

Anaesthetist and perioperative medicine

Sugam Kale¹, Richa Agarwal¹, Radhika Priyadarshi¹

The practice of anaesthesiology goes through major upheavals every few decades similar to other medical disciplines. Historically anaesthetists were the glorious surgeon's unsung companions keeping the patient still during surgery. As the science progressed, the process of anaesthesia became more refined and predictable. It also became safer than ever before. As a result of this progress, challenging surgery in patients with challenging comorbid conditions is undertaken routinely now. Increase in overall life expectancy also adds to the list of physiological twists that interact with the stress of anaesthesia and surgery. A growing concern now is the ability of a single surgeon to be a good surgeon as well as a good cardiologist, nephrologist, haematologist, and so on to take on complex organ dysfunctions in the perioperative period. It is nearly impossible to expect majority of the surgeons to be masters of all trades as the progress of science in all fields is growing exponentially. How is it then that the idea of making the anaesthetist "the master of all

trades" finds favor among many? Let's examine the tenets on which this concept has been based.

Is it possible?

A designated physician can see a patient coming up for an elective surgery and manage his medications before and after his surgery. At present, the patient's general practitioner fulfils this role. Going forward, if anaesthetists want to take this function over, can they be any better?

Is it practical?

Anaesthetist's major clinical task will be giving anaesthesia. Then, there may be those who would wish not to give anaesthetics but to play the general practitioner more often. They would be ideally suited to take on this role. However, the expectation will be that the care provided will be at par with that provided by a qualified and accredited cardiologist, endocrinologist, or nephrologist. As we saw previously, a surgeon cannot become all these while still trying to keep abreast with the advances in

surgery. Why is it then thought that anaesthetist can somehow take overall these responsibilities while the surgeon cannot? A few decades ago, anaesthetists who were good at inserting tubes and catheters in various body parts were convinced that all the critical illnesses and organ failures that need such intervention were somehow best treated by the anaesthetists and not by the respective medical specialists. Thus, the anaesthetist managed critical care medicine.

Is it legal?

Whereas the surgeon making the post-operative rounds is not legally accredited to treat the patient's post-operative myocardial infarct, neither would be the anaesthetist. Hence, if the same advice has to be sought from the same accredited cardiologist, does it matter much who signs the referral request? Furthermore, recognizing signs of organ dysfunction are the remit of all doctors-whether they choose to become surgeons, anaesthetists, or rheumatologist in later life.

References

1. Gaba D, Fish K, Howard. Crisis management in Anaesthesiology. Churchill Livingstone, New York, 1994.
2. GCL Fletcher et al. The role of non-technical skills in anaesthesia: a review of current literature. Br J Anaesth 2002;88:418-29.
3. Lang EV, Hatsiopolou O, Koch T, et al. Can words hurt? Patient-provider interactions during invasive procedures. Pain 2005;114:303-9.
4. Dutt-Gupta J, Bowen T, Cyna AM. Effect of communication on pain during intravenous cannulation: a randomized controlled trial. British Journal of Anaesthesia 2007;99:871-5.
5. R Flin, R. Patey, R lavin, N Maran. Anaesthetists' non-technical skills. Br J Anaesth 2010.
6. ANTS framework details on www.abdn.ac.uk/iprc/ants.
7. Safe anaesthesia ensures safe surgery and safe patient. 'The Anaesthetist Society' logo.

¹Ng Teng Fong General Hospital, National University Health System, Singapore.

Address of Correspondence

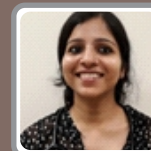
Dr. Sugam Kale
Jurong Health, National University Health System, Singapore.
Email: sugamkale@hotmail.com



Dr. Sugam Kale



Dr. Richa Agarwal



Dr. Radhika Priyadarshi

Conflict of Interest: Nil
Source of Support: None

How to Cite this Article

Kale S. Anaesthetist and perioperative medicine. Journal of Anaesthesia and Critical Care Case Reports. Journal of Anaesthesia and Critical Care Case Reports Jan-Apr 2018; 4(1): 40.

© 2018 by Journal of Anaesthesia and Critical Care Case Reports | Available on www.jaccr.com |

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/3.0>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.