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Letters to the Editor

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Don't revise law regarding nurses' practice

The Oct. 26 *Dispatch* article "Bill would give Ohio nurses more latitude in treating patients" seemed to gloss over two very critical factors in providing medical care — training and experience.

As a medical educator, I have a unique perspective, because I'm a physician who used to be a nurse. After receiving my nursing degree, I became a certified registered nurse anesthetist.

As I worked with patients, I realized there were circumstances my training hadn't equipped me to handle. Fortunately, an anesthesia team under the direction of an anesthesiologist in the operating room provides my patients with safer and more experienced care.

Ohio House Bill 216 would allow nurse anesthetists to work without that valuable collaboration.

As I practiced as a nurse anesthetist, I came to realize I didn't know what I didn't know.

The scope of training received in an advanced-nursing-degree program is not comparable to the depth and breadth of the training in an anesthesia residency.

Clinical experience and specialized residency training for anesthesiologists can total 16,000 hours over a course of five years. A nurse anesthetist, on the other hand, receives about 1,650 hours of clinical work.

Having an experienced residency-trained physician directing the work of a solid multidisciplinary team is the safest for everyone, especially the patient.

House Bill 216 is ill-advised.

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