

UVM Anesthesia News

A Newsletter From The University of Vermont Department of Anesthesiology

Volume 1

1995

Greetings

The Department of Anesthesiology is proud to offer this inaugural issue of our newsletter. We want to keep friends and "family" updated on our lives and the programs of the University of Vermont and Fletcher Allen Health Care.

Anesthesiology as a specialty and as a component of the "big picture" in health care is undergoing tremendous change. The challenges we face are fortunately counterbalanced by wonderful opportunities to improve the way we take care of patients. Fortunately, that fundamental principle will never change: we will always do our best to take very good care of patients, one at a time!

Please read and enjoy the newsletter and let us know what you are doing and how we may best keep in touch with you.

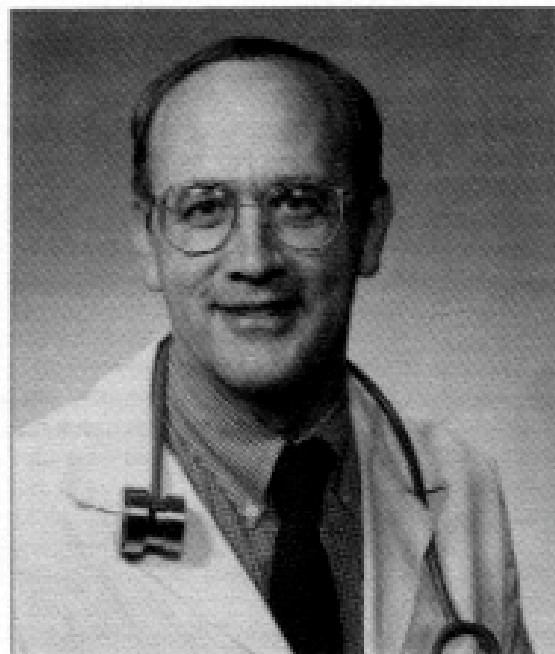


New Anesthesiology Chair Arrives

Dr. Thomas J. Poulton accepted the chairmanship reins from Dr. John Mazuzan in January of this year. He brings to the position an academic career as well as a background in private practice management. Poulton served most recently as chairman of the department of anesthesiology at St. Francis Hospital, a large tertiary care community hospital in Topeka, Kansas. Prior to that, he was vice chairman and chief of critical care medicine at the department of anesthesiology at Creighton University in Omaha. He graduated with honors from the Ohio State University College of Medicine, and did his anesthesiology residency at the Bowman Gray School of Medicine. He did a two year critical care fellowship, which included a research year, at the University of Florida College of Medicine.

Asked what he finds attractive about the opportunity to move to the University of Vermont, Poulton remarks, "I am very excited about the talent, enthusiasm, and work ethic of the anesthesiologists and residents here. Dr. Mazuzan has gathered an excellent balance of talents and clinical specialties.

"I don't have to tell anyone that Burlington is clearly a wonderful place to live and work," says Poulton. "Also, I'm pleased to see the organizational work being done with Fletcher Allen Health Care. The union of MCHV, UHC, and the Fanny Allen Hospital is a necessary and important organizational step which allows all the physicians in the region to work together efficiently and economically to provide the best care possible for the citizens we serve, and at the lowest possible cost."



Thomas J. Poulton

Poulton's critical care training and practice have actively involved him in air medical transport of the critically ill and injured. He has worked in a variety of roles providing medical support of public safety and rescue activities. Prior to joining his new colleagues in Burlington, Poulton was the Topeka fire physician, serving in an advisory role to the chief on matters relating to occupational health. Poulton also underwent training at the Fire Academy and served as an active member and instructor in the Urban Rescue Division. In that capacity, Poulton is trained in technical rope res-

cue, confined space work, extrication techniques, hazardous materials handling, and underwater search, recovery, and rescue techniques and equipment.

Dr. Poulton is a member of Phi Beta Kappa, Alpha Omega Alpha, and has been honored as a fellow in the American College of Chest Physicians, the American Academy of Pediatrics, the American College of Physicians, and the American College of Critical Care Medicine. He received the "Outstanding Teacher of the Year" award from three graduating classes at Creighton University School of Medicine and was honored by the faculty as the "Outstanding Faculty Member of the Year" upon his departure.

Poulton's research interests include the anesthetic care of patients with multiple sclerosis, various aspects of emergency medicine, and a wide variety of aspects of critical care and anesthesiology topics.

"I made the 'mistake' of never developing a tight research focus," says Poulton. "My main goal in research has always been to have fun answering clinically-relevant questions. If I have a strength in research, it has been in working with medical students and residents to teach them the nuts and bolts of inquiry. It's a learned process and one which can be tremendously satisfying."

