary testing and preventable cancellations of surgery. Physician anesthesiologists reduced medical consultation requests by 75 percent, the cancellation of operations for medical reasons by 88 percent and the cost of laboratory tests by 59 percent.

When Seconds Count™... 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.

Significant differences exist between physician anesthesiologists' and nurse anesthetists' education, training and responsibilities:

PHYSICIAN ANESTHESIOLOGISTS	NURSE ANESTHETISTS
<ul style="list-style-type: none"> • Medical degree (either M.D. or osteopathic) following bachelor's degree (8 years total) - 1-year postdoctoral internship - 3-year postdoctoral residency in anesthesiology - Board-certified physicians may complete an additional 1 year to 2 years of subspecialty education and training in one of the recognized anesthesiology subspecialty areas after successful completion of a postdoctoral residency 	<ul style="list-style-type: none"> • Bachelor's degree in nursing (not required prior to 1982)—approximately 20% to 25% of nurse anesthetists have only: - 2-year associate RN degree, or - 3-year diploma RN degree in nursing after high school - 1 year working as a nurse in an acute care setting - Master's degree from graduate school of nursing (not required prior to 1998) - No subspecialty training in nurse anesthesia
Total of 12 years to 14 years after high school	Total of 5 years to 7 years after high school
<ul style="list-style-type: none"> • Medical education and training covers: <ul style="list-style-type: none"> - Continuum of the human life cycle including health and disease, functioning of all vital systems - Emphasis on diagnosis and treatment, indications and contraindications - Comprehensive medical care - Preventive care - Acute and chronic care 	<ul style="list-style-type: none"> • Nurse anesthesia education and training covers: <ul style="list-style-type: none"> - Basics of anatomy, physiology and pharmacology - Principles and techniques of nurse anesthesia
12,000 hours to 16,000 hours of clinical training	Median of 1,651 hours of clinical training
<ul style="list-style-type: none"> • Trained to provide comprehensive medical care to patients needing anesthesia, pain medicine or critical care services 	<ul style="list-style-type: none"> • Trained to administer and assist in the provision of anesthesia services

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 President-Elect and Professor and Chair of the Department of Anesthesiology at the University of Oklahoma Health Sciences Center in Oklahoma City and Former Nurse Anesthetist.