

# Positive affiliations enhance our visibility & influence

One of the continuing issues in fostering the development of SCA to be the premier resource for cardiothoracic and vascular anesthesiologists is that of our relationship with others. Now more than ever, we are continually being approached, both as individuals and as a society, to join ranks with others or facilitate membership with other groups. The “dynamic tension” is whether such affiliation promotes greater strength and progress, or whether it dilutes our voice and influence. It is my view that the vast majority of the time, affiliations which are fostered and developed with enlightened self-interest, greatly enhance our visibility, our influence, and our ability to function professionally, both as individuals and as a group.

### **Our Journal: *Anesthesia & Analgesia***

From the time of our first affiliation with the International Anesthesia Research Society (IARS) and its journal in 1993, there has been a continuing debate at the SCA Board regarding the wisdom of this affiliation and whether or not we should pursue the option of having our “own” journal. Each time our contract comes up for renewal (this happens next in December 2007) a lively debate ensues on the future of our affiliation.

I believe the choice of *Anesthesia & Analgesia* as our journal was a very wise one. Over the years we have shaped the society's section of the journal, and under the talented leadership of our Editor Steve Shafer, Associate Editor Chuck Hogue, and Section Editor Marty London the quality, diversity, and appeal grow with every issue. We benefit from the wisdom and knowledge of the entire Editorial Board of *Anesthesia and Analgesia*, the resources of the oldest journal in the specialty, and our “journal within a journal” section is available to the more than 20,000 subscribers worldwide. Our members, most of whom do not have a 100% practice of cardiothoracic anesthesiology, benefit from exposure to articles and reviews covering the entire spectrum of anesthesiology practice and research. The IARS recognizes the importance of SCA to its success, and consults with our Board on issues important to the journal as a whole. At the same time as having a premiere spot for our own subspecialty in the print and electronic media, we are better integrated into the greater world of anesthesiology because we have chosen *Anesthesia & Analgesia* to be our journal.

### **The National Board of Echocardiography (NBE) and the American Society of Echocardiography (ASE)**

Readers of the newsletter will recall the history of the creation of the NBE in 1996 by a joint venture of the SCA and ASE. Society members such as Dan Thys, Jack Shanewise, and Stan Sherman to name a few, have worked closely with our cardiology colleagues to recognize the expertise of cardiac anesthesiologists in perioperative echocardiography. We now share a certification organization and process with these colleagues, an unusual development for two very separate specialties of medicine.

The bylaws of the NBE assure strong representation from our own subspecialty; in fact SCA past president Dan Thys is the current president of NBE. The ASE endorsed the SCA's echocardiography meeting when it was originally put together by Sol Aronson and Bob Savage, and has continued to do so over the years. In 2008 the NBE will begin to sponsor an annual lecture at this highly successful meeting entitled “The Arthur E. Weyman MD Lecture,” in honor of the founding president of the NBE. The ASE is introducing a special introductory membership program for SCA members, and we are working to move forward with this society with other joint ventures. Who could doubt the benefits to our members and anesthesiology as a whole, from being recognized by the community of cardiologists as expert, certified perioperative echocardiographers?

### **American Heart Association (AHA)**

Through the active participation and lobbying by SCA President-Elect Christina Mora Mangano and several others, the Council of the AHA formerly known as “Cardiovascular Surgery” is now called “Cardiovascular Surgery and Anesthesia.” The annual supplement to *Circulation* on cardiac surgery, formerly edited by a cardiac surgeon, will now be co-edited by a surgeon and anesthesiologist, the first being Jerrold Levy. As a result of participation at the Council by Christina, Jerrold, and others, council chair Loren Hiratzka came to a recent SCA board meeting to encourage cardiovascular anesthesiologists to participate in the AHA and to apply for the generous grants available for cardiovascular research. There is also a Council on Cardiopulmonary, Perioperative and Critical Care where members such as Deb Schwinn and Simon Body have ably represented our specialty. The word “perioperative” was inserted in this council name as the result of Deb's efforts. Our members have been invited to participate in the creation and approval of important guidelines such as the recently completed Guidelines for the Management of Patients with Valvular Heart Disease, and the updated Guidelines on Perioperative Cardiovascular Evaluation of the Patient with Cardiac Disease (currently under review). Our collaboration with surgeons and cardiologists at the AHA better integrates the cardiac anesthesiologist into the world where we live – the world of cardiac care, rather than just the operating room.

My view is we have a great deal to contribute to the field of cardiovascular care, and this is best done through pursuing affiliations with our own colleagues in anesthesiology as well as surgeons and cardiologists. We do not live in a vacuum, and our “customers” are these colleagues as well as our patients. In addition to making our contributions to knowledge and care known outside our subspecialty, we have a great deal to learn from our peers and related specialties. Our lives are richer and more interesting because of these affiliations. I challenge you to reach out to those in your own institution, and make similar affiliations to those your society is striving for nationally and internationally.