Although he puts in some very long hours, Poulton is enthusiastic about a variety of nonprofessional interests as well. He states that his primary outside interest is family time.

"I have a wonderful time playing with my son and sharing activities with my wife," he says.

Poulton has been married for twenty-five years to his high school sweetheart from a small town in Ohio. The romance may have taken root even earlier; they were in the first grade together. His wife, Karen, is a research attorney specializing in banking, employment and corporate legal issues. She continues to work full-time for a Kansas firm, filing motions and briefs using computer technology to maintain close ties to her associates in Topeka.

The Poultons' thirteen-year-old son, Michael, is convincing when he states that Vermont is "great!" Michael is very interested in science and electronics and enjoyed learning to ski this winter. He also designs, builds, and flies model rockets and enjoys exploring South Burlington on his bicycle.

The senior Poulton also has experience as a clown, balloon sculptor, juggler, and magician. Balloon sculpting workshops have already been presented in the department.

"It's all strictly amateur, but I do love the connection between being a clown and the world of childhood," says Poulton. "Working as a clown provides me with the opportunity to act like a child, yet do it in a socially-approved manner."

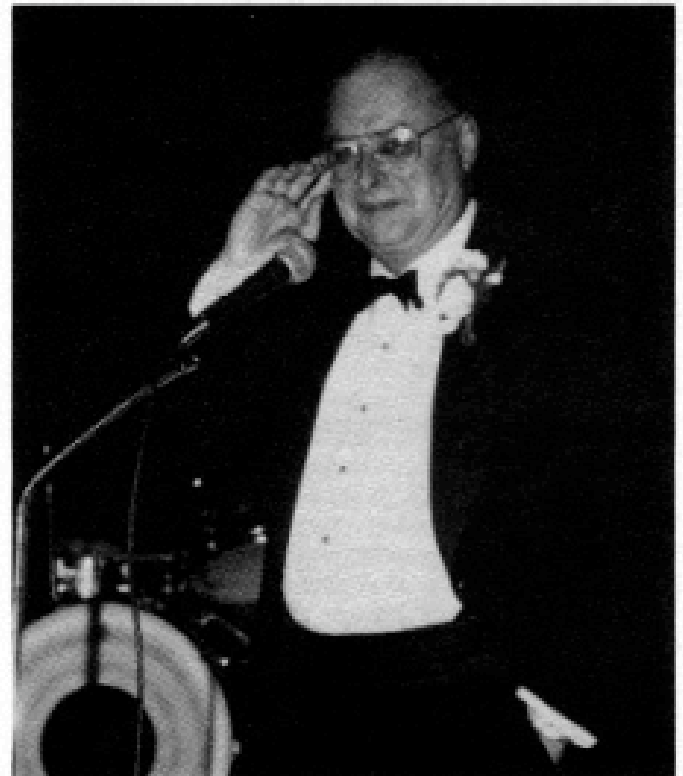
For the future of the department, Poulton sees "opportunity, challenge, continuation of the traditions of a tightly-knit group of colleagues, shared achievements, and personal and departmental growth."

John E. Mazuzan, Jr., M.D.

John Mazuzan does not miss work. Or, rather, he does not miss *the job*. (An important distinction, considering the amount of time he still spends working.) Of course, he was used to the idea of retirement before it actually happened. Years passed between the day he announced he would retire and the day on which he packed up the corrugated cardboard boxes and tipped his proverbial hat to *the job*. And so, now, he does not miss it.

"The only thing I miss is the personal contact," he explains. "I miss talking to my extended family about their kids."

These days, Dr. Mazuzan spends his time with his family, working in his yard, pursuing his own interests (most notably, perhaps, his fascination with the Civil War), and attending meetings and presentations for the various boards and committees on which he serves. He works with the American Heart Association and the Vermont State Board of Health; and he chairs the Committee on Insurance and Economics for the Vermont State Medical Society. Mazuzan was appointed to the Vermont Medical Practice Board by Vermont Governor Howard Dean. He also serves on the board of the Flynn Theater and is president of the UVM Medical Alumni Association.



John E. Mazuzan, Jr.

Mazuzan has five children: John, Mark, Christopher, Stephanie, and Ellen. He has four grandchildren: Kirk, Scott, Alicia, and Rebekah. His wife, Carol, has a daughter, Kierstin, and granddaughter, Brittany, the latter of whom calls Dr. Mazuzan 'Hohn,' thereby establishing a new name within the family.

