

Correspondence

Physician resources

To the Editor:

Most anesthesiologists practising in Canada will have read the article by Donen *et al.*¹ on Canadian anesthesia physician resources with interest. The picture of the future deficit of anesthesia providers may be even worse than they anticipate. Projections on future anesthesia physician numbers assumed that practising anesthesiologists would retire at age 65. This might be optimistic. While the cohort of anesthesiologists under whom I trained may plan to work until that age, different lifestyle aspirations of more recent graduates suggest an earlier retirement. Did the survey collect data on anticipated age at retirement?

It would also have been interesting to collect data on the proportion of physicians working less than full time. Anecdotally, it would appear that job-sharing is becoming increasingly common.

The perceived deficit may be a moot point, however, if there are no theatres in which to employ any increase in anesthesia providers which might be produced by changes in policy. The real measure of the deficit in the number of anesthesiologists at any moment in time is the number of theatre-years unavailable solely because of the lack of an anesthesiologist. The total number of theatre-years available is determined by the willingness and ability of health care authorities to pay for operating room staff. And the ability to open theatres may be limited by the availability of operating room staff. Operating room nursing faces similar supply problems: the average age is high and recruitment is low. The inability to predict these factors makes long-term planning almost guesswork.

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Reference

- 1 Donen N, King F, Reid D, Blackstock D Canadian Anesthesia Physician Resources: 1996 and beyond. *Can J Anesth* 1999; 46: 962-9.

REPLY:

The 1996 survey looked at multiple aspects of anesthesia practice in Canada. Two questions asked anesthesiologists how long they thought they would continue practicing

at their current level of activity and how many further years after that they anticipated practicing at a reduced level (Table).

	Age <40 yr	Age 40-50 yr	Age >50 yr
Average age	37.5	46.1	58.9
Future years at same level	18.1	12.3	5.5
Further years of practice	8.6	6.2	2.8
Approx. age stopping anesthesia	64.2	64.6	67.2

Based on the responses we made the assumption that most anesthesiologists would retire at age 65 yr. Like Dr. Pounder we assumed that younger physicians would retire earlier. The responses do not bear out this assumption.

The survey also included a question on the number of days anesthesiologists worked per week. The responses did not support commonly held beliefs. Women worked only two hours less per week than their male colleagues and averaged the same number of hours of in-hospital call.

Working days per week	% of respondents
5	83.3
4	10.6
3	4.3
2	1.8

The CAS survey was a snapshot in time. It provides a baseline for further snapshots: the survey does not measure the actual need or deficit. The extrapolations are our best "guestimate" of the future numbers of anesthesiologists. It does not address the degree of anesthesia physician resource shortfalls.

Our paper was written in the hope of galvanizing our anesthesia colleagues in authority into action. They have seen and heard the survey data on numerous occasions over the past three years.

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