I am an anaesthetist who works mainly in the country. I have been working in anaesthesia for twenty years. Over this time, I have learnt to appreciate the diversity of people I come into contact with. A patient is someone requiring my care, whether they have a pre-planned operation or come in as an emergency. Everyone is different. Some people are trusting, others suspicious—many patients are in denial. Some patients are frightened, others calm. As an anaesthetist you generally have a relatively short period of time to engage a patient, to obtain and deliver appropriate information and to gain a degree of trust. You have to adapt your approach to your assessment of your patient’s needs. I feel that my patients are more ‘real’ out here in the country. The country doesn’t allow the anonymity of the city. Patients are often known to the staff as friends or relatives. You meet them in the shopping centre. I think training as an anaesthetist I probably underestimated how much my work would involve dealing with people. It can be quite exhausting interacting with patients, their relatives and the multiple personalities in a closed unit like an operating theatre. People assume anaesthesia is a no patient contact field but in fact you have a very concentrated, high intensity but limited period of time to engage with a patient.

The most rewarding aspect of my work is to have had a good clinical result from the patients’ procedure/resuscitation. I also find it very satisfying to visit my patients post-operatively and find them comfortable and relaxed.

Having a great team to work with is the single most important influence on my working day. That team includes the treating doctor, the nursing staff, the theatre orderlies and the clerical staff of the operating theatre. If I arrive at work and discover I am working with good staff I feel hopeful that I’ll have a good day. The most irritating aspect of my work, apart from difficult patients, would have to be dealing with decisions about my workplace made by people extraneous to the clinical picture. Having forms committees, administration, infection control, pharmacy and others making unilateral decisions without consultation with clinicians is the aspect of my work which I find most frustrating and the thing which is most likely to make me want to stop working.

When dealing with people there is never going to be error free medical care. It’s rare for anyone to be deliberately negligent. It’s our personal responsibility to do our best and be as careful as possible. We, as a group, obviously need to tailor our communication effectively to our audience whether it be nursing staff, junior doctors, patients or their relatives.

Earlier in my consultant career, a registrar and I were involved in a case with a sad outcome. It was a long and difficult operation. At the end of the operation the patient had multiple cardiac problems and despite our best efforts he died several days later in the Intensive Care Unit. The most difficult aspect of this was the soul searching with hindsight to work out if I could have done anything differently to achieve a better outcome. I had to learn that sometimes despite out best efforts and the recognised teaching, not all patients will respond in a textbook manner to our treatments.

I believe that perioperative anaesthetic clinics are a good opportunity to improve perioperative care. It’s particularly useful if the clinician involved in delivering the anaesthetic also has a chance to review the patient at the clinic. The chance to spend some time with a patient to understand their physical and emotional condition, the opportunity to explain and discuss their treatment and to be able to optimise their medical condition pre-operatively, is invaluable.

The ongoing restriction of working hours, I believe, is limiting the learning opportunities for our anaesthetic trainees. Trainees need to spend time to gain the experience I believe is necessary for them to be confident in delivering safe anaesthesia. The anaesthetist is the foremost perioperative physician and it needs to be recognised that we should have quarantine pre- and post-operative time to provide our patients with optimum care.

Questions to consider

How do you ensure new staff members understand the role of each team member?

How do you debrief non-medical staff when they participate in traumatic health care episodes?

What ongoing professional development is provided for staff?

Definitions

An anaesthetist is a fully qualified medical doctor who will assess the client before surgery, administer the anaesthesia and provide and ensure a patient’s respiratory and cardiovascular needs are met during surgery. General anaesthesia is a reversible, drug induced period of unconsciousness where all your sensations including pain are absent, you have no awareness of your surroundings and during which your anaesthetist constantly monitors and maintains your normal function(s). Perioperative is concerned with a patient’s surgical procedure including preparation for surgery, ward admission, anaesthesia, surgery, and recovery.

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