John Edmund Mazuzan, Jr., has spent his entire life

working and learning. At age 16, he contracted an illness that left him unable to attend school. He convinced the administrators at Northfield High School in his hometown of Northfield, Vermont, to allow him to study by way of a correspondence course. This he did for two years, at the end of which Northfield High School insisted that he pass a test in order to graduate. Because of the course, and his being a voracious reader, Mazuzan finished first in his class and graduated valedictorian.

His father ran the local newspaper, *The Northfield News*. Mazuzan and his younger brother and sister all wrote for the paper.

"My father was a very severe editor," says Dr. Mazuzan. "I'd have to justify every punctuation with a rule."

This discipline apparently paid off. Mazuzan is an eloquent speaker and skillful writer. (Words cease to flow with ease only when he is asked to talk about himself; he was reluctant to be interviewed, but yielded under pressure.) He is a scholar in the truest sense. It would seem that his siblings were likewise endowed: Patricia (the mother of four), a former high school teacher, currently teaches courses in early American art; George, a Ph.D. historian with the National Science Foundation, still teaches at the college level.

Dr. Mazuzan went to Boston College, and was accepted to medical school at the University of Vermont during his junior year. Attending summer school before and after his first year at UVM enabled Mazuzan to receive his bachelor's of science from Boston College. While in medical school, he worked a two month rotation split between anesthesiology and pediatrics, and was drawn to anesthesiology as a specialty for the first time.

In 1955, Mazuzan entered the Air Force a first lieutenant. That, he says, was his "first job with a living wage." His time in the service gave him two years to think about where to specialize before having to decide and commit. In the Air Force, he worked in obstetrics. Why?

"Because that's what the colonel told me to do," he explains.

In fact, there were eight physicians at his base in Valdosta, Ga., all of whom had just completed internships. Five new physicians reported to the base within a single month, Mazuzan being the last of those to arrive.

"If you got there first, you had a choice of specialty," says Dr. Mazuzan. "I had no choice."

He estimates that he delivered close to 600 babies during his years in the Air Force. The nurse anesthetist on base was shipped out at some point during that time, and never replaced, so Mazuzan also became base anesthesiologist. It was in the service that he became interested in the Civil War. An obstetrician with whom he worked called attention to Mazuzan's ignorance of Vermont's role in that war and he hasn't stopped reading about it since, trying to correct that deficiency.

After two years in the service, Mazuzan did his residency in anesthesiology at Massachusetts General Hospital. After that point, he returned to UVM to work for the division of anesthesiology, run by Dr. John Abajian.

"Two years after I came, it became obvious that someone in the institution had to take over the modality of ventilating patients with mechanical ventilators," says Mazuzan. The logical choices for the job were pul-

monary medicine or anesthesiology. "At Mass General they had developed this kind of service after the polio outbreak," he explains. Dr. Mazuzan suggested to John Abajian that Ernie Mills, chief at the deGoesbriand, run the ventilator service full time. Geno Dente, then the attending in charge at the Mary Fletcher, was assigned to run anesthesiology at the deGoesbriand, leaving Abajian and Mazuzan to direct anesthesiology at the Mary Fletcher Hospital. But Dr. Abajian's laboratory research took up a great deal of his time, and Mazuzan found himself in charge of anesthesiology at the hospital.

"Here I was, a junior attending, running the larger area," he says, still with disbelief. Seven attendings, three nurses and six residents covered the three Chittenden County hospitals. The group also had two additional attendings assigned to cover Barre City and Gifford (Randolph). Being the junior attending, "I was the vacation coverage for these hospitals," says Mazuzan. "My Northfield roots and this experience gave me a lifelong appreciation and respect for the Vermont Community Hospital."

When John Abajian retired in 1977, he recommended Dr. Mazuzan as his replacement, a post that Mazuzan held until his own retirement this year.

"I recognized the skills that Mazuzan had and put him in charge way back. He was very efficient," says Abajian.

Reflecting over his own years as chairman of anesthesiology, Mazuzan speculates that the biggest change to take place was a national trend in which the specialty became highly popular.

"In the mid-1970s, medical students started seeing anesthesia as a much more attractive specialty than they had before," says Mazuzan.

At that time, he says, there was a shortage of anesthesiologists. The quantity and overall quality of people going into the program began to improve.

"And new technologies we could apply made more and more different surgeries possible on sicker and sicker patients," he adds.

Another important factor that Dr. Mazuzan points out about his experience at UVM is the fine relationship held between the then division of anesthesiology and the department of surgery.

