

January 20, 2011

Sandra Schneider, M.D.
President
American College of Emergency Physicians
1125 Executive Circle
Irving, TX 75038-2522

Re: Statement by American Society of Anesthesiologists on Granting Privileges for Deep Sedation to Non-Anesthesiologist Sedation Practitioners

Dear Dr. Schneider:

My colleagues and I are grateful to have had the chance to meet with your leadership in New York City last month. I hope our discussion addressed your questions about the American Society of Anesthesiologists' (ASA) recently issued "Statement on Granting Privileges for Deep Sedation to Non-Anesthesiologist Sedation Practitioners."

The purpose of the statement must be clearly understood. It states that it "is designed to assist health care facilities in developing a program for the delineation of clinical privileges" (emphasis mine). Our expectation is that facilities and medical staffs will use our statement as a starting point when they consider how to establish institution-specific criteria appropriate for deep sedation privileging. We understand that each setting has unique characteristics that should be reflected in the development of medical staff privileging criteria. We also recognize that some institutions may find it unnecessary to privilege non-anesthesiologists for this service at all.

The considerations appropriate for one specialty may not pertain to others. For example, institutions may require some or all staff members to maintain Advanced Cardiac Life Support (ACLS) certification. Some institutions recognize that the ACLS skill set is a core competency of specialties such as anesthesiology or emergency medicine and may treat these specialties differently with respect to their ACLS requirements. We would expect that a facility may address the deep sedation privileging standards with similar distinctions among medical specialties. Note, too, that the ASA statement makes reference to "advanced life support skills and current certificate such as those required for Advanced Cardiac Life Support (ACLS)." (again, emphasis mine). Our document does not suggest a requirement for ACLS certification *per se*, but instead calls for documented competency in those skills.

As physicians, we all understand that patient needs trump guidelines and standards. A critical function of the medical professional is to weigh the likelihood of patient harm, particularly in emergency situations, in comparison to the benefits of strict adherence to even the most compelling standards. For example, we all have cared for patients who have critical, urgent need for intravenous access and resuscitation; in these instances it may be necessary to put aside time-consuming techniques in their best interests. Central venous catheters inserted at the scene of major trauma provide another good illustration. We understand there may be rare circumstances in which practices suggested in our statement cannot reasonably be followed under extenuating circumstances.

We are hopeful that the ASA statement will be helpful to institutions that need to establish privileging criteria for deep sedation. Our goal is to contribute to thoughtful consideration of the ways in which this can be accomplished . . . with patient safety foremost.

Sincerely,

A handwritten signature in black ink that reads "Mark A. Warner". The signature is written in a cursive, flowing style.

Mark A. Warner, M.D.
President
American Society of Anesthesiologists

cc: David Seaberg, M.D., ACEP President-Elect
Andrew Sama, M.D., ACEP Vice President
Dean Wilkerson, ACEP Executive Director
Jerry Cohen, ASA President Elect
John Zerwas, ASA First Vice President
John Thorner, ASA Executive Vice President
Beverly Philip, M.D., Chair, ASA'S Committee on Non-Anesthesiologist Privileging