

Choice of Anaesthesiology as a career option: a dilemma?

Every year, this time I am faced with the same question by many perplexed and aspiring post graduates whether to choose anaesthesiology as an option for post graduation. This prompted me to pen down my thoughts about choosing anaesthesiology as a speciality. Upon quizzing these confused PG students, only a handful of them have actually been exposed to all specialities during their undergraduate medical school days. Needless to say, it is quite likely to miss out on the true metier. Finding an anesthetist warm and welcoming and their work appearing attractive are the only vague memories of the operating room they have during their internship. Believe it, I am not being biased but it is the best speciality. It is a sublime amalgamation of physiology, anatomy, pathology, pharmacology and clinical practice. Upon quizzing interns, why would they choose anaesthesia as a speciality, topmost decisive factors were intellectually stimulating or challenging nature of the speciality. Next in order were high earning potential, diversity of clinical spectrum and last but not the least the discipline involved. An anaesthesiologist does not need a clinic or set up unless you plan to open a pain clinic or intensive care unit. Hence no initial monetary investment was required. Anaesthesiology is one of the branches where we get immediate gratification to see

our patients survive the surgery, emerge pain free and in clear consciousness. The moment an anaesthesiologist enters into the ER, other specialities are pleased to see a knight in the shining armour. The feel good factor of being OR team leader cannot be overlooked. With the ever growing shortage of anaesthesiologist, and skewed up ratio in urban to rural areas has increased job security. Better work –life balance conditions and enthusiasm –commitment were quoted as reasons by few for selecting this field.

In recent decades, domain of an anaesthesiologist has widened and is not restricted to only preoperative and intraoperative work. Further ramification of the branch into various subspecialities has given an opportunity to showcase various skills and knowledge as a perioperative physician. Significant sophisticated development in monitoring equipments and technical gadgets have increased scope of research as well.

The points that go against this speciality are remarkably low. Albeit, it is stressful due to the amount and nature of work. Mishaps which may happen rarely can lead to permanent scarring. Working in close liaison with surgeons and other members of OR can lead to interpersonal differences which is also eventually stressful. Cases which overrun lead to long working hours and erratic schedule can lead to behavioral

problems, marital discord and substance or alcohol abuse. However this can be overcome by going in for group practice rather than solo practice. Lack of recognition by surgeons and failure of identification as a doctor by public can be disheartening.

However this preconceived notion has been overcome by increasing the number of anaesthesiologist being trained and practicing as superspeciality anaesthesiologist, thus, adding substantial value to the branch. Attempts to create awareness amongst general population through social and print media, conducting BLS workshops and disseminating positive information and leaflets about the speciality has been undertaken by various organizations like The Anesthetist Society. Introduction of subject early in medicine career may help aspiring PG candidates to make up their mind affirmatively. Additional assessment of candidate through personality assessment and stress handling ability along with PG entrance ranking will help select the right candidate. Thus, we will have more students opting for the niche speciality of anaesthesiology by their choice rather than taking it up as a left over second choice subject.

The future is bright. Go for it!

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