

## The Wisdom of Crowds

We can find more than strength in numbers—we might find wisdom. A new book, *The Wisdom of Crowds*, celebrates the phenomenon by which the summation of individual cognitive efforts results in the ‘most correct’ or ‘wisest’ answer. For example, in the middle of the last century, the US Navy ‘lost’ a submarine loaded with nuclear war heads. The military recognized that the loss of this vessel might culminate in an apocalyptic event. To locate the sub within the briefest period of time, the Navy recruited its most experienced admirals, with the request that each work alone to submit his best estimate of submarine’s location. Using the resulting *collective wisdom*, the Navy found the submarine within 300 feet of the predicted location. Not one of the admirals had identified the sub’s location; but the distillation and mixing of the individual solutions culminated in the desperately needed answer.

As you probably know, the general interest journal *Anesthesia & Analgesia* has served as the official journal of the SCA for more than a decade. Indeed, the SCA was the first sub-specialty group to join *A&A*. The parent organization and owner of the journal, the International Anesthesia Research Society (IARS), has since recruited seven additional anesthesiology societies to name *A&A* as their official journal. Under the editorial leadership of Steve Shafer, *A&A* now reflects the intellectual interests of a diverse group of anesthesia sub-specialties

We now need to find this same *collective wisdom*, the ‘wisdom’ of each SCA member, to help us decide whether a general interest anesthesia journal such as *A&A* continues to provide the best instrument to fulfill our Society’s specific educational mission, whether that journal best serves our members’ educational needs in cardiovascular and thoracic (CVT) anesthesia.

An alternative is to consider collaborating with a journal that focuses on both cardiovascular and thoracic surgery and anesthesia. Does this opportunity exist? Well, yes. Over this past summer, an *ad hoc* committee of the Board that included Al Cheung, David Reich, Steve Konstadt, Scott Reeves and me, sought and considered potential publications to serve as the educational conduit for our Society. We were pleased (and somewhat surprised) to uncover substantial interest in working with the SCA among a variety of anesthesia and cardiac surgery groups, including the Society of Thoracic Surgeons (STS) which publishes the *Annals of Thoracic Surgery*, a journal dedicated to cardiovascular and thoracic medicine. Each of these groups also indicated a desire to widen their focus to include more attention to the issues related to cardiovascular anesthesia.

After robust negotiations, the committee reported to the Board of Directors, which narrowed the potential candidates to two affiliations and their corresponding publications. Now, we must decide whether to continue our relationship with the IARS and the general-interest anesthesia journal, *A&A*, concentrate on cardiovascular concerns by collaborating with the STS and provide our members with the *Annals of Thoracic Surgery*, or allow members to indicate on their membership form which of the two Journals that they would like to receive as part of their SCA membership.

The notion of associating formally with a cardiovascular surgeon-based group has been met with many reservations by many members of the Board. Historically, the relationship between CV surgeons and anesthesiologists was, at best, civil but, at worst, adversarial. In the early cardiac surgeons’ professional ‘religious’ training, it was the surgeon’s right and responsibility to serve as the ‘captain of the ship’ in the OR. Many senior CV anesthesiologists likely remember more than one instance in which the ‘captain’ (the surgeon) accused his ‘first mate’ (the anesthesiologist) of steering the

‘ship’ in the wrong direction. Why would our professional society consider ‘setting sail’ with such a capricious ship-mate? To answer that question by carrying the metaphor: because the ‘tide’ has changed in the last 5 to 10 years. The CV surgical community recognizes that we must work together lest we sink. The loud cry—and I promise this is my last sailing metaphor—is ‘all hands on deck’.

The STS has expressed great enthusiasm in building this relationship. To that end, the editor of the *Annals* has proposed to match the tangible conditions and perquisites tendered to the SCA by the IARS and the editor of *A&A*. In recognition of our importance, the *Annals* would include a section presenting a CVT anesthesia journal within a journal, and we would have our own group of editors. The STS leadership further proposes that this collaboration be the first of many between our two Societies, and I suggest that they are right. Our interests in establishing a CVT anesthesia data base and participating in multi-specialty advocacy groups on behalf of physicians providing CVT care, represent two areas of potential professional synergism. Remember, *there is strength in numbers*.

Some of us believe that we may best enhance the educational opportunities in CVT anesthesia by affiliating with the most widely read publication dedicated to CVT surgery. Others contend that the majority of our members are interested in more than CVT anesthesia and are best served by a generalist journal. I have shown my cards to those who would look. I believe the future of CVT anesthesia is in partnership with our surgical colleagues. I find that the CVT surgical literature is more likely to address the most pressing questions I encounter in my clinical practice. CVT surgeons must consider many of the very same clinical issues that are part of my daily practice. My conversations with those on the other side of the ether screen improves my ability to provide anesthesia for CV surgery patients. Similarly, our crossing dialogue, with our surgical colleagues helps them think beyond the end of the scalpel and become better surgeons. Our patients will benefit from our common vernacular and shared enterprise.

But I am only one of over 7,000 SCA members, on a Board that is only a few more than a minyan. And, we are seeking the benefit of your collective wisdom. We are collating the opinions of the 100+ who participated in our WEB-ex conference that was dedicated to the issue of our journal selection. Additionally, I will be meeting with a newly formed group, the Boston Association of Cardiac Anesthesiologists, in mid-December to solicit their opinion on this subject.

Please call me or send an e-mail regarding your thoughts. With our collective wisdom we will identify the course of action that best serves our members’ needs.

**Happy Holidays! Cmoraman@stanford.edu**



**Christina Mora Mangano, MD**  
*President, 2007-2009*