



Statement on Physician-Led Anesthesia Care

Committee of Origin: Anesthesia Care Team

Approved by the ASA House of Delegates on October 5, 2020

In the United States anesthesiology services are provided by qualified anesthesia providers working within recognized care delivery models that meet regulatory and statutory requirements. Separate care delivery models utilize differently comprised teams of qualified anesthesia providers based on local resources, requirements and staffing decisions. The ASA positions are reflected in the *Statement on the Anesthesia Care Team*. The WFSA and WHO believe that wherever and whenever possible, anesthesia should be provided, led or overseen by an anesthesiologist.

Anesthesia care is the practice of medicine.

Anesthesia care requires:

- Evaluation, clinical medical assessment, management and optimization of medical conditions to reduce the risk of anesthesia care and perioperative adverse events
- Consultation with other physicians for evaluation, testing and determination of how to minimize anesthesia and perioperative risks
- Development of strategic medical plans for the safest anesthesia care (including facility, staffing model, and anesthesia plan)
- Pharmacologic expertise for the selection of appropriate medications during the surgery/procedure to manage acute and chronic medical problems
- Manual skill to perform procedures including diagnostic, anesthetic, and invasive monitoring modalities, accompanied by a determination of the risks and benefits for each procedure, and medical decisions that dictate the indication for each procedure
- Urgent or emergent procedural or pharmacologic intervention to address unanticipated medical situations (including differential diagnosis and medical decision making to best address the problem)
- Communication and coordination with patients and families to discuss and determine the best medical strategy for delivering their anesthetic care that both keeps them comfortable and safe.

Every patient deserves physician-led anesthesia care. Every patient deserves physician-led anesthesia care, but exactly what physician-led anesthesia care is may be less clear to our members, our colleagues, hospital administrators, payers, and government regulators.

When care is delivered through physician-led, team-based care the physician is responsible for the care provided. In a physician led care delivery model the following elements are foundational:

- The responsible physician is required for medical evaluation, diagnosis and treatment decisions. Accordingly, the physician bears ultimate responsibility for the anesthesia care provided.
- The responsible physician provides preoperative evaluation with needed medical optimization and facilitates the process of informed decision-making, especially regarding the choice of anesthetic technique regardless of whether they are personally performing or working with non-physician anesthesia providers.
- The responsible physician has a duty to the patient that includes transparent communication regarding the anesthesia plan of care as a core element of informed consent.
 - If this physician shares responsibility for a patient's care with other physicians or non-physician anesthesia providers, this arrangement should be explained to the patient.



- When not medically directing, those medical direction elements that will be performed by the physician and those elements not performed or delegated to another clinician should be affirmatively identified to the patient.
- When directing non-physician anesthesia providers or physicians in training in the actual delivery of anesthetics, the responsible physician should remain personally and continuously available for direction and supervision during the anesthetic; they should directly participate in the most demanding aspects of the anesthetic care.
- The responsible physician should provide appropriate postanesthetic care for their patients.