Anesthetists in Recovery
Chemical Dependency in the Profession
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Committee, 1993-1996

Anesthetists in Recovery (AIR), is a national support organization of CRNAs recovering from chemical dependency. It is an organization involved with both education and networking for reasons of peer assistance.

Members of AIR agree with the definition set forth by the American Medical Association that chemical dependency is a primary, psychosocial, and biogenetic disease; it is a progressive disease that presents relapse as one of its many characteristics. The symptoms of the disease are cunning and baffling as is the disease itself.

A Major Problem
As Diana Quinlan stated in her article, the addiction rate among anesthesia providers is high. Nurse anesthetists are dying from this disease on an ongoing basis, either from accidental overdose or from suicide. The number of anesthesia care providers found dead in call rooms around the country on a regular basis proves there is a major problem that must be addressed; and there is a solution only if we in the profession will open our minds, our eyes, and our ears.

The nursing profession has been the last of the major healthcare provider professions to accept that we must stop enabling our impaired members. It has been said that we nurture and protect our own, and then we act like a lynch mob. We in the nurse anesthesia profession have followed suit, as we deny the problem until it grows too large to be ignored. Sometimes we protect our colleagues right into job loss, license loss, and, most important, life loss.

Possible Lifelong Remission
It has been found that although there is no cure for this disease, there can be lifelong remission contingent on prompt detection, intervention, treatment, and a closely followed aftercare program involving 12-step groups, peer support groups, and of most importance, carefully timed and placed reentry into the anesthesia profession. Reentry too early and without prior adequate treatment and aftercare is a sure way to provoke relapse, especially in early recovery.

It is the belief of AIR's recovering anesthetists that reentry must be structured; tools such as back-to-work contracts should be utilized. The use of naloxone (a narcotic antagonist), Antabuse, and random drug screens have been found effective in structuring such a contract. There are recovering anesthetists working all over the country today. They are considered to be polished and disciplined professionals who are grateful to be in recovery from a seemingly hopeless state of mind and body.

Education Is Key
Education on the disease of chemical dependency for all in the profession is an absolute necessity if lives are to be saved. We must know the early signs of this disease, and we must know where to go for help in order to set up a successful intervention. Education also opens our minds to what is really going on with our peers. Chemical dependency is not a moral issue; it is a disease issue. We do not fire nor report the epileptic or the diabetic; we must stop doing so with our impaired peers.

AIR was first coordinated in 1984 by Beth Visintine, CRNA, and I have inherited the chairmanship. Beth and I had a dream

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AANA NewsBulletin
AANA Becomes Grand Patron of Anesthesia Patient Safety Foundation

At the Anesthesia Patient Safety Foundation (APSF) Board of Directors Meeting held in Atlanta, Georgia, on October 21, 1995, the AANA became a "Grand Patron" of the APSF. Mary DePaolis-Lutzo, CRNA, PhD, AANA immediate past president, and Nancy Gondringer, CRNA, MA, 1995 AANA Board member, presented a check qualifying the AANA for the Grand Patron donor level to Ellison Pierce, Jr., MD, APSF president and E.S. Siker, MD, APSF executive director.

In a letter acknowledging the contribution of the AANA, APSF stated "the Anesthesia Patient Safety Foundation is very happy to add the American Association of Nurse Anesthetists to Grand Patron Membership. AANA now joins a distinguished group of Patrons which makes it possible for the Foundation to continue its ongoing programs and to initiate new ventures in the interest of safety for all patients requiring anesthesia care."

CRNAs nationwide will continue to receive quarterly subscriptions of the APSF Newsletter as an AANA member service. CRNAs are encouraged to take a more visible role in the publication and anesthesia safety research.

APSF is celebrating its tenth anniversary; its purpose is dedicated solely to improving anesthesia patient safety.

"The 1995 AANA Board of Directors voted unanimously to have AANA become a Grand Patron member, demonstrating the long-standing commitment of nurse anesthetists to providing safe, quality anesthesia to patients for more than 100 years," explained Dr. DePaolis-Lutzo. "Membership in the organization provides a vehicle for AANA and the nurse anesthesia community to actively participate in nationwide efforts to assure patient safety and improve anesthesia services," added Dr. Lutzo.

The APSF meeting included a "mini-

1995 AANA Annual Business Meeting Contributions

It should be noted that the $2,500 donated to the AANA Foundation at the 1995 AANA Annual Business Meeting was made by the Duke University Medical Center CRNA Alumni.

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that one day we would have recovering CRNAs in every state in the country who would be willing to be a part of a national network. At present, I do not have someone in recovery listed for every state.

Call for Networking Volunteers

I am reaching out to all CRNAs in recovery from chemical dependency who would be willing to allow me to network them with other CRNAs who call me for assistance. My list is totally confidential so your anonymity is protected. I would like to hear from members in every state — even Alaska and Hawaii. Remember this, "We cannot keep what we have without giving it away." If you are interested in being placed on my AIR list, please call me at (612) 724-8238 or (612) 347-3157, or write to me at 2205 22nd Avenue South, Minneapolis, MN 55404.

I feel that my 11 years of recovery would not have been possible had I not been willing to work with CRNAs. Thank you. I look forward to hearing from you.

Yes it is! Here's your chance to learn the principles and techniques of spinal and epidural anesthesia. Sharpen your skills with hands-on experience using models. A one-to-five ratio of instructors to learners turns this into an intensive learning laboratory. Act now! Space is limited to the first 30 CRNAs who register for each session.

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