



## **A word from the President**



The goals of the WFSA are to make available the highest standards of anaesthesia, pain treatment, trauma management and resuscitation to all peoples of the world ([www.anaesthesiologists.org](http://www.anaesthesiologists.org)).

Our French colleagues are to be congratulated on a most wonderful 13<sup>th</sup> world congress which we will long fondly remember. South Africans are working hard on the 2008 and we welcome Argentina for 2012!

After having been elected in 2004 as the (first female) president of this 50-year-old scientific, educational and charitable body I would like to thank you for your show of confidence. The responsibility to advance the WFSA aims together with you all is an inspiring challenge accepted with great pride. John Moyers as Secretary with David Wilkinson as Deputy and Richard Walsh as Treasurer with Jerrold Fontenot as his Deputy are warmly welcomed and I know they will do a marvellous job at representing the interests of anaesthesia worldwide.

In 1960, the per-capita gross domestic product (GDP) of the 20 richest countries was 18 times that of the 20 poorest countries. By 1995, the gap between the richest and poorest nations had more than doubled to 37 times. In comparison, WFSA had 68 members (5 suspended, 3 associate) in 1973. In 2004 this number had increased to 118 (2 suspended, 4 corresponding). If all the people throughout the world were shrunk to only 100, only two would have a computer.

But how many would have access to educated anaesthesia care? One wonders. Being the one and only World Federation of Anaesthesiologists we must seriously reflect on which persons are administering anaesthesia in the world at the moment, with what qualifications, and who carries their legal responsibility. Should we not be the ones setting all the standards of the education? In Paris, 2004 a new committee on workforce (P. Kempthorne) has been charged to analyse this topic and provide us with a glossary at the next WCA.

Foundation (P. Bridenbaugh) and Safety & Quality of Practice (A. Merry) rose from specialist to standing committee. It was felt that the committee's task warranted the same level of recognition as Education (A. Enright) and Publication (I. Wilson). Again, I welcome the new members and those who agreed to serve a second term with open arms and may you achieve what you plan for.

There are a few other items on my agenda: An informal meeting of the presidents of societies either major in size or major in GDP (G20) is planned to discuss and brainstorm a number of issues regarding the membership and specialty. The General Assembly is too big to manage a fruitful discussion. The Executive Committee is charged to carry out the resolutions of the GA and is not necessarily representative of the larger societies. The president's prerogative is to create a think-tank and therefore the presidents of the societies from Australia, Brazil, Canada, China PRC, Finland, France, Germany, India, Italy, Japan, Netherlands, New Zealand, Norway, Portugal, Russia, South Africa, Spain, Sweden, Turkey, United Kingdom and United States have been invited to brainstorm on the issues described below.

So far, WFSA has registered national societies as members only. However, in some parts of the world anaesthesia has developed into a peri-operative specialty, thus expanding our areas of interest. This means that additional specialist organisations have come into existence. Should we strive to include all physician member anaesthesiologists and thus investigate whether bodies such as the regional organisations or subspecialty groups could be liaised with the WFSA?

Possibilities for WFSA projects in education and publication are limited; and are largely dependent on the surplus funds following the world congress held once every 4 years. The Foundation committee has therefore started to raise funds for these projects; however, there are administrative problems including, for example, the matter of tax deductibility. Therefore I propose that suggestions for projects be submitted to the Foundation committee. Once approved for funding by the committees already in place, for one of our national member societies (or even together with another national member society feasible) to take it on board to raise the money for that project. This could create a more personal identification with the project and also keep tax deductibility within the country concerned.

Until now, the contributions to WFSA have been based on the reported membership, i.e. the number of physician anaesthesiologists. This contribution system was and is based on the trust and reliability of the people concerned. Over the years, however, in some cases it seems to have developed into a "*what do we find reasonable to report to WFSA, i.e. spend on membership...*" and so

we find that certain societies never report a change in membership over the years, not even one or two persons. How can financial WFSA contributions be separated from reported physician membership? Knowing the true number of anaesthesiologists in the world gives everyone relevant information.

The active members in WFSA can remain active thanks to time being given to them by their departments, universities, hospitals, or even groups. A lot of additional (family) time is also used up during these activities. As we all know, education and publication are WFSA's main priorities. I would like to hear your views on establishing an award (non-financial) on the anaesthesiologists concerned. Careers in WFSA take at least 8 years and sometimes as many as 20 years.

Comments are heard of WFSA's funds being wasted on needless (or seemingly) meetings and unwarranted travel expenses. WFSA officers and committee members only receive expenses incurred (i.e. economy air fare). The maximum per diem amount (if required) is fifty US dollars. This is only received if an educational activity is related or on rare administrative duties. Much of private (departmental and family) time and money is spent on WFSA activities. How can we turn this erroneous image around?

I look forward to receiving your comments about the above topics. Whilst preparing this message, we have all been shocked to hear about the terrible disaster that has struck our fellow colleagues and friends in the South East Asia region. Although we feel helpless, all of us reach out to them. On behalf of all anaesthesiologists, we offer our sympathy to those who have lost dear ones.

Whilst watching these events with great apprehension, we see that anaesthesiologists from around the world are arriving there to offer help in kind, and we are identifying the best possible channels to contribute in any way we can to assist them in these troubled times. I remain your faithful servant

Anneke E.E. Meursing

WFSA President



The new team at your service!