

How calling CRNAs “nurse anesthesiologists” misleads patients

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Anesthesiology is the practice of medicine and the term anesthesiologist is commonly understood to describe a licensed physician who holds an MD or DO and has extensive specialty training in anesthesiology—and physicians say that shouldn’t change.

Patients and boards of medicine across the nation recognize that physicians—not nurses with specialized training in anesthesia—are health professionals properly referred to as anesthesiologists, the Litigation Center of the American Medical Association and State Medical Societies and the American Society of Anesthesiologists (ASA) say in an amicus brief. The brief asks the State of New Hampshire Supreme Court to uphold a New Hampshire Board of Medicine decision that stops individuals from identifying themselves as anesthesiologists if they aren’t licensed as such.

The New Hampshire Board of Medicine unanimously voted to take that position after the state’s nursing board approved a position statement in late 2018 that allowed certified registered nurse anesthetists (CRNAs) to refer to themselves as “nurse anesthesiologists.”

The New Hampshire Association of Nurse Anesthetists is now asking the state’s high court to throw out that decision to clear the way for CRNAs to use the term “nurse anesthesiologists.”

“While there is no question about the level of service and professionalism CRNAs bring to anesthesia care, they are not anesthesiologists, in the same way nurses are not physicians,” the brief informs the court in the case, *In re Appeal of New Hampshire Association of Nurse Anesthetists*. “Allowing the proposed title of ‘nurse anesthesiologist’ would confuse patients and the public about the education and role of CRNAs as well as place an unnecessary burden on patients to decipher whether their health care professionals are physicians or nurses.”

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Vast training differences

A CRNA's education and training spans four to six years after high school and includes an average of about 2,000 hours of patient care in their curriculum, the AMA Litigation Center brief tells the court.

An MD or DO anesthesiologist has education and training that spans at least 12 to 14 years after high school and includes 12,000 to 16,000 hours of patient care training in the curriculum—twice the educational years and five times the clinical hours of a CRNA.

And there is a significant difference in the depth of the curricula. As physicians, anesthesiologists complete all courses relevant to practicing medicine, including laboratory courses and courses that give them comprehensive medical knowledge. Anesthesiologists are the professionals expected to medically manage patient care and prevent or respond to complications and complex situations for patients receiving anesthesia.

“An anesthesiologist has been educated, trained, tested and retested countless times, with years and years of classroom and clinical experience to ensure the development and maintenance of the medical expertise and split-second critical decision-making skills required to address immediate and long-term patient care needs,” the brief says. “CRNAs, on the other hand, are trained to work within the physician-led care team, under physician supervision. ... Through an amicus AANA [American Association of Nurse Anesthetists] argues the CRNAs should be viewed as an ‘independent anesthesiology practitioner,’ That is simply false.”

Patients deserve clarity

Letting CRNAs call themselves “nurse anesthesiologists” would make New Hampshire an outlier in how these professionals can refer to themselves, would confuse patients who are increasingly expected to play a greater role in their health care decision-making and could lead to negative health outcomes, the brief tells the court.

According to a recent AMA Truth in Advertising survey, 70% of patients recognized an anesthesiologist as a physician and 71% responded that a nurse anesthetist was not a physician. Allowing CRNAs to call themselves “nurse anesthesiologists” “muddies the waters” and will further confuse patients the AMA Litigation Center and ASA brief says.

“It is vital that all health care providers use only the titles and descriptors that align with their license, education, training and board certification,” the brief says in it urging the court to find the BOM’s ruling to restrict who can identify themselves as an anesthesiologist proper and lawful.