of synapses, dendritic spines, and surface AMPA receptor stability. J Neurosci 2003; 23:3262–71

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The Private Practicing Anesthesiologist and the Four-legged Stool

To the Editor:
As always, I read this month’s publication of Anesthesiology with my usual enthusiasm and interest. The inclusion of a dedicated section devoted to education is a welcomed addition. As Dr. Schwartz states in his editorial, education is one of anesthesiology’s “four key activities” with patient care, practice administration, and research the three other legs needed to build a sturdy “four-legged stool” for anesthesiology to use.1

Unfortunately, these four legs are missing an important joint, the private practicing anesthesiologist. Private practitioners attend to more patients and have more clinical practice administration experience than most other anesthesiologists. Yet, despite comprising a majority of anesthesiologists, this group has been essentially precluded from research because of several situations. They encounter a lack of support from the hospitals in which they practice; they must understand and comply with onerous, yet important, requirements of Institutional Review Boards; they are not provided resources needed for research such as statistical or secretarial assistance; and they are faced with an unacknowledged, yet possibly occurring, discouragement from anesthesia journals by reviewers and editors. (How many articles in journals of anesthesiology are written by anesthesiologists in private practice?)

One example of the exclusion of private practitioners from the “four-legged stool” is The Foundation for Anesthesiology Education and Research and its Pediatric Research Council.1

In order to receive funding for any of their four grant divisions, academic appointments or academic affiliations are required. In addition, a letter sent by the Pediatric Research Council of The Foundation for Anesthesiology Education and Research “seeking research funding applications . . .” is only addressed to the Society for Academic Chairs and Academic Anesthesia Program Directors.* There are no invitations for nonacademic private practicing researchers.

As recognized, it is time for education to be a dedicated section of Anesthesiology, but it is also time for the encouragement and support of private practicing anesthesiologists to be more a part of the four key activities encompassing anesthesia. If anesthesia is to have a stable and sturdy stool to stand on, it must be big enough for all anesthesiologists.

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Reference

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