

## Future of Anesthesiology is Perioperative Medicine

Bebawy J\*

Associate Professor, Department of Anesthesiology & Neurological Surgery Northwestern University, USA

### EDITORIAL

Currently, the Yankee health care system is undergoing vital changes in response to health care reform legislation like the cheap Care Act of 2010, moreover as economic process and also the in progress maturation of the Yankee health care trade. This evolution is in keeping with the changes that have occurred in different industries like agriculture, travel, and aviation.

Over the past decades, Anesthesiologists have frequently dilated their focus from the in operation rooms to post anesthesia care units, medical care units, and pain medication. In parallel to the growth of the clinical footprint of our discipline, the core coaching course of study of medicine residency has modified considerably to currently embody several non-operating area anesthesia rotations. This development isn't distinctive to us, and lots of different countries like the UK, France, Germany, and Australia have developed methods to extend the role of anesthesiologists in perioperative medication. in an exceedingly recent editorial within the British Journal of anesthesia entitled Anesthesiology and Perioperative medication round the World: completely different Names, Same Goals, a number of United States argue that "regardless of what the model is termed round the globe, we've got to embrace our dilated role as perioperative physicians as our main price proposition".

A proposal raised at the 2014 annual meeting of the Society of educational medicine Associations (SAAA) is that the impetus for this editorial, that was written by Chairs of medicine Departments WHO conjointly function members of the chief committee of SAAA. The SAAA annual meeting was attended by 498 representatives of 124 educational medicine departments (including chairs, program administrators, and subspecialty fellowship administrators WHO area unit the constituent members of this association). Throughout a general session of the SAAA annual meeting, Dr Kain, the primary author of this editorial, planned the motion to formally amendment the name of our specialty. There was healthy discussion on either side of

the problems, with active participation by department chairs, residency program administrators, and fellowship program administrators. When the discussion is on a casual show of hands was irresistibly in favor of the proposal. When the meeting, a survey was sent to the SAAA general membership (N=500) asking, "Do you approve or oppose a resolution to the Yankee Society of Anesthesiologists (ASA) Board of administrators to vary the name of our specialty to medicine and Perioperative medication (from Anesthesiology)?" there have been a complete of 189 responses (38% seventeen(91% of the respondents) were in favor and 17 opposed (9%). though SAAA will represent the tutorial leadership of our specialty, any amendment within the name of our specialty would force consultation and approval by multiple stakeholders like the Yankee Society of Anesthesiologists (ASA), Yankee Board of medicine and also the certification Council for Graduate Medical Education (ACGME). The chief aim of this editorial is to gift a proposal and explanation for dynamical the name of our specialty from "Anesthesiology" to "Anesthesiology and Perioperative Medicine" and to advance the method of discussions among of these stakeholders.

Over the past few decades, the specialty of medicine has dilated its apply from being mostly confined to the hospital room to incorporate perioperative practice in acute pain medication, operative and medical care unit care, chronic pain medication, and sleep and palliative care medication. In recognition of this growth, currently, the Yankee Board of medicine and ACGME certify graduates for fellowships in vital care, chronic pain, medicine anesthesia, cardiothoracic anesthesia, medical specialty anesthesia, palliative care, and sleep medication, and can do thus for regional anesthesia/acute pain medication management by 2016. In parallel, the core necessities of medicine residency coaching programs have modified to incorporate roughly twenty months of non-operating area rotations of a doable forty eight months of coaching.

**Correspondence to:** John Bebawy, Associate Professor, Department of Anesthesiology & Neurological Surgery Northwestern University, USA, E-mail: j-bebawy@northwestern.edu

**Received:** June 15, 2020; **Accepted:** June 25, 2020; **Published:** July 02, 2020

**Citation:** Bebawy J (2020) Future of Anesthesiology is Perioperative Medicine. J Perioper Med. 3.e102. DOI: 10.35248/2684-1290.20.3.e102

**Copyright:** © 2020 Bebawy J. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.