regarding the safety and efficacy of MILS and wide variability in MILS technique, we would welcome the development of a consensus statement regarding how MILS is to be applied and the clinical endpoints to be achieved. We need to understand what MILS truly is before we can determine what it truly does; to determine if MILS is safe and effective or, possibly, otherwise.

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between blood glucose concentration obtained by arterial and capillary samples and found in our study group nonsignificant differences between the values obtained with the two approaches.

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To the Editor— I applaud Dr. Tetzlaff for having taken on the difficult task of defining the meaning of professionalism in anesthesiology in the editorial which appeared in Anesthesiology. 1

For far too long, some anesthesiologists have ignored the importance of representing themselves professionally, often with the assumption that respect was simply a result of past medical training. By shining a light on the importance of professionalism and actively incorporating its teaching into our residency programs, we will take a major step toward correcting many misperceptions that the public, our patients, and our other medical colleagues have concerning our image. In this regard, the American Society of Anesthesiologists has just embarked on an intensive branding campaign called the Lifeline Campaign,* primarily to help educate the public that anesthesiologists are physicians who are critical for their safety in operating rooms, pain clinics, and critical care units. In fact, it would be unimaginable for 21st-century medicine to exist without the involvement of an anesthesiologist. However, for the Lifeline Campaign to really succeed in spreading the image of anesthesiologists as professionals, it requires that every anesthesiologist be on board. There are some 40,000,000 anesthetic procedures in the United States each year, and an anesthesiologist is involved in 90% of these; not to mention pain clinic visits and critical care unit interventions. This means that if every anesthesiologist were to introduce him- or herself to each patient as the physician who will be directing their care, and helping him or her through this stressful period, it would be a key method for promoting our specialty and emphasizing our professionalism. The value of this increased involvement with every patient.

Another point I would like to congratulate Dr. Tetzlaff on is his emphasis as one of his four essentials of professionalism, “physician well-being.” The American Society of Anesthesiologists agrees with this assessment, and the 2008 American Society of Anesthesiologists House of Delegates passed a resolution promoting the development of an American Society of Anesthesiologists-sponsored integrated wellness program for anesthesiologists. Such a program is on the way and should be ready to support this facet of anesthesia professionalism this year.

However, I was disappointed that Dr. Tetzlaff did not also recognize “involvement” as a factor central to professionalism. Dr. Tetzlaff does give a nod to “participation in the business of the hospital, state, and national societies” as a professional obligation, but only listed it among other professional obligations, such as lifelong learning. I think involvement is so incredibly important to modern medicine that it should be taught against anesthesiologists’ interests in providing quality care. With what is going on behind the scenes and then taking action when needed to protect our profession. There are forces that are working against anesthesiologists’ interests in providing quality care. Without anesthesiologists all united and actively involved in our profession, the face of our profession could change radically and not for the better.

Dr. Tetzlaff has hit the nail on the head with promoting the teaching of professionalism in residencies. In addition, each anesthesiologist needs to make professionalism a vital part of his or her everyday involvement with every patient.

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Reference

1. Tetzlaff JE: Professionalism in anesthesiology: “What is it?” or “I know it when I see it.” Anesthesiology 2009; 110:700–2


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