



Respiratory Care Around the World

Regardless of languages and cultures, the only thing that matters is patient care.

As you will notice, this issue contains several articles and items related to the practice of respiratory care in different countries around the world. Some of our colleagues are respiratory therapists, others are respiratory scientists, while still others are nurses, physiotherapists, and of course, physicians. The AARC has consistently answered the bell when asked to assist in the development and organization of respiratory services, and over the years our international membership has grown. In the coming years, we expect this trend to continue.

What's the affinity, you might ask? Well, it's simple. Regardless of the professional who provides respiratory care, these individuals — as professionals — want to prepare for their expanding roles by obtaining additional education and training. The AARC, through its International Committee, its International Fellowship Program, and the International Council for Respiratory Care has been proud to assist all professionals interested in the appropriate provision of respiratory care.

Many countries are now organizing their respiratory education system, a process not unlike the one we went through here in the States in the 1960s.

Still others are trying to convince physicians to use them in expanded roles by demonstrating their com-

petency. Credentialing exams have been developed in other languages by our colleagues in other countries. And others are now being discussed in several other countries. Once again, the AARC has and continues to stand ready to assist. Even though the respiratory therapist is an American invention, this practice model has been emulated in several countries with very different cultures. Those countries have a practice very similar to ours, while still other countries are comfortable with different professionals doing different aspects of our scope of practice (i.e., ventilator management falls to physicians, medication administration falls to nurses, and rehabilitation to physical therapists). Of course this is an oversimplification, and the lines between clinical responsibilities are sometimes not sharply drawn.

We now see a movement toward developing a more comprehensive respiratory scope of practice, similar to that here in the States. Both clinical effectiveness and medical economics are driving this change toward what we hope will be a more efficient care delivery system.

I hope you will spend a few minutes and read the information presented by our colleagues abroad, representing a wide variety of cultures and languages. In the long run, the only thing that really matters is patient care. And the factors that differentiate our patients from those all over the world are the languages they speak and their cultures.

As this year winds down, I want to take this opportunity to wish all of you happy holidays. We've had a great year — once again breaking the membership record with more than 48,000

members. With support, we are very well positioned for an exciting and fruitful new year. ■



About the Author

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