ASA AFFILIATED SUBSPECIALTY SOCIETY

Society for Airway Management

Why the Airway Still Matters: SAM at 30 Years, and the Case for a Global Airway Community

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Most anesthesiologists are not looking to join another society. Our schedules are demanding, and our professional bandwidth is limited. Yet, airway events remain among the most consequential moments in our practice. They are infrequent, but when they occur, they define outcomes, shape careers, and leave a lasting imprint on patients, teams, and clinicians. As our practice continues to expand outside the OR and to more complex and sicker patients, the risk of adverse airway events can be higher, making it even more important that anesthesiologists are prepared to manage these events.

In 2025, the Society for Airway Management (SAM) marked its 30th anniversary. This milestone is not about nostalgia. It is about preparedness – about staying ready for situations that test our judgment, teamwork, and technical skill. SAM exists to help clinicians remain current with evolving guidelines, equipment, and techniques and to translate that knowledge into practical bedside decision-making.

What is SAM?

Founded in 1995 in Atlanta by pioneers like Andy Ovassapian, MD, Carin Hagberg, MD, FASA, FACHE, and Lorraine Foley, MD, SAM has been interdisciplinary from the outset. It brings together anesthesiologists, intensivists, emergency physicians, surgeons, CRNAs, CAAs, prehospital airway providers, and industry innovators united by a shared focus – safer airway management.

SAM is neither a device society nor an exclusive club. Its mission is straightforward: to improve airway safety through education, collaboration, and the thoughtful translation of science into practice.

What the Average Anesthesiologist Gains

Safer airway decision-making

SAM discussions move beyond "Which device?" to the more critical questions of *What is the plan? What is the backup plan? At what point do we change strategy or escalate to invasive airway access? What are the physiological risks to the patient during airway management?*

Members have contributed to consensus work on the physiologically difficult airway and international initiatives such as the Project for Universal Management of Airways, or PUMA, to address unrecognized esophageal intubation (*Anesth Analg* 2021;132:395-405; *Anaesthesia* 2022;77:1395-415). Members also serve as lecturers and instructors at airway management workshops around the world. These are not abstract concepts – they shape how we think and act in real cases.

Skills we do not use every day

Videolaryngoscopy has transformed routine airway management. That is progress. But certain skills remain high-stakes and low-frequency, including awake tracheal intubation, extubation strategies, and invasive airway techniques.

SAM prioritizes hands-on workshops, simulation, case-based learning, and structured debate to maintain competence in these rare but critical scenarios.

Community when things go wrong

Airway complications can feel isolating. SAM provides a community. Through meetings, international chapters, and its online forum, members openly discuss challenging cases. Learning is shared rather than siloed.

Airway management is a team effort. The conversation after an event can be just as important as the technical steps during it.

A broader airway perspective

SAM connects pediatrics, ICU practice, emergency medicine, and global settings. This cross-pollination strengthens OR care and equips anesthesiologists to lead discussions about airway policy, equipment standardization, and quality improvement within their institutions.

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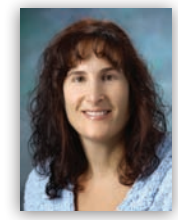

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SAM members and BOD at the Tucson Annual SAM Meeting. From left to right: Jarrod Mosier, Felipe Urdaneta, Daniel Perin, Narasimhan Jagannathan, Lorraine Foley, John Sakles, Sheila Myatra, Lauren Berkow, Carin Hagberg, Mauricio Malito, Radha Arunkumar, Paul Baker, Richard Galgon, Michael Seltz-Kristensen, Ramon Coloma, Matteo Parotto, and David Wong.

30 years of impact

Over three decades, SAM has made substantial contributions to airway education and scholarship. SAM leaders have collaborated closely with ASA, including work on the ASA Practice Guidelines for Management of the Difficult Airway and leadership of airway workshops at the ASA annual meeting.