"Between 1940 and today there have been three chairs of surgery and, now, three chairs of anesthesiology," he says. "That is an incredible length of time in which you had stability of leadership. It was a fifty year productive partnership." He credits this largely to the personalities of Drs. Abajian, Albert G. ("A. G.") Mackey, John Davis, and Steven Shackford. Undoubtedly others would give him some of the credit, as well.

As a division of surgery, says Mazuzan, anesthesiology had a good deal of autonomy.

"Both Mackey and Davis gave anesthesiology incredible latitude and a degree of independence to develop strong clinical and teaching units," he points out. "As a bonus, there were fewer administrative meetings for the division chief! I always felt it saved me all kinds of time and energy," he adds, with a quick laugh. Anesthesiology became a department shortly before Dr. Mazuzan retired.

As reticent as Mazuzan is to talk about himself, so are others anxious to sing his praises.

"First of all, he's a very bright, hardworking and

nice guy who gets along with everyone," says Dr. John Davis, professor in the College of Medicine and former chairman of surgery. "He's a thorough gentleman," he adds, "and he ran a good department of anesthesia." Dr. Davis recalls that Mazuzan always took part in a lot of activities in the College of Medicine, and continues to do so today.

And yet, despite a still-heavy workload, retirement has its benefits. As he shrugged on his coat at the end of our interview, Dr. Mazuzan sighed heavily. "Well," he said to no one in particular, "do I want to go up to the hospital, or do I want to go home and grind the twigs in my backyard?" He smiled, said goodbye, and turned to go; destination unknown.

John Abajian, Jr., M.D.

To speak with Dr. John Abajian is to at once understand how a man becomes a legend. He is that enviable mix of hard work and anecdote who brings smiles to the faces of those who encounter or recall him. At 83, Abajian continues to evoke legend as he regales his audience with stories of the anesthesiology department, which he directed from 1939 to 1977.

Dr. Abajian graduated from Long Island University and New York College of Medicine. While in medical school, he became interested in anesthesiology while working as an assistant to Dr. James T. Gwathmey in the physiology department. After Abajian finished his residency, he worked with Dr. Gwathmey at Lenox Hill Hospital. In 1939, Gwathmey instructed him to go to Burlington, Vermont, and establish an anesthesiology department in the medical school there. He quickly responded, "Where is Vermont ... and where is Burlington?"

At first, after he arrived in Vermont, Dr. Abajian administered anesthesia more or less on his own. Prior to his arrival, this work had been done by a general practitioner and a private anesthesiologist. Abajian was soon introduced to a registered nurse named Betty Wells by Dr. Tom Brown, superintendent of the Mary Fletcher Hospital and professor of anatomy at the medical school. Wells was interested in giving anesthesia.

"Betty said, 'I have no training,' and I answered, 'good, you're hired,'" recalls Abajian with a smile.

At that time, the specialty was treated much differently than it is today. For example, there was no specific charge for anesthesiology or the operating room, only a hospital charge. Dr. Abajian explains that the 'ward charge' was \$3.75 per day, which included everything. He made \$3000 that first year in Burlington, and \$3600 the next year.

He volunteered to go into the service in 1942 and was designated consultant anesthesiologist to the Third United States Army. His immediate supervisor, Dr. Charles Odum, was General Patton's physician and surgeon to the Third Army. Dr. Abajian's task was to streamline anesthesia given to wounded soldiers and keep the surgical evacuation chain moving. He did so, and lowered the anesthesia mortality rate on the battlefield, by changing the practice of injecting Pentothal 85 percent of the time to using 85 percent local regional anesthesia. It was for this accomplishment, and his

teaching on the battlefield, that General Patton recommended John Abajian for the Legion of Merit.

Dr. Abajian came out of the war a colonel. He was made a full colonel in the Air National Guard and later received the government rank "GS16" (equivalent to Brigadier General) in the General Air Force. Abajian was named a national consultant in anesthesiology for the Air Force surgeon general, a position which required international travel each year to inspect anesthesiology practice at the bases.

After he returned to Vermont in 1946, Dr. Abajian spent some of his time teaching freshman physiology at the university. For this, he was granted tenure and the title of associate professor. Noting the need for a



John Abajian, Jr.

better blood collection system, Abajian began work to institute a local blood bank. A relatively inefficient system was quickly put in place, but Abajian continued to work hard lobbying Washington before, in 1950, he convinced the American Red Cross to establish the present blood bank. He was named first medical director of the facility, which has since grown to cover all of Vermont and New Hampshire.

