

Editorial





Professional & clinical area of responsibility vs honor and dignity in anesthesia- developing country perspective!

Volume 2 Issue 6 - 2015

Lt Colonel Abul Kalam Azad

Department of anesthesiology and intensive care, Combined Military Hospital, Bangladesh

Correspondence: Lt Colonel Abul Kalam Azad, Classified anesthesiologist, Dept of anesthesiology and intensive care, Combined Military Hospital, Dhaka-1206, Bangladesh, Tel 008801715010956, Email azad 100864@gmail.com

Received: August 27, 2015 | Published: August 28, 2015

Editorial

To move forward with life and profession needs inspiration, this can be instigated from economic solvency, mental contentment, peace and also from professional competency, honor, and dignity. Philosophers rightly said that:

"A man without honor & dignity are worse than dead as dignity is as essential to human life as water, food, and oxygen."

"Where there is wisdom & knowledge in the mind there is empathy in professional attitude, when there is wisdom & empathy in the character then there is trust & respect in the community, where there is trust & respect in the community there is harmony in the society".

Practicing medical profession is not less than religious practices. For either of these cases, there are efforts to attain blessings and gratification of Almighty Himself! Religious books stated that "Serving humanity means serving God". Emergency medical professions like anesthesiologist works round the clock (24×7). Anesthesiologists absorb all sorts of professional risk & stress and remain dedicated towards patients to ensure perioperative safety. "Vigilance" is the motto of anesthesiologist. Ethical binding oblige them to devote themselves towards profession at the cost of family & social life. So, emergency professionals can deserve due reverence and humble compensation package in independent practice!

Curriculum of anesthesia, intensive care & pain medicine: Detail scrutinization and evaluation of fellowship/masters curriculum of anesthesiology reveals that there are enough syllabuses on anesthesia, critical care & pain medicine, enabling anesthesia resident to be competent consultant but inadequate curriculum and training program about acute medical diseases not preparing them to manage preoperative co-morbidity by themselves thereby need to seek help of internist to optimize medical conditions.^{2,3}

Responsibility of anesthesiologist: Physician anesthesiologists are primarily responsible for the safety and well-being of patients before, during and after surgery. The role of physician anesthesiologists extends beyond operating room and responsible for the preoperative assessment of the patient, an evaluation process that carefully considers both the patient's current state of health and the planned surgical procedure that allows physician anesthesiologists to make judgments about the safest anesthesia plan for each individual patient. The physician anesthesiologist is also responsible for the wellbeing of the patient postoperatively while the patient emerges from the effects of anesthesia.⁴

Surgical team: The surgical team is a unit providing the continuum of care beginning with preoperative care, and extending through intraoperative procedures, and postoperative recovery. Each specialist

on the team, whether surgeon, anesthesiologist or nurse, has advanced training for his or her role before, during, and after surgery. A physician anesthesiologist is the director of the Anesthesia Care Team which consists of physician anesthesiologists with certified registered nurse anesthetists and anesthesiologist assistants. Members of the Anesthesia Care Team work together to provide the optimal anesthesia experience for all patients.^{5,6}

Technological & scientific advancements of anesthesia department: Role of anesthesiologist as acute care physician has broadened and deepened. Diverse patient types and co-morbidities make the world of anesthesia, critical care & pain management challenging. At the same time, technological advancements promise to improve the quality of care. At the same time, professional work has to be protocol driven with scientific basis.⁷

Training of anesthesiologist: Skill building strategy like "**Train to Gain**" should always be designed to train professionals to develop potential based training to nurture profession competently.⁸

Convergence of subspecialities: Unity theory of nature is converging various technologies to improve human ability, quality of life and for peaceful harmonious co-existence. Lives in nature are interconnected; body systems are interlinked, dependent on each other. Currently anesthesia subspecialties are diverging. Hence, anesthesia subspecialties as a whole have to be below one umbrella to ensure excellence in services and consolidating professional strength.⁹

Research: Academic and clinical research reflect continuous quest of professional development and helps keep pacing with world academics.

Psyche of surgeons: Mind-set of middle class developing country citizen is to fulfill basic requirements and then explore for luxury. As resources are limited so individuals adopt tactics to earn wealth depriving others!





Recommendations

- 1. Anesthesia residency program to incorporate 06 months to 1 year residency training in acute medicine.
- Taking responsibility to treat systemic medical illness preoperatively to prepare patients for surgery.
- Anesthesia departments should be upgraded in terms of equipments and armaments to practice profession scientifically and clinical work should be protocol based.
- 4. There should be provision of continuous training for professionals as well as for paramedics.
- 5. Present trend of dispersion of anesthesia subspecialities should be reverted to ensure excellence in services and to consolidate professional strength.
- Mind set of senior anesthesiologist should be to come out of orthodox box and to be welcoming to new techniques and technologies..
- 7. Ensuring rational and respectful ratio of wages between surgeon and anesthesiologist in independent practice.
- 8. Provision of allocating budget to encourage research.
- Surgical team should be in same footing regarding documentations and medico legal issues.

To show consideration, conscience and respect for others based on the belief that all human beings are born free and equal in dignity and rights. This entails recognizing human diversity including for different viewpoints, creeds, religion, gender, color, lifestyle, ethnic origin, and physical ability. Respect in the work environment also requires demonstrating regards & recognition for other professionals can ensure trust and harmony in the society.

Acknowledgements

None.

Conflicts of interest

The authors declare that there are no conflicts of interest.

Funding

None.

References

- 1. Sharif SM. Hadith. Volume 4. 1990.
- Ministry of Health & Family Welfare, Govt. of India. Revised Curriculum for Competency Based Training of Dnb: Candidates Anesthesia. 2006.
- 3. ANZCA. Anesthesia training program Curriculum.2014.
- 4. American Society of Anesthesiologists About Profession.
- 5. Nancy McKenzie. Encyclopedia of surgery.
- McLanahan SA, McLanahan DJ. Surgery and its Alternatives: How to Make the Right Choices for Your Health. Twin Streams; Kensington Books. 2002.
- 7. GE Healthcare. Welcome to the future of anesthesia.
- Dermot Kehoe. Practice Makes Perfect: The Importance of Practical Learning. 2007.
- Mihail CR. William Sims Bainbridge. Converging Technologies for Improving Human Performance. 2002