LETTER TO THE EDITOR

Department of Anaesthesia,
University Hospital,
University of Saskatchewan,
Saskatoon,
November 27, 1961.

SIR:

On reading your Editorial in the November issue of the Journal one could not help feeling that the writer attempted to ridicule the stand taken by some of us, in advocating a lower standard "certificate" for partially trained anaesthetists. Obviously the suggestion that this would involve a third qualification is quite ludicrous and certainly, as far as discussions in the General Meeting of the Canadian Anaesthetists' Society are concerned, the question of a third qualification has never arisen. Rather was it contended that this lower qualification should take the place of the present certification examination, while the Fellowship would be the only full specialist qualification, after it had been reorganized along lines subscribed to by the Society.

It is all very well to suggest that General Practitioners should take post-graduate study in one or more of the specialties in which they are particularly interested and that such courses should be adequate in time. The adequacy or otherwise of these courses presumably would be left to the discretion of the individual. I do not believe that it is possible to give basic training in anaesthesia in less than one year if one wants to produce an individual who is competent to deal with the emergencies and sudden problems in anaesthesia that can arise in even the simplest case. There will be few doctors indeed who will be either able or willing to take off one year from their practice in order to obtain such proficiency, if at the end of that time they still remain undistinguishable from those who have taken two-week courses or no training at all.

In arguing against this lower qualification it has been said that once such a qualification has been attained, the holder of it would be free to move anywhere and claim to be a specialist. Surely this has not been the experience in either the United Kingdom or the United States. Both the British D.A. and the American F.A.C.A. are precisely the kind of qualifications which, I for one, would like to see established in Canada; yet no holder of these qualifications would be recognized as a specialist in their respective countries unless he held the F.F.A.R.C.S. or the Diploma of the American Board of Anesthesiologists, respectively. I fail to see why the same arrangement would not be beneficial in this country also.

In Canada we have a large rural population with many small and medium-sized hospitals where not only limitation to any one speciality is economically unsound but where also the limitation of surgery is such that many of the subjects taught in the full course are just a waste of time and effort for the individual (and the teachers). Surely in this environment the part-time specialist

who is well trained in his particular specialty, but is not overtrained, would serve a useful purpose and his qualification would make him easily distinguishable from his confreres who have not expended the time or effort to learn something more about a particular field of work.

I apologize, Sir, for writing on a subject which had been disposed of by a Special Committee of the Society, but since you have reopened the controversy in an Editorial eighteen months later, I feel it my duty to place before your readers the viewpoint of those who do not agree with the findings of the Committee.

GORDON M. WYANT, F.F.A.R.C.S.
Professor of Anaesthesia