

Revista Mexicana de Anestesiología

Volumen 28
Volume

Número 3
Number

Julio-Septiembre 2005
July-September

Artículo:

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Annual Meeting of the American
Society of Anesthesiologists

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Who presents “Free papers” at The Annual Meeting of the American Society of Anesthesiologists

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Recibido para publicación: 10-01-05

Aceptado para publicación: 10-03-05

SUMMARY

Background and objective: “Free Papers” presented at the American Society of Anesthesiologists (ASA) Annual Meeting have been considered the leading edge of research among the anaesthesia community. **Methods:** We attempted to determine the national origin of the first author for the abstracts of these papers over the years 1970, 1980, 1990 and 2000. This characteristic was tabulated numerically and then the proportion of papers from certain regions of the world was estimated. **Results:** In 1970, of 103 papers 98 (95.1%) were from the United States of America (USA); by 1980 of 420 papers 393 (93.5%) came from the USA and in 1990 and 2000 only 875 (68.7%) and 716 (52.2) out of the 1,273 and 1,372 total presentations, in that order. European representation went from 0 in 1970 to 3.0% in 1980 and 21% and 27.3% in 1990 and 2000, respectively. Japan and Canada also rose except the latter declined in 2000. Asia, the Middle East and Latin America have recently begun to be represented, too. Statistically significant differences were only noted between 1970 and 2000. **Conclusions:** Reasons for the decline in the presentation of free papers at the ASA meeting by American authors and the rise of European presenters include financial and organizational governmental changes resulting in administrative and philosophical modifications in the USA Academic Departments of Anaesthesiology.

Key words: Abstracts, free papers, anaesthesia, education, research.

RESUMEN

Antecedentes y objetivo: Los carteles libres que se presentan en la Reunión Anual de la Sociedad Americana de Anestesiólogos (ASA por sus siglas en inglés), han sido considerados por la comunidad de anestesiólogos como investigación de punta. **Métodos:** Nosotros tratamos de determinar la nacionalidad del primer autor de los resúmenes de estos carteles durante los años de 1970, 1980, 1990, y 2000. Esta característica fue tabulada numéricamente y posteriormente la proporción de carteles fue estimada. **Resultados:** En 1970 de 103 carteles, 98 (95.1%) fueron de Estados Unidos de América (USA). Para 1980, de 420 carteles 393 (93.5%) provinieron de USA; en 1990 y así como el año 2000, correspondieron a esta nacionalidad sólo 875 (68.7%) y 716 (52.2%) de un total de 1,273 y 1,372 presentaciones, respectivamente. En este orden, la representación europea se incrementó de 0% en 1970 a 3.0% en 1980; en 1990 (21%) y en 2000 (27.3%). Japón y Canadá también presentaron un incremento; sin embargo, disminuyó en el año 2000. Asia, Medio Oriente y Latinoamérica recientemente iniciaron con representación. Sólo se encontraron diferencias estadísticamente significativas entre 1970 y 2000. **Conclusiones:** Las razones por las cuales han disminuido las presentaciones de carteles libres de autores americanos en la reunión anual de la

ASA, así como el incremento de representantes europeos, probablemente se deban a cambios económicos y gubernamentales que han llevado a modificaciones filosóficas y administrativas de los Departamentos Académicos de Anestesiología en la Unión Americana.

Palabras clave: Resúmenes, trabajos libres, anestesia, educación, investigación.

INTRODUCTION

Over the last 30 years there has been a significant expansion of the number of free papers presented as new information at the annual meeting of the ASA. During those same decades, there has also been a considerable change in the origin of the presenters as far as the sponsoring institution of the first authors. Since similar changes have also been noted in other publications in the anaesthesia literature^(1,2), a comparative analysis was made of the free papers presented in four specific years representing the last three decades.

METHODS

Data was obtained from the September supplement issue of *Anesthesiology* including the abstracts presented at the annual meetings of the ASA in 1970, 1980, 1990 and 2000. The first author was identified according to the institution first listed in the affiliation section of the abstract. These institutions were grouped as from the USA, Europe (including Scandinavia), Japan, Canada, Australasia, Latin America, the Middle East and the United Kingdom. The number of abstracts sponsored by institutions from each of the regions were tabulated numerically and proportionally in percentage of the total number of papers presented at each year's meeting. Some studies were conducted in joint collaboration. In cases where authors were "on loan" from a university in another country, the institution where the work was done was given priority. The modes of presentation preva-

lent at each of the decades considered were noted. A statistical comparison was made between decades and between 1970 and the year 2000, using the χ^2 method.

