Anaesth. Intens. Care (1979), 7, 109

PRESIDENTIAL ADDRESS*

ANAESTHESIA AND THE ANAESTHETIST: STATUS, BOREDOM AND SAFETY

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The beauty of presenting a presidential address is that one chooses the subject, speaks without interruption and finishes without question. Well, almost. Our world is now so small, societies and journals so numerous, that we are all reading, writing and thinking of the same things. Over the past year it has been a little irritating to find that elsewhere not only has someone taken one's selected topic but he has done it much better. Further, my recent attendances at the meetings in Paris and New Delhi have again modified my views.

In the days when education meant learning and not teaching; when medical students were selected occasionally from rugby players who wanted to become doctors and two people could have a conversation and not a one-to-one goal orientated dialogue I remember being told that, even if it failed to inform, the spoken word presentation should at least entertain and that you had a fair chance of being able to class it according to the source of the opening quotation; in ascending order of merit — Shakespeare, Oscar Wilde, G. B. Shaw, The Bible, Confucius, Lewis Carroll, and obscure poets all the way up to Milton.

Whilst a patient of Lord Lister, between 1873 and 1875, William Ernest Henley wrote "Hospital Verses".

"Behind me waiting — waiting for the knife,
A little while, and at a leap I storm
The thick, sweet mystery of chloroform,
The drunken dark, the little-death-in-life."

Anaesthesia and the Anaesthetist — Status, Boredom and Safety

I want to look at these aspects of our specialty not in a narrow sense but as part of the whole practice of medicine.

What is Medicine?

The preservation or restoration of health or the cure, alleviation or prevention of disease; so states the Oxford English Dictionary. That sounds good until one looks for a definition of disease — "A departure from the state of health." and health — "A state of physical, mental and social wellbeing free from disease." As Moliere wrote — "Opium induces sleep by virtue of the fact that it possesses a sleep producing property," or Claud Bernard — "Healthy people are sick people who don't know it."

In the present decade, those who would wish to deprofessionalize Medicine have described it as everything from a service industry to a disabling profession. The attack upon orthodox medicine is no new thing: "The beloved Physician" of yesteryear was no more universally true than the world of Kipling yet it was years before I discovered that the "Great Game" wasn't cricket. What is new is that more and more of the costs of medicine are borne through taxation and our society now questions the cost, the value and the aims of medicine relative to other aspirations it may have.

From the third century on, in Greek Iconography, Aesculapius is shown with his daughters, Hygeia on his right and Panakeia on his left. Prevention on the one hand, treatment on the other. In 1875, Benjamin Ward Richardson proposed a Utopian Hygeia: a city of health. In 1902, Sir William Osler wrote "The average sum of human suffering has been reduced in a way to make the angels rejoice." This has oft been quoted to show how little therapeutic medicine has affected the health of man compared to improvement in the environment. To be fair, Osler also said "one should treat as many patients as possible with a new drug whilst it still has the power to heal." In 1942, Lord Beveridge predicted

* Presented at the Annual General Meeting of the Australian Society of Anaesthetists, October, 1978.

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that the cost of a health service in Britain and the consequent reduction in its need would cancel out. Of course, that did not happen and for the past twenty years we have read of the *Mirage of Health* as man, forever, must adapt to his environment. Consider just the one case of measles and the people of Tristan da Cunha, an example of what Arnold Toynbee called "Arrested Civilizations".

Only man can hurt man. "We have two terrible inheritances from our pleistocene ancestors," wrote Sir MacFarlane Burnet, "and both involve an obsession with death."

"Crawling at your feet," said the Gnat . . . "you may observe a Bread-and-Butter-fly . . ." "And what does it live on?" said Alice. "Weak tea with cream in it" . . . "Suppose it couldn't find any," she suggested. "Then it would die of course" . . . "But that mustn't happen very often . . ." "It always happens." said the Gnat.

Among others, it worries Sir MacFarlane Burnet that individuals feel they are entitled to go on living as long as possible, whatever the cost and that almost all of modern clinical research is within the areas of chronic degenerative disease. We spend fortunes to correct the infertility of the infertile yet limit the fertility of the fertile. Slaughter on the roads is accepted as normal. Another change, similar to the one described by Osler in 1902, could occur today if individuals were to show responsibility for their life styles but social pressures are such that we are unlikely to give up the enjoyable things that are bad for us.

Emphasis on laboratory analyses and in the Public Health field have shifted interest from the individual as a person to mankind as a whole and there would be little justification for personalized medicine if the future of man as a biological species was the only issue. Most of the species that ever existed on earth are gone, mostly through a failure of adaptation and/or environmental factors. Man is not an endangered species. However, in our ethos, the individual is still the unit of value and for this reason as well as a consequence of the impersonal approach of scientific medicine, our profession is in danger of being edged out of many social aspects of medicine. "Many sociologists end up as terrorists," commented the *Times* earlier this year; "Even worse," wrote Keith Waterhouse in *Punch*, "many of them end up as sociologists" and "If necessity is the mother of invention, sociology must have been a test-tube baby" and again "what is probably worse, we have inherited the awful jargon of their trade." Nevertheless, patients do want their doctor to be personally involved ("a doctor who will talk to me and listen to me", quotes study upon study). For lack of this they turn to the world of health cults and fads and fringe medicine, the supporters of which are many and come from a wide cross-section of the population. Because expectations from such fringe medicine are low, success is welcomed and failure rarely criticized. On the other hand, expectations of orthodox medicine are high and a cure expected.

What then is Medicine?

"When I use a word," Humpty Dumpty said . . . "it means just what I want it to mean — neither more nor less."

"The question is," said Alice, "whether you can make words mean different things." "The question is," said Humpty Dumpty, "which is to be master — that's all."

Anaesthesia — "the drunken dark, the little-death-in-life."

"Medicine's greatest single gift to suffering humanity" said Sir William Osler.

"The kindest speciality," said Gordon Taylor, proposing the Toast of the Faculty in London in 1951.

Under any examination of aims, value and cost of medicine, anaesthesia justifies itself.

The Anaesthetist

Is a doctor of medicine and was a medical student — "Likely to be one son of the family too weak to labour on the farm, too indolent to do any exercise, too stupid for the Bar and too immoral for the pulpit." So wrote Daniel Gilmour last century.

"Anaesthetists are modest and retiring men" wrote T. B. Boulton earlier this year and then presumably retired before he was assaulted by a whiff of female anaesthetists.

I cannot resist recalling the description of the anaesthetist by the peripatetic correspondent of the *Lancet* in 1951:

The anaesthetist — as calm as Jupiter or, corrected to the Greek (S.I. units of the day), *as calm as Zeus*, the ruler of gods and men.

The anaesthetist — as patient as Penelope, the wife of Ulysses who, whilst he was away, nightly unravelled the web she had woven during the day to avoid suitors whose offers were to wait till the web should be finished, thus playing for time.

As punctual as Apollo, a seven months child of Zeus. He beat Pan in a musical festival,

became god of music and has ever since played on the seven-stringed lyre whilst the gods feast, He spent muct of the rest of his life in attempting to, or succeeding in, seducing mountain nymphs. He was the father of Aesculapius, the physician who had the temerity to resurrect a dead man. This happened before Intensive Care Units. Hades lodged a complaint and Zeus killed Aesculapius with a thunderbolt.

As resilient as Anteus, a giant who regained his strength whenever he touched his mother, the Earth (an early reference, I believe, to the Wednesday afternoon game of golf).

As versatile as Mercury, (in S.I. units read Hermes), the god of eloquence, skill, trading and thieving and messenger of the gods. The god of all forms of trickery who used a rod to stupