



# ICAPS

## International Committee for the Advancement of Procedural Sedation

[www.proceduralsedation.org](http://www.proceduralsedation.org)

### **Policy Statement: Preference for "Sedation Provider" Over "Non-Anesthesiologists" In Sedation Guidelines and Documents**

The Committee believes that procedural sedation guidelines and other related documents should use specialty independent terminology such as "sedation provider" in preference to the term "non-anesthesiologists" (or similarly "non-anaesthetists").

First, guidelines or discussions referring to "non-anesthesiologists" imply that anesthesiologists themselves are somehow exempt. The Committee believes that prudent safeguards and best practice recommendations for procedural sedation should be equally applicable to everyone, and that there should accordingly not be any blanket distinction between anesthesiologists and other sedation providers.

Second, entities are best defined by what they are, not by what they are not. The grammatical intent of the prefix "non" is to signify opposition or contrast. Adding this antithetical "non" before "anesthesiologists" when discussing safe procedural sedation skills may mistakenly imply that anesthesiologists possess these skills and non-anesthesiologists do not. Further, this terminology classifies all non-anesthesiologists as a single entity, intimating that, as a group, their sedation skills are all functionally identical. Both implications are untrue, but may be fostered by the bias inherent in this wording choice.

Finally, authors using this terminology may not appreciate that others perceive this dichotomous oversimplification as condescending to their skills and dedication to safe sedation practices.

The Committee believes that optimal interspecialty collaboration is best fostered through terminology that is accurate, relevant, and respectful. The use of specialty-independent terminology such as "sedation provider" in preference to "non-anesthesiologists" fulfills these criteria and will help to advance this multidisciplinary field.

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*Approval:* The policy statement was provisionally approved on February 10, 2016 with a strong level of consensus, i.e., with >90% of members indicating "strong agreement". One member, Joseph Cravero, MD, dissented from this policy. External review was completed September 1, 2016, with final adoption September 17, 2016.