Dr. Abajian was reputed to have a volatile temper. In an interview for the Mary Fletcher Hospital Newspaper in 1958, he was quoted as saying of himself, "I don't keep my problems and frustrations bottled up inside. Like a safety valve, I blow off steam easily. Maybe some of the patient souls around me get singed now and then, but it sure prevents ulcers!" In blowing off steam, he was known for firing members of his staff with little warning. And, luckily for them, with little consequence.

In 1956, halothane was introduced in England. A nonflammable, nonexplosive drug which reportedly caused nausea in only two percent of the patient population, the drug caught the attention of Dr. Abajian and his colleagues at the Mary Fletcher Hospital. After some years of research and experiment, they developed "The Abajian Scales," a technique used with the Copper Kettle to vaporize halothane and precisely control delivery of the drug to the patient.

"My early training in physics and electronics made a big imprint on what my inclinations were," says Dr.

Abajian. Outside of the medical arena, he used this training to bring 'wired,' or cable television to the area for the first time. Initially his enterprise, Green Mountain Television Corp., wired only seven houses. But over 4000 bought the service before he sold the company.

He used his background in electronics for the Air Force, as well.

"I wanted to make a breath-to-breath intake study of halothane in the body, but I couldn't get funded for it," Abajian explains. However, he discovered that the Air Force was interested in funding experiments with nitrogen for the astronaut program.

"The Air Force financed us while we developed the technique of measuring nitrogen washout with a small hybrid dedicated computer." Vertek, the company he formed to do this research, was later bought out by Hewlett Packard.

As he neared retirement, Dr. Abajian spent many years living between Burlington and Puerto Rico. He learned to speak Spanish, and worked with the Puerto Rican medical community. A member of the Caribbean Symposium Faculty, he arranged an annual meeting for local anesthesiologists.

Dr. Abajian still resides in the Burlington area. He keeps track of the anesthesiology group by way of his son, Chris, a physician in the department. His other sons, Michael (also an anesthesiologist) and Gregory live in Vermont. When asked about his family, Dr. Abajian mentions that his wife, Mel, "deserves the medal for being married to me for 53 years."

As he looks back on his career as chairman of anesthesiology at UVM, Abajian quips, "I tried to gather around me people who were smarter than I was."

"I wish I'd had the department behind me that Poulton's going to have," he remarks. "At no time did we have more than four or five residents at once."

"Mechanically, the department runs very well," he says. He is particularly complimentary of the job done by John Mazuzan, his replacement as chairman in 1977. With a grin, however, he states, "of course, I fired him every other day."

Alumni Take Note

All UVM Anesthesiology Alumni: please send news of your lives to be printed in the 1996 edition of UVM Anesthesia News. Where do you work? In what capacity? Do you have a family? A hobby? Any news you wish to share is of interest. Please send to:

Newsletter Notes
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Peter Stern Participates in Medical Exchange

The fall of the Soviet Union and ensuing efforts to achieve democracy and a thriving market economy in Russia have opened travel and information exchange opportunities there like never before. In 1988, Burlington established a sister city program with Yaroslavl, a city 150 miles northeast of Moscow, where the Kotorosl River enters the Volga. Roughly 600,000 people live in Yaroslavl. Several groups of professionals have since traveled between the cities to learn more about the other's business and culture. In November 1994, the first group of Burlington physicians traveled to Yaroslavl via the sister city program. Dr. Peter Stern went on the trip to observe anesthesiology practice in that area. Also in the group were Dr. Stern's wife, Margie Stern; Dr. Michael Scollins, internist; Dr. Steven Wald, neurosurgeon; Dr. Bruce Leavitt, thoracic surgeon; Terry Case, vascular technician; Dr. Edward Dixon, vascular surgeon; and Dr. Donald Robinson, retired internist/clinical pharmacologist.

For Stern, the experience confirmed that medicine in Russia is vastly different from here. The level of care particularly suffers due to lack of equipment. For example, all of the fluids, including blood, are stored in glass jars. The medical staff does not use gloves when prepping the patient or setting up the surgical field, but they use them during the operation.

"The gloves didn't fit that well," Dr. Stern explains. "They didn't want them on until they needed them."

"The evacuation system for gases consisted of a 30 foot plastic tube attached to a hole in the window," says Stern. During the major vascular and neurosurgical operations he observed, the only monitor was a blood pressure cuff; no EKG or arterial line. They did have a central line. They used an EKG monitor during a pericardiectomy which required cardioversion.

The Burlington group spent most of the trip at the Yaroslavl Regional Hospital, the largest of seventeen facilities in the state (region) of Yaroslavl. A teaching hospital, it has 1000 beds and roughly twice the staff of the Fletcher Allen. Physicians there make up a larger percentage of the staff, although the work schedule is much lighter due, says Dr. Stern, to bureaucracy.

