

LETTERS

The authors respond to “Nurse anesthesiologists”

We appreciate the interest in our article advocating for a national strategy for anesthesia services in rural and remote regions of Canada.¹ Bland² and other commenters on the *CMAJ* website have proposed that the shortage of anesthesia care providers in rural Canada could be remedied through the provision of anesthesia care by certified registered nurse anesthetists. In the United States, these specialist nurses are licensed professionals who have completed a graduate degree and who participate in the delivery of anesthesia services. Similarly, another commenter suggested that advanced care paramedics could be trained to provide anesthesia care.

We do not believe that, in Canada, the availability of a new class of allied health professional with limited or single skill sets would address the overall perioperative medical needs of rural communities. Rural generalist family physicians bring

additional skills related to emergency medicine, surgery, obstetrics, pain medicine and family practice in a cost-effective manner. Canada has already invested in the high-quality educational infrastructure needed to train family physician anesthetists, and the demand from keen physicians for provincially funded training positions far exceeds our current training capacity. Indeed, in the US, there are similar regional shortages of anesthesia and pain medicine providers, despite the availability of certified nurse anesthetists, owing to inadequate workforce planning.³

In Canada, certified anesthesia assistants support and work under the supervision of anesthesiologists. The Government of British Columbia recently expanded its training program for certified anesthesia assistants to address the shortage of anesthesia providers in that province.⁴ An expansion of such training programs and hospital funding for this type of position are 2 of several needed solutions, particularly for large urban centres.

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