No Evidence that Anesthesiologists Enhance Care of the Parturient

To the Editor:—I would like to challenge the editorial on obstetrical coverage by Levinson and Shnider.¹ They state that “parturients in this country do not receive ideal obstetrical anesthesia care” and view as “alarming” the low participation by physician anesthesiologists. However, no evidence is presented (as none exists) that obstetric anesthesia care provided by nurse anesthetists and/or anesthetists is unsatisfactory or of lesser quality than that provided by physician anesthetists. Yet, the basis for the editorial opinion is the unwarranted assumption that anesthesia for obstetrics provided by anesthesiologists is superior to that provided by nurse anesthetists.

Statements that “nurses cannot make medical decisions” can be countered with the view that most deliveries do not require such decisions and, in the small number that do, the decisions are made almost entirely by obstetricians, and not by anesthetists, whatever their training.

One might go a step further from discussion of nurse versus physician anesthesia provider, and ask whether anesthetic intervention in the birth process can be justified. Anesthesia is necessary for most surgical procedures, thus justifying some level of anesthesia-related morbidity/mortality. But what level of morbidity/mortality can be justified when the normal birth process will surely proceed without anesthesia? The presumed benefit is relief of pain, but what is the overall cost in terms of maternal and fetal complications? Is there a difference in anesthesia-related morbidity rates in small versus large centers when other factors are controlled? It would seem that these questions need to be answered before advocating the need for physician-provided anesthesia at delivery.

I would like to commend Gibbs et al.² for their timely report, and Levinson and Shnider for their provocative editorial. The current dramatic structural and economic changes in American medicine accelerate the need for objective data to help define what is optimal anesthetic participation in obstetrics.

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REFERENCES


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