"They see probably half the patients that we do," says Stern.

The average physician salary in the region is dramatically less than the U.S. physician average. Salaries are controlled by the government. However, physicians in the free enterprise system, such as pharmaceutical representatives (all of whom are physicians), are paid much more.

"A medical degree in Russia seems to be much more a basis to go into other areas," says Stern. "I met a mayor who'd graduated from medical school, and other people running various enterprises."

"(The degree) isn't as difficult to get as here. They start after high school, and a higher percentage get in. The real experience starts after graduation. It's almost like a preceptorship," he explains. Stern compares medicine there to law in the United States, in that many more people here hold law degrees than actually practice law.

The Burlington group observed a number of surgeries in Yaroslavl, including brain, heart, and lung opera-

tions, and an aortic aneurism repair. The anesthesia for the latter consisted of thoracic and lumbar epidurals (one of each). General anesthesia was maintained with oxygen, nitrous oxide, ketamine, and a narcotic.

Although Russian surgery suffers from lack of technology, the physicians are well-trained and informed.

"In internal medicine, we found them to be very knowledgeable about drug therapy and, to our surprise, we found they had access to most of the medications we use," says Dr. Scollins. The Russian physicians may have to switch between similar medications based on cost and availability, Scollins adds, but "they were very comfortable with almost every drug that I use."

Scollins had been advised to expect less from the Russian doctors, and to keep his lectures simple: advice he did not take. He presented a survey on important new drugs used in North America and a discus-

in Russia. Stern points out that wealthy Russians can afford better care, though, than can the general population.

"Since the downfall of communism," says Stern, "people on a fixed income have lost out. Resources just aren't there for benefits like medical care. Young people will have better opportunities. But now many are hurting."

"Wealthy people go to Moscow, where there are apparently some very good hospitals," he explains. "Costs there would be equivalent to those here."

Stern observed that there were many bright women who held important positions. He also ventured that other individuals may have held key positions because of past loyalty to the Communist Party. Stern points out that before the fall of the Soviet Union, one had to be a member of the party in order to succeed. Many who might not have belonged otherwise became members rather than hurt their careers. Stern adds that the Russian people have much more independence now than before.

The reception in Yaroslavl was very hospitable, says Stern. The focus was on entertaining the visitors more than on medical contribution.

"I was served more vodka in that week than I've had in my whole life," Stern emphasizes. "We saw many injuries from alcohol consumption," he adds, and specifically mentions esophageal burns in patients who had been drinking gas or other questionable alcohol substitutes.

The Burlington physicians toured Moscow before returning home. The sister city program in Yaroslavl had arranged 'an amazing guide' for the group, and they were taken to various sites and museums. The weather throughout the trip was "brutally cold," says Stern.

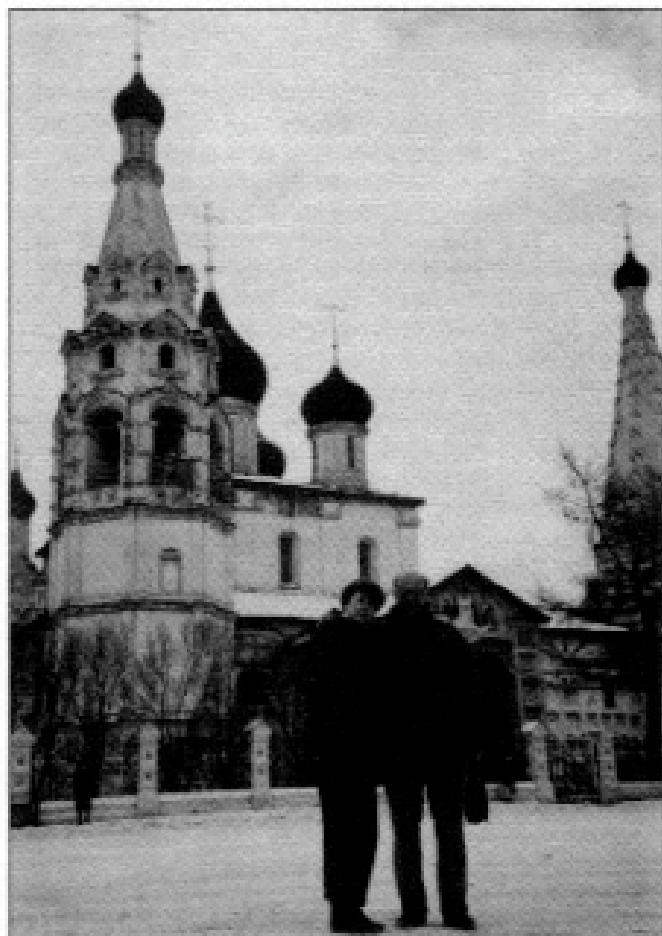
"We didn't see much government involvement, we saw what the people wanted us to see," he says. "We didn't have much free time, but that could have been for safety reasons." An American exchange student they met told the Americans there is a significant degree of lawlessness now, and assaults are not uncommon.

One day that Stern remembers particularly well marked the 'October First' holiday, a celebration of the communist overthrow of the Tsar. Dr. Stern and his wife attended the festivities, which were decidedly anti-American. The pro-communist sentiments among the small group ran deep.

"This was explained to us by the Russian host who accompanied us," says Stern.

In April 1995, a group of Yaroslavl physicians came to Burlington to observe medical practice at the Fletcher Allen. The group included a neurosurgeon, a vascular surgeon, a thoracic surgeon, an anesthesiologist, two internists, and a physician who teaches at their medical academy. Of course, they noted great differences in medical care here. One of the physicians commented to Dr. Stern that many of the patients he saw in surgery here would have never been operated on in Yaroslavl because they were either too old, too sick, or both.

Another trip is being planned to Yaroslavl for 1995 in an attempt to make the sister city physician exchange an annual program. The exchange provided both groups with an opportunity to see how the other half lives. At this point our half lives better than theirs, but each group was able to learn from, and enjoy, the other.



Margie and Peter Stern

sion of management of dyslipidemias. Afterward, Scollins was grateful he hadn't made the lectures more basic.

"They were right with me the whole time, and quite familiar with all the medications," he says. The physicians asked similar questions to those Scollins receives when he presents the lectures in this country. Margie Stern also sat in on the presentations. She noted that many of the Russian doctors took notes on Scollins' material as he spoke, not waiting for the translator to explain the English.

At this time, there are no hospital costs to patients in Yaroslavl; health insurance is just being introduced

Wanderlust in Nepal

One minute you're reading an article about a Nepalese physician who trained in Arizona, the next you're making plans for a year in Nepal. Or so it seemed to UVM anesthesiology resident Carl Gutierrez when he organized his own international training program. A 1992 graduate of the University of New Mexico Medical School, Dr. Gutierrez did his internship at Michigan State. He spent much of that year looking for anesthesiology residencies, but was torn by a desire to travel.

He had already begun writing letters to a few personal contacts regarding possibilities for international study when he read the *Medical Economics* article about Dr. Buddha Basnyat. Basnyat holds the distinction of being Nepal's only U.S. board-certified internist, having completed a residency at Good Samaritan Regional Medical Center, in Phoenix. Arranging for the residency had been complicated, and would not have been possible without the help and sponsorship of Phoenix Pulmonologist Brendan D. Thomson. Upon reading about Basnyat's experience, Gutierrez wrote to Dr. Thomson about his desire to work abroad, specifically in Nepal. Thomson put him in touch with Dr. Basnyat, whose enthusiasm was surpassed only by his generosity; he offered Gutierrez a position at his clinic and a room in his own home for the year. This offer the American gratefully accepted.

Gutierrez bought a round-the-world ticket and proceeded to Katmandu, which came as a bit of a shock. Gutierrez is succinct in his description of the city: 'cacophony.' A million people live in the Katmandu valley. Cows travel the streets at will, and they don't necessarily heed the two traffic lights that exist. Feeling the impact of cars, most of which run on diesel fuel, and a complete lack of emissions controls, the city is fast growing polluted. Says Gutierrez, "in the last five years, there has been about a 300 percent increase in (hospital) admissions from pulmonary problems." In addition, the area is rapidly being deforested, as most of the energy is supplied by burning wood.

On occasion, when he didn't stay with Dr. Basnyat's family, Gutierrez enjoyed being in busy downtown Katmandu. His room, which was clean and had hot water, cost only two dollars a night. Nepal, like most Hindu countries, is quite safe. Gutierrez attributes this in part to the government-imposed law that compels bars to close at 10 p.m.

"The women do all the work in Nepal," says Dr. Gutierrez, citing that Nepalese women farm, do road construction, quarry, manage the child rearing, and cook.

"The men drink tea and tell the women what to do," he says, allowing that this is an exaggeration. But Nepal is one of few countries in which the women's life span is shorter than that of the men.

