

Halftime for the President

My tenure as SCA President is at the half-way point, with twelve months gone and twelve months to go. I see this point as a good one to reflect on what we have achieved of the goals that I set, and what remains to be done before I retire to the less-challenging (perhaps) office of Immediate Past-President.

Over the last 12 months, much of my effort on behalf of the SCA focused on building a consensus regarding our journal affiliation. Although the task was challenging, the process enhanced our ability to navigate the future of the SCA and CV anesthesia. I am pleased to announce our continued alliance with the IARS, and their journal, *Anesthesia & Analgesia*. Every SCA member will continue to receive *A&A* as a perquisite of their SCA membership. Additionally, the IARS will support the SCA Foundation's ability to fund research endeavors over the next five years.

Cementing the SCA's affiliation with other sovereign societies and increasing each SCA member's participation in our Society's activities, are my two most important goals. These goals have taken root and, in some ways, are bearing fruit already.

Collaboration with other sovereign societies—our branches

Over the last twelve months, several of our members have met at the Board's request with the leadership of the Society of Thoracic Surgeons (STS), the American Association for Thoracic Surgery (AATS), the American Heart Association (AHA) and the Acute Kidney Injury Network (AKIN), forging important and reciprocal professional relationships. Such direct dialogue with the cardiothoracic surgeons, intensivists and perfusionists can only result in benefits to the patients who will come under our joint care.

At the invitation of the STS Board of Directors, Drs. Cheung, D'Ambra, Wahr (as President of the SCA Foundation) and I met with the STS Board for 40 minutes, reviewing many areas of mutual interest, and furthering the collaboration between our two societies. Dr. Wahr presented the FOCUS initiative and emphasized the importance of our surgical colleagues' cooperation in this endeavor.

In furtherance of our project to add 50-100 data fields to the current STS database, Sol Aronson, with the leadership of David Reich, and support of Lee Fleisher, John Ellis and Dennis Mangano, met with the surgeons and epidemiologists responsible for that database. The addition of these data fields would create a resource for the cardiothoracic anesthesia community of great clinical and research value.

On another front, we anticipate the appointment of cardiothoracic anesthesiologists to the editorial board of the *Annals of Thoracic Surgery* (the official organ of the STS). Al Cheung has worked tirelessly to encourage the Editor-in-Chief of the *Annals* to add more original contributions by CT anesthesiologists to educate the cardiac surgery community in issues of mutual concern. In order to make the *Annals* more readily available to our membership, the STS is offering three months of an electronic subscription (which includes the offer of CME credits) at no charge to all SCA members and a reduced subscription price (\$115 vs. approximately \$350) to the *Annals*.

Last July, Drs. Shernan, D'Ambra and I met with the editor-in-chief of the *Journal of Thoracic and Cardiovascular Surgery* (JTCVS), the official journal of the AATS. Our dialogue has fostered a joint commitment to improve the accessibility of our shared knowledge base. To that end, the AATS has appointed three cardiac anesthesiologists to their editorial board. Additionally, the *JTCVS* will be available to all active U.S. members of the SCA for a reduced price of \$95/year (the usual price is \$325).

You may request subscriptions to *The Annals* and/or *JC-TVS* when renewing your SCA membership or by contacting the SCA office.

The American Society of Extracorporeal Technology (AmSECT) has also approached the SCA to collaborate in areas pertaining to the safety and conduct of cardiopulmonary bypass. Dr. Linda Shore-Lesserson has spearheaded our discussions with this group. Also, Dr. Shore received an appointment to the Program Committee of the American Heart Association, Council on Cardiac Surgery and Anesthesia. Three SCA members, Drs. Nussmeier, Levy and I are members of the AHA's Council on Cardiac Surgery and Anesthesia. Dr. Levy also serves as the SCA representative/co-editor on the Council's annual *Circulation* supplement.

Drs. Mark Stafford-Smith and Andrew Shaw are working with AKIN to represent the interests of the SCA. AKIN represents a collaborative society dedicated to the study of renal injury.

Membership Participation - Our Roots

Perhaps most importantly, our roots are deeper and better nourished. The growth in our members' contributions to our Society sustains my second goal for the SCA: the continued growth and importance of our sovereign society through our membership's participation. Our members produced seven able candidates for the Board of Directors (and a fair amount of politics) in the recent elections, resulting in the election of Scott Reeves and Stan Shernan, each of whom will provide excellent service for the SCA. We enjoyed a 150% increase in the number of members who voted in the election, reflecting a 150% increase over last year's record setting numbers. Our membership numbers also are at an all time high, and the continued interest in our educational offerings attests to the value of our programs.

A diverse and active membership is critical to the health and effectiveness of the SCA. A recent e-mail suggested that the Society was increasingly exclusionary. In fact, the SCA board of directors is compelled to greater inclusivity. Please consider this member's letter and my response below.

"I joined the SCA during my residency. I have been in private practice since that time, doing a mixture of cardiac and other types of anesthesia. I am preparing to become the primary anesthesiologist at an orthopedic surgery center, so my days of doing cardiac anesthesia are probably coming to an end.

I went to my first SCA Annual Meeting while still in residency...I was, and remain, impressed with the quality of the Annual Meeting... During talks as 'The Future of Cardiac Anesthesia', it became clear that many in academic anesthesiology felt that people like me (who did fewer cardiac cases) didn't belong in the practice of cardiac anesthesia, and, I guessed, certainly not in 'their' SCA. ...I found it ironic that you are urging members to volunteer, when it seems that the leadership has an 'ivory tower' mentality... I hope



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President, 2007-2009

that the tone of this has not seemed bitter...it certainly isn't meant to be. I've received more from the SCA than I've given."

My response

Indeed, the SCA is assessing our perceived identity continuously, and you are certainly an individual that we hope to serve and maintain in our ranks. So-called "academic anesthesia" is a small, small, group and the SCA was never intended to be an Ivory Tower. In fact, the founders of the SCA, George Burgess and Bob Marino, started the SCA to serve physicians who practice cardiac anesthesia and who were not "elected" to the Association of Cardiac Anesthesiologists. Their vision was to invite and congregate every physician who was committed to the care of patients suffering cardiac, thoracic and/or vascular disease and to facilitate education and one-on-one professional interactions.

I *suspect* that some of the patients you will care for in your new position will have CV and/or thoracic disease. Your knowledge of

how a patient with aortic stenosis will tolerate a knee replacement will improve the likelihood of a good outcome. We (the SCA) hope to help you maintain that knowledge base.

Stay with us...you are a "thinking" Doc -- the kind of person who makes the SCA the robust organization that it is.

Conclusion

The Society of Cardiovascular Anesthesiologists is an organization of anesthesiologists! But the practice of all medicine is organic; it is in continuous evolution. A radiologist may now perform minimally invasive vascular surgery (and the CV anesthesiologist is now challenged to develop a vernacular with a new group of physicians.) Our Society, and all successful professional medical groups, must parallel these changes in patient care – and must work collaboratively. Your full participation is vital to the SCA's corresponding evolution as a society dedicated to facilitating our members in providing the best possible care for each of our patients.