In February 2025, *Anesthesia & Analgesia* published a themed issue devoted to airway management in collaboration with SAM leadership, highlighting that airway science is no longer a narrow technical niche but a mature, evolving field with its own research agenda and implementation challenges (*Anesth Analg* 2025;140:239-41). This builds on SAM's

longstanding partnership with the journal, including its key role in establishing a dedicated airway section to provide a consistent academic home for airway research and scholarship.

SAM has awarded more than 20 research grants, supported interdisciplinary consensus statements, and convened global dialogue through the World Airway Management Meeting alongside partners such as the Difficult Airway Society and the European Airway Management Society.

SAM as airway infrastructure

Perhaps the most useful way to view SAM's future is not as a society, but as infrastructure.

Airway safety does not improve simply because a guideline is published. It improves when someone in a hospital takes ownership – of equipment standardization, education, case review, escalation pathways, and shared mental models. This thinking underlies the emerging airway lead network in the United States.

Airway leads are not bureaucratic titles. They are clinicians committed to coordinating training, ensuring consistency, reviewing events thoughtfully, and strengthening team communication. SAM's role is to connect and support these individuals and make local leadership more effective.

Information about difficult intubation history is important but often not shared among providers or institutions or documented in the patient record. SAM has partnered with the MedicAlert registry and other international registries to disseminate that information more broadly. Airway leads also help with this effort as well.

International chapters reflect the same philosophy. SAM now has 11 chapters worldwide. The Nigeria chapter has established more than 30 airway simulation centers and coordinated national training. The Brazil chapter collaborates on structured airway education courses. These initiatives represent long-term investments in education, capacity-building, and sustainable safety.

Through collaboration within the World Alliance of Airway Management and global meetings like the World Airway Management Meeting, SAM works to align standards, language, and learning across regions rather than fragment them.

Why global engagement matters

Why should a U.S. anesthesiologist care about global airway collaboration? And why should they join the SAM community?

Because many pressures we face – workforce strain, rising patient acuity, subspecialization, resource variability, etc. – are mirrored internationally. In some settings, limited equipment or staffing has driven disciplined planning and innovative problem-solving.

Innovation does not flow in only one direction. Exposure to different models of training, equipment standardization, and team communication broadens perspective and sharpens adaptability.

Global engagement also fosters leadership. Participation in international dialogue encourages clinicians to think beyond individual cases and consider systems, policy, and implementation. That mindset strengthens local practice.

Internationalization is not about expanding footprint – it is about deepening insight.

Looking ahead

Airway management continues to evolve. Videolaryngoscopy is ubiquitous. Automation and digital documentation are expanding. Yet, the fundamentals remain unchanged: preparation, judgment, teamwork, and adaptability when a plan fails.

SAM's priorities for the next decade reflect this reality:

- Maintaining competence in foundational skills such as awake techniques, extubation strategies, and invasive airway access
- Scaling the airway lead model to embed structured planning within institutional culture
- Expanding virtual education to reach clinicians unable to attend national meetings
- Advancing research and implementation science to ensure guidelines are adopted consistently across diverse environments.

Publishing guidance is only the beginning. Ensuring adoption is the real work.

Airway management demands clarity, preparation, and leadership. SAM is about building a community that supports clinicians before, during, and after those rare moments that matter most.

Engagement does not require a major commitment. Attend a meeting, such as the upcoming SAM Annual Meeting in Boston on September 17-20, 2026. Join a chapter. Participate in a committee. Become an airway lead. Contribute to a discussion.

The strength of the airway community depends on participation. And the airway still matters.

Learn more at **SAMHQ.com**. ■

Disclosures: *Dr. Jagannathan receives honoraria for being a Section Editor of* Anesthesia & Analgesia *from the International Anesthesia Research Society, for written and oral boards from the American Board of Anesthesiology, and for writing educational articles for UpToDate. Dr. Berkow sits on scientific advisory boards for Masimo Corporation and Teleflex Medical Incorporated and has written educational articles for UpToDate. Dr. Foley is a consultant and medical advisory board member for Airlife.*