Dr. Gutierrez was perhaps better-prepared for the area's medical conditions. According to the *Medical Economics* article that first caught his eye (June 1, 1992):

Nepal, a nation of about 19 million, trails decades behind medicine's cutting edge. It has one doctor per 20,000 people and an infant-mortality rate of 112 per

1,000 live births. Typhoid, leprosy, and tuberculosis flourish. The Nepalese, with per capita income that averages \$170 annually, are understandably fatalistic about their health.

After the first few weeks in Katmandu, Gutierrez saw clinic patients independently. Two other Nepalese doctors were available for backup, if necessary. He says that most of the cases involve G.I., respiratory, and skin problems, in that order. Roughly half of the patients are native Nepalese and the other half are travelers.

"You also see the expatriate community in Katmandu," Gutierrez says. One such man, Dr. Thomas McCaughey, who has taught anesthesiology in Uganda, Madagascar, and Nepal, proved very helpful to Gutierrez. They met two months after Gutierrez arrived in Katmandu, when McCaughey was on a teaching stint in Nepal. McCaughey helped Gutierrez arrange to work with Nepalese residents in anesthesiology three times a week at Tribhuvan University Teaching Hospital. Prior to that, Gutierrez had no formal training in anesthesiology. He says this provided him with "the best of both worlds:"



Carl Gutierrez

he worked two-to-three times a week at the clinic, and also attended lectures or observed in the operating theater two-to-three times a week.

Tribhuvan is not a sophisticated hospital setting. According to Gutierrez, there was one pulse oximeter for the entire hospital. Halothane was the principal anesthetic, although most hospitals in Nepal still rely on ether.

"A lot of cases that shouldn't have gone so far went to the operating room," says Gutierrez. "Many could have been prevented with antibiotics. Other cases were done too late." He cites as examples the high number of mastoidectomies caused by chronic otitis gone untreated for too long, and the cleft palates operated on in patients in their late twenties.

"Speech rehabilitation for these patients is non-existent in Nepal," says Gutierrez. "and, in any case, is very difficult at that age."

Postoperative care was also problematic. Most was provided by family members who arrived at the hospital prepared to change the sheets, and brought food for the patients to eat.

The anesthesiology residency program at Tribhuvan was Canadian-run for ten years and has just recently been taken over by the Nepalese. Residency is a year-long program preceded by a six-month elective in anesthesiology. A professional organization, The Society of Anaesthesiologists of Nepal (SAN), was established in the mid-1980s and holds a biennial symposium. Gutierrez attended the SAN meeting in 1994, which concentrated on 'Obstetric Anaesthesia and Neonatal Resuscitation.'

The "single best highlight" of his year in Nepal happened during Gutierrez's last week in the country, a week for which he originally had not been scheduled. A climber on an expedition up Mount Everest became ill and needed to be evacuated. As a physician, Gutierrez was asked to accompany the helicopter pilot on the evacuation, which would happen at an elevation of nearly 16,000 feet. He was thrilled to have this opportunity because, normally, any Everest ascent is an enormously expensive and bureaucratic undertaking. (Climbs up the mountain begin at a cost of \$20,000 and, at present, Everest is fully-booked into the 21st century. Helicopter-guided tours cost around \$1000.) As it happened, the climber's party was not at the Lukla checkpoint where they had arranged to meet, and the chopper pilot elected to fly around and look for them. He pointed out famous mountains and gave Gutierrez a real tour. They were unable to find the sick climber's party, but were informed by radio that a second climber, a member of a Japanese expedition, had suffered a broken leg in an avalanche fall. They successfully evacuated him, near Mt. Ama Dablan, west of Everest. Their original patient was later rescued by a huge Asian chopper that could go above 16,000 feet. He had acute altitude sickness, common in the Himalayas, but also suffered from a bowel obstruction which became a surgi-

cal emergency. Luckily, for him, there had been two anesthesiologists on the climb and they had placed an NG tube. The patient insisted he be taken to Singapore for the surgery.

"Part of the \$20,000," says Gutierrez, "is for insurance for such things."

After leaving Nepal, Dr. Gutierrez spent a month in India and continued to travel "all over," observing and working in medicine when he could. Some of his stops included Varanasi, Bombay, Rajasthan, Calcutta; Poznan, Poland; Bangkok, Budapest, and Berlin. He ended the tour with some rest and relaxation in Australia and New Zealand.

Gutierrez may have quieted his wanderlust for now, but the desire remains. He hopes to do anesthesiology in Africa next. "I enjoy my work and love to travel," says Dr. Gutierrez. Wanting to do both, "has always been my problem."

Please Note

The UVM Anesthesiology Department is in the process of raising capital for our Department Research Fund. We are grateful for any contributions. Thank you.

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