Preface

Our journals are designed for critical readers to determine whether the best freshly published papers will become essential for practice or not. As anesthesiologists work more hours, with fewer resources and sicker patients than ever before, it is truly a challenge to maintain currency. For many, reading on the subject of anesthesia does not take priority while juggling a personal and professional life. Investing in print copies or gaining Internet access to journals in our field is low on the to-do list.

Anesthesiologists love to talk to fellow anesthesiologists about cases. Even the most dour clinicians will come to life when another anesthesiologist says, “You will never believe what happened to me in the operating room last week.” It is readily transparent that many clinicians are holding onto clinical paradigms that were learned in residency that are, at a minimum, now controversial and sometimes no longer true.

There has been a veritable explosion over the last 20 years of high-quality research in anesthesiology, pain medicine, and critical care. The merit of each journal is quantitatively determined by its “Impact Factor”—the frequency that its articles are cited in other papers or reports. The impact of anesthesiology and its related fields has soared by over 65% in the past 5 years. Fully overwhelming evidence now influences the clinical care of patients in our field and is the reason for this gain. Despite new statistical measures, project design, and editorial approval, many clinicians are holding onto practice parameters that are outdated or irrelevant.

The process of practice change involves 3 steps. With the introduction of a new practice parameter, the provider goes through: (1) denial, (2) understanding that there is controversy, and (3) after more time than should be needed, acceptance.

The editors of this book made a bold attempt at creating a book that is targeted at every clinician in the field, whether they stay current or not. We present 126 cases, broken down by subspecialty, where the author has a “split personality.” After a case is presented, the author forcefully represents 2 adversarial positions: a pro stance and a con stance. In each case, the authors speak freely, having checked their academic title at the door. During a freewheeling discussion, the case authors alternate between talking off the cuff and presenting current evidence. The book is meant as an easy read that can be opened up at any page. Each case is only a few pages long and can capture the attention of the reader for as long as needed. This is not meant to be a reference book. Simply stated, the cases are meant to be entertaining and a “fun read.”

In almost every clinical arena, concepts that we thought were written in stone are on the road to becoming myths. Examples include the utility of cricoid pressure, the use of normal saline, left uterine displacement, and the neurotoxicity of inhaled anesthetics in young children. These are just the tip of the iceberg of controversial topics recently debated in our high-impact journals. Large database analyses on an increasingly large number of topics demand a change in practice.

Another objective of this book is to help the reader take a small step toward currency. The informal presentation of topics is what we believe is the most accessible way to convey new information to a large number of readers. This is how information is most frequently shared in the “real world” both inside and outside of medicine. We believe that this book accomplishes...
this goal of information sharing, and that most of the cases in the book address the most relevant controversies in anesthesiology today.

The pro–con approach offers advantages over other methods of teaching. These cases can be presented to residents in a manner similar to the Socratic method. In our experience, residents do prefer to be taught using a case-based method. Long intervals exist in the operating room during which minimal activity occurs, although vigilance must still be maintained. Case-based discussions are a perfect way to spend this time. This book is essentially a library for a teacher who is looking for high-quality case-based topics.

The enthusiasm of the authors of each case was the most satisfying aspect of this book. The quality of each case demonstrates that sentiment. Each case author is to be commended for the wisdom and skillful writing contributed to these cases. While we are grateful for everyone involved in getting this work to print, we will be most grateful if the readers simply enjoy this book and use it as a road to currency and an important mode of teaching anesthesia.

New York, USA
Corey S. Scher
Chicago, USA
Anna Clebone
You're Wrong, I'm Right
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Scher, C.S.; Clebone, A.; Miller, S.M.; Roccaforte, J.D.; Capan, L.M. (Eds.)
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