

# A Very Personal History of the Society for Pediatric Anesthesia

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My early career and the creation of the Society for Pediatric Anesthesia (SPA) are intertwined. After having completed residencies in Pediatrics (Pittsburgh) and Anesthesiology (U Penn) and a Fellowship in Pediatric Anesthesia and Intensive Care (CHOP Philadelphia), I joined the Department of Anesthesiology and Critical Care Medicine at the Johns Hopkins Hospital as a pediatric anesthesiologist and intensivist.

As a young faculty member I joined several professional societies (American Society of Anesthesiologists, Society for Critical Care Medicine) and tried to join the American Academy of Pediatrics (AAP) Anesthesia Section, which at the time was the only professional society specifically for pediatric anesthesiologists. Much to my chagrin, I was rejected because the bylaws of the AAP Anesthesia Section required that its members have practices limited to pediatric anesthesia (> 90%). Because Johns Hopkins is a large multi-disciplinary general hospital, I also provided anesthesia to adult patients and therefore did not meet the AAP membership requirements.

To say the least I was incensed and went to my Department Chair, Dr. Mark Rogers, and talked of the need for a more inclusive Society, a Society of anesthesiologists who practice and have a strong interest in pediatric anesthesia but who did not have to have a practice limited only to pediatric anesthesia. The purpose of the Society as I envisioned it was to foster quality anesthesia and peri-operative care, and to alleviate pain in children. The goals of the Society would be

1. advancing the study of pediatric anesthesia and contributing to its growth and influence;
2. encouraging research and scientific progress in pediatric anesthesia;
3. serving as a forum for discussion of issues (scientific and political) of importance to pediatric anesthesia; and
4. forming a fellowship of friends.

Dr. Rogers' response was immediate and typical of his leadership and mentorship. He encouraged me to proceed and promised to underwrite all of the costs needed to found the Society. In October 1985, I invited and hosted a meeting of the major (Jack Downes, George Gregory, Russ Raphaely, Ted Striker, Charlie Cote, Dave Swedlow, Dennis Fisher, Bob Crone, Milt Alper, Nancy France, John Ryan, Fritz Berry, Jeff Morray, Aubrey Maze, Jim Diaz, Peter Rothstein, David Todres, Al Hackel, Ryan Cook, and Randall Wetzel) and minor (me) figures in Pediatric Anesthesia to a lunch



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meeting at the Clift Four Seasons Hotel in San Francisco. After vigorous debate, the attendees agreed to support the creation of a Society FOR pediatric anesthesia (not OF Pediatric Anesthesia).

I was charged with the mission of making it happen. Using the resources of the Hopkins Department of Anesthesiology and a new program called Word Perfect, I sent letters to every known graduate of American pediatric anesthesia fellowship programs as well as to all members of the ASA. This letter announced our intention to form the Society for Pediatric Anesthesia, outlined the goals of the new Society, and invited the recipients of the letter to attend the first general meeting to be held in conjunction with the 1986 Annual Meeting of the ASA (Las Vegas). Approximately 500 people attended and voted to both form the Society and to elect its first Board of Directors. A list of all of the past presidents (in order of service) and Board members (alphabetical) can be found in the table below.

The 1st meeting of the Society became the model for all future meetings. It took place in the fall of 1987 and was held the day before the Annual Meeting of the ASA. The program was divided into 3 parts, a morning session devoted to a basic science topic, a grand luncheon, and an afternoon session devoted to clinical management problems. The first morning symposium was devoted to the development and control of the pulmonary vasculature and our first speaker, a world renowned physiologist/pathologist/pediatrician, Dr Marlene Rabinovitch, set the bar for all who followed. Over the years other topics included the control of ventilation, pharmacology and pharmacogenetics, principles of new drug development, nitric oxide, cardiac and pain physiology, brain resuscitation, brain development, and many others. These lectures by basic scientists, were followed by clinicians who closed the loop with a discussion of how these basic science concepts affect clinical practice and how they affect management decisions. Following lunch, the afternoon sessions were devoted to clinical problems in pediatric anesthesia and controversies in practice which include pro/con debates with extensive audience participation. At the conclusion of the meeting members attend a buffet dinner designed to allow maximum shmoozing and networking.

The election of Bill Greeley to the Presidency of the Society (1995) marked the most important change in the Society's direction. Under his leadership, the Society shifted from being a "mom and pop" operation run on a shoe string budget to the true corporate structure that exists today. Management of the Society became professional; the Ruggles Corporation was hired to run the Society and its meetings. A reserve fund was started, a winter meeting was added, subcommittees were formed, an alliance with the journal Anesthesia and Analgesia and with the Foundation for Anesthesia Education and Research was created, and the Board of Directors was enlarged.

Today the Society has approximately 2,000 active members and these members represent a cross section of American practice. Approximately half of the members work in Children's Hospitals and the other half work in general hospitals; of those who work in general hospitals, about half work primarily with children (>50% of their practice) and the other half work with children on occasion. The membership is divided fairly evenly between academic and

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private practices. One of the most important features of the Society is that it was designed to encourage member participation, foster friendships, and to be truly representative. Indeed, to prevent the establishment of an "old boys' network" and a revolving door of the same faces and personalities, the Society's bylaws stipulate that once elected to the Board of Directors, a member can not run again for a Board position for 10 years. The Winter meeting held in a co-operative partnership with the AAP anesthesia section is usually held in a rain drenched vacation resort, and offers an opportunity for young talent to emerge and for the subcommittees of the Society to meet. The subcommittees are large and varied and new committees are constantly being formed. An example was the creation of the Committee on International Education and Service.

Headed by Quentin Fisher, this committee was formed in 1999 and serves as a clearing house of information for SPA members

who wish to provide anesthesia and anesthesia education services in poorly developed countries. The Society is also active in anesthesia Fellowship and Residency education, and under the direction of Jerry Lerman began a colloquium for Pediatric Anesthesia Fellows in 2002. Continuing Medical Education is integral to the Society's core mission. The 2004 Winter meeting will feature training in fiberoptic bronchoscopy, regional anesthesia and nerve blockade, and certification in PALS.

Finally, SPA is beginning to forge alliances with sister organizations across the globe. Indeed, this year marks a historic first in which the Society of Paediatric Anaesthetists of Great Britain and Ireland and the American Society for Pediatric Anesthesia will have a joint meeting in San Francisco.