

Anaesthesiology as a career: Surgeons' perspectives

INTRODUCTION

Anaesthesiology is a dynamic and ever-evolving speciality. It has grown both clinically and scientifically over the years and now has made a very special place for itself among various surgical and medical streams. The attitude of the surgical fraternity towards the speciality of anaesthesiology has also undergone a tremendous change over the last few decades. In the present scenario of our nation, where medico-legal and consumer protection legislations play a dominant role, the dependency of surgical fraternity on anaesthesiologists has also increased proportionately. It is difficult to put oneself in the shoes of other medical specialities and then think over their career options, challenges and scope. However, as surgeons we think it is still easier for us to dwell upon the various pros and cons of the anaesthesiology profession from our point of view, and this may or may not be agreeable to few of our anaesthesiology colleagues.

The early combined professional journey

Right from our residency days, we considered anaesthesiologists as specialists whom we, as surgeons must compulsorily consult and work with; it was as if God had made us 'surgeons' enter into a forcible partnership with the speciality of Anaesthesiology; in an institution, we have no control over who is assigned to our cases, because anaesthesiologists are assigned to us by the anaesthesiologist in-charge for the day. So, no matter how incompetent or disagreeable a particular anaesthesiologist is, we, surgeons have to work with him/her, regardless of whether we like it or not. This is also true of emergency duty days; Nonetheless, we suppose that anaesthesiologists too might harbour similar feelings about certain surgeons!

The current professional and practical realities

Moving away from the institutional atmosphere, in private practice, we surgeons, usually call the anaesthesiologist of our choice. Surgeons often have some negative perceptions about anaesthesiologists. They feel that the anaesthesiologist is more interested in finishing the case in a short time rather than serving the patient. Anaesthesiologists are often too eager to cancel the case citing unjustifiable reasons, they are often distracted and inattentive during surgery,

they very often fail to communicate to the surgeons important changes in the patient's vital signs and fail to inform them about the institution of vasopressor support. Some vices of surgeons as complained by anaesthesiologists include failure to appreciate the seriousness of medical or anaesthesia-related issues, failure to acknowledge the extent of blood loss, regular underestimation of surgical time and non-availability of operating surgeon during extubation and patient recovery.^[1]

Misconceptions and conflicts: Need for coordinated teamwork

As surgeons, we feel that the career of an anaesthesiologist is established early, whereas a surgeon takes 10-15 years of practice to make his mark and build his reputation in the society. The surgeon has to interact with the patient and patient's family in the pre-operative and the post-operative period; however, an anaesthesiologist has less contact with the patient than many other specialities. It is disheartening to note that most of the times, especially in our country, patients always remember the name of their operating surgeon, but never that of their anaesthesiologist. Some clinicians feel that anaesthesiologists exist solely to provide service that permits the delivery of predominantly surgical treatment. Anaesthesiology is very often viewed at as a commodity. Sometimes, anaesthesiologists have to make difficult choices in clinical practice: please the surgeon by not cancelling the case or cancel the case in the interest of patient safety and fall into the surgeon's blacklist. We feel that both the surgeon and the anaesthesiologist should take post-operative rounds together for better patient outcomes. That way, the patient will come to know the anaesthesiologist as the person who took care of him during the intraoperative period, a time when he/she was most vulnerable and susceptible, both physically and mentally. This will also help in the optimum management of pain, postoperative fluid management, and respiratory care, care of intravenous lines and early detection and management of complications. In a difficult case, a surgeon feels comfortable when an anaesthesiologist takes charge of the case and leads from the front. In fact, a surgeon has two homes, one where he lives and one where he works. Home is managed by his better half and in the hospital, the anaesthesiologist is his better half.

Conflicts between anaesthesiologists and surgeons are common. These may be related to professional

decisions or may be personal.^[1] Nonetheless, very often, the surgeon and anaesthesiologist trust each other. The relationship between them is only established when there has been a true assumption of responsibility and once this exists, the duty of care is executed; this duty is valid even where the services are rendered gratuitously. Often, the surgeon and anaesthesiologist take each other for granted. We believe that a healthy surgeon-anaesthesiologist relationship is conducive to safe and effective patient care.

The evolution of anaesthesiologists into peri-operative physicians will in addition to improving quality of perioperative care and surgical outcomes, certainly help in improving their recognition, influence and power.^[2] Nowadays, with an increasing elderly population, an increasing number of co-morbid conditions, complicated surgeries and increasing medicolegal litigations, the surgeon's dependence on an efficient anaesthesiologist to provide safe and suitable perioperative anaesthesia techniques with favourable patient outcomes is increasing. Adoption of the 'Enhanced Recovery after Surgery' (ERAS) protocol is now an established practice in most developed countries, and in India, the concept is slowly gaining momentum. The anaesthesiologist plays an important role in the implementation of this protocol and its successful implementation requires cooperation between the surgeons and anaesthesiologists throughout the perioperative period.^[3]

As surgeons, we have observed the lives and functioning of both consultant anaesthesiologists and postgraduate students in anaesthesia. On that basis, we can say that to take up a career in anaesthesiology, one must have a strong foundation knowledge in the subjects of Physiology, Medicine and Anatomy and a genuine interest in critical care. To lead a satisfied and happy life as an anaesthesiologist, one should be willing to stay behind the screen and do the work to the best of one's knowledge without grumbling and not comparing one's monetary outcomes and gains with that of the surgeon and other specialities. We believe that anaesthesiology is a good career to take up because anaesthesiologists get jobs easily, can work on an hourly basis and earn a lucrative salary. They do not need to build big set-ups for practice and their investment is negligible. Their demand as intensivists is increasing day by day as the number of intensive care unit beds is increasing because of an ever-increasing critically ill population.

Social and marital challenges in the professional sphere

Now comes the million dollar question of whether it would be wise for us surgeons to have an anaesthesiologist as a spouse. Well, having an anaesthesiologist as a spouse has many advantages. We, as surgeons, do not have to call and wait impatiently for the anaesthesiologist to arrive because our spouse is ready and might be more easily available at home to come for the case; in fact we can set out for the case together. Discussion regarding difficult cases and assistance for difficult technical situations becomes easier for a surgeon with an anaesthesiologist as a spouse and for an anaesthesiologist with a surgeon as spouse. The spouse anaesthesiologist will usually listen and abide by our professional and non-professional advice during surgery (whether he/she likes it or not!). The timings of surgery can be planned according to the convenience of the surgeon-anaesthesiologist couple. There are several disadvantages too of a surgeon having an anaesthesiologist as spouse. Sometimes, in difficult situations, other anaesthesiologist colleagues may not help because they are not regularly called in for the cases in private practice. The greatest drawback for the surgeon is that it is usually the anaesthesiologists who publicise the quality of a surgeon's work and skills and unfortunately, the spouse anaesthesiologist cannot publicise his/her spouse's surgical work. Thus, others will not come to know about the quality of work done by the surgeon and thereby, the surgeon will lose cross references. Once both husband and wife go out together for the case, the family members, especially the children will be affected and neglected at home. This holds true in nuclear families.

As surgeons, we respect all anaesthesiologists because we know that when we operate, it is the anaesthesiologist who takes care of the entire physiology of the patient. Surgeons and anaesthesiologists are indispensable partners of any surgical experiment. They are like milk and honey...and together, they make a great combination.

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