

Supervision of Nurse Anesthetists

Physician anesthesiologists are highly trained medical specialists. They evaluate, monitor, and supervise patient care before, during, and after surgery. Additionally, they diagnose and treat any complications that may occur – from cardiac arrest to excessive bleeding. In recent years, a growing number of state nurse anesthetist associations have promoted legislation or regulation to diminish or eliminate laws requiring nurse anesthetists to work within the relationship of a physician. To ensure optimal patient safety, it is critical that states maintain requirements for physician involvement when non-physician anesthetists such as nurse anesthetists administer anesthesia.

Physician anesthesiologists have 12,000-16,000 hours of clinical patient care in their curriculum. Nurse anesthetists have 1,650 hours of patient care training in their curriculum. A physician's medical education prepares him or her to manage the comprehensive care of the patient in all situations, especially if and when an emergency arises.

Equally important as the difference in education and training is the difference in depth of knowledge. Physicians complete all courses relevant to the practice of medicine, including associated laboratory courses. The breadth of courses plus the duration and hours of course work allow for detailed, comprehensive medical knowledge that prepares physicians to provide patients with an informed, supportable diagnosis. In contrast, nurse anesthetists take selected courses related to their areas of nursing focus. The limited number of courses plus the shorter duration and fewer hours do not allow for detailed, comprehensive knowledge.

A common arrangement for providing anesthesia care is through the Anesthesia Care Team. The Care Team involves the delegation of monitoring and appropriate tasks by the physician to non-physician anesthetists, such as nurse anesthetists and

anesthesiologist assistants. Based on their medical training and education, physician anesthesiologists are uniquely qualified to lead the Anesthesia Care Team in this way. When physician anesthesiologists and anesthesiologists work together as a team, patients receive high-quality and safe anesthesia care. Nursing skills are important but cannot replace the education and training of a physician.

In fact, the importance of physician involvement during anesthesia care was reiterated in a [2018 World Health Organization-World Federation of Societies of Anaesthesiologists \(WHO-WFSA\) article](#) stating anesthesia is complex and hazardous and its administration “requires a high level of expertise in medical diagnosis, pharmacology, physiology, and anatomy...therefore, the WFSA views anesthesiology as a medical practice.” When it is possible to do so, anesthesia should always be “provided, led, or overseen by an anesthesiologist.” The article also states that when anesthesia is administered by someone other than a physician anesthesiologist, those providers should be “directed and supervised by anesthesiologists...” This article and the message it conveys are extremely important as they provide one standard of safety for the provision of anesthesia and that high standard is *physician* provided, directed, or supervised anesthesia care. The article, titled “World Health Organization-World Federation of Societies of Anaesthesiologists (WHO-WFSA) International Standards for a Safe Practice of Anesthesia” was published in two highly-respected journals focused on anesthesiology – *the Canadian Journal of Anesthesia* and *Anesthesia & Analgesia*.