RESULTS

The number of abstracts, for each of the decades and the country or region of origin are shown in table I. In 1970, of a total of 103 so called "free papers" presented at the annual ASA Meeting, 98 (95.1%) were given by American-based researchers. Usually, the investigators presented their preliminary work in 8 min, followed by a brief but substantial 2 min discussion. These papers appeared as abstracts in a special thin issue of *Anesthesiology*, and their authors could list them in their curriculum vitae. This arrangement was an opportunity for young faculty to verbally present their work before a critical but attentive small audience.

By 1980, of a total of 420 "free papers" presented, 93% were by Americans, while researches from Europe presented 3%, from Canada 1.6% and Japan 0.9%. One can assume that academic research in anesthesiology had begun in other countries.

In 1990 some of the "free papers" were being assigned to be presented as posters without the benefit of discussion. This change was in part justified because their number had increased to 1,273 of which 21% was presented by Europeans, with authors from Canada, Japan and Australasia presenting 3.8%, 2.4% and 1.0% respectively. Americans only presented 875 papers (68.7%). By then, a special supple-

Table I. Origin of free papers presented at ASA meeting.

Country	1970	1980	1990	2000
USA	98 (95.1)	393 (93.5)	875 (68.7)	716 (52.2)*
Europe	0	13 (3.0)	284 (21)	374 (27.3)
Japan	2 (1.9)	4 (0.9)	31 (2.4)	141 (10.2)
Canada	2 (1.9)	7 (1.6)	49 (3.8)	37 (2.7)
Australasia	0	0	14 (1.0)	31 (2.2)
Middle East	0	0	0	22 (1.6)
Unit. Kingdom	1 (0.9)	3 (0.7)	19 (1.4)	38 (2.7)
Latin America	0	0	1 (0.07)	10 (0.72)
Totals	103	420	1,273	1,372

* Numbers in parenthesis represent percentage of the papers presented that year.

mental issue of *Anesthesiology*, including all the abstracts, appeared in September.

In the year 2000, all of the 1,372 free papers were presented as posters but only 716 (52.2%) of them originated from America. Of the foreign originated works, 374 (27.3%) were from Europe, 141 (10.2%) from Japan and 37 (2.7%) from Canada. The United Kingdom and Australasia had a showing with 2.7% and 2.2%, respectively. The Middle East and Latin America contributed 1.6% and 0.72% respectively. After the year 2000 the special September abstracts issue was suspended and only a CD containing the abstracts was sent to the ASA membership. Only the differences, between the 1970 and 2000 for American and for European presenters were statistically significant ($p < 0.05$). However comparisons from decade to decade, were not statistically significant.

DISCUSSION

A decline in the US share of basic science research articles has been reported by Rahman and Fukui⁽¹⁾ who gathered information from six basic scientific journals. They concluded that in the decade from 1991 to 2000 the proportion of original research articles from US had decreased in relation to other countries, probably due to decreased funding in the US and more research being done abroad. Abstracts presented at ASA annual meetings have been considered to represent the foremost advance examples of investigative activities in our specialty; the gradual reduction of the total proportion of presentations by US sponsored authors is a matter of concern implying a lack of interest⁽³⁾, a reduction of funding⁽⁴⁾ or both⁽⁵⁾. Meanwhile an increase of presentations by authors from other regions of the world previously non-represented was noted.

Of late, in the USA, there has been a tendency to have basic scientists conduct more of the research and to have less participation from the academic clinicians who apparently have acquired greater demands for patient care. There are other reasons for the reduction in the numbers and percentage of abstracts originating in US universities from 1990 to 2000. This worrisome finding might be interpreted as an indication that in university-affiliated hospitals anesthesia is becoming more a hospital service than an academic pursuit. Graines and Schneider⁽⁶⁾ determined the origin of articles in three major anesthetic journals (*Anesthesiology*, *Anesth Analg*, *Br J Anaesth*) noting a considerable "growth in knowledge in anesthesia in the past 10 years", but they also added "in American journals, there was a trend of a decreasing percent of American contribution."

Abouleish et al⁽⁷⁾ have compared the clinical productivity of academic anesthesiologists in the operating theater versus the same activity of anesthesiologists in non-academic hospitals suggesting that the longer duration of surgi-

cal procedures and a demand for an increase in supervisory activities, in the former group, have probably contributed to their lower research output. Concerns have been expressed demanding a larger clinical staff⁽⁸⁾ but what has actually happened is more clinical work and less non-clinical time. These specific trends may appear to be acceptable on the surface, but by limiting the research activities of clinical anesthesiology faculty, their interest in academics is minimized and their chances for academic advancement are limited. In addition, their image before residents and medical students is negatively affected, when compared to other specialties.

The causes for these changes have not exactly been determined, but a number of probable reasons are listed:

- a) The profound effects produced by repeated attempts to reorganize the health care system in the United States affecting reimbursement and funding that supported some of the non-clinical activities of academic anesthesiologists⁽⁵⁾.
- b) This change has impacted Medicare-dependent groups resulting in a reduction or elimination of "non-clinical time" for anesthesiologists working in academic centers⁽²⁾.
- c) Proportionally, the sources funding basic and clinical research, which in the past came mostly from government agencies have also been reduced⁽⁴⁾.
- d) Changes in department's philosophical attitude toward research has been reflected in administrative policies^(5,7) ("we have to get the work done").
- e) Preference given to basic science researchers who may have their own grant support but conduct research only tangentially related to anaesthesia topics and present their works at other forums.
- f) The changes in hospitals' financial reimbursement for patients' services, and the dispersion of anaesthesia residents positions to other specialties have over the years impacted the output and the quality of trainees in anaesthesia.

In the past, academic anesthesiology departments calculated the number of faculty members needed by multiplying the number of anesthesia locations (including ICU, Pain Clinic and any other) by a factor of 1.5. By reducing the so called "non-clinical time" the faculty's academic production has indirectly and adversely been impacted resulting in a decline of free papers presented at the annual meeting of the ASA. Though some clinically involved anesthesiologists have continued to participate in research, it seems that the bulk of what is produced is being conducted by basic science investigators⁽⁸⁾ or supported by pharmaceutical companies hiring clinical investigators.⁽⁹⁾ Although, Ralph Waters¹⁰ favored anesthesiologists' interactions with basic sciences departments, he pointed out that anesthesia pro-

blems can only be solved by anesthesiologists. Thus the need to have clinical faculty involved in investigation.

There are other aspects in the development of American and non-American academic organizations that may bare some influence on the matter in question, being:

- a. The fast rise of papers from European countries may be due to the establishment of Institutes of Anesthesiology instead of Departments. The former appear to have greater influence within the medical schools and universities, broader interests and appear to be less vulnerable to changes.
- b. It also appears that the position of "Professor" in European Institutes seems to have more longevity and authority than the average "Chairperson" in American departments of Anesthesiology. This apparent stability means lesser turnover of faculty and residents. In other countries the responsibility and authority of the Department Chief or Professor varies.
- c. It is likely that the longer period of training for European registrars results in a more stable and capable population of trainees and eventually a more experienced graduate group.
- d. Moreover in Scandinavia, Germany, Holland, Belgium and other countries, trainees interested in faculty jobs usually conduct an in depth anesthesia research project and obtain a Ph. D. degree or an equivalent.
- e. In most countries the number of academic departments of anesthesia is on the rise, where as in the USA two academic departments have closed since 1997.
- f. It is obvious that the major increase of papers is coming from Europe and Japan with a relatively stable low number for the UK. Canada had risen consistently until the last decade. Asia and the Middle East appear to be on the rise in the last 20 years. Researchers from Latin America are beginning to present their work at this forum.

We applaud and appreciate the participation of foreign-based anesthesiologists in this important forum. Their progress is indeed welcome and in a way reflects the influence that American anesthesia had in initiating and influencing their investigative effort.

A matter of concern is the reduction in number and proportion of American-based anesthesiologists presenters. In spite of a modest increase in the number of papers (99) from 1990 to 2000, there was a marked percentile reduction from 93.5% in 1980 to 68.7% in 1990 to only 52.2% in 2000, which is worrisome. Further research is needed to determine how many American anesthesiologists are migrating their research presentations to other meetings. Our impression is that the "free papers" section of the annual ASA meeting and other congresses is an important forum for current investigative works to be presented and as such it should be given primordial location in the exhibit halls and receive the promotion and recognition that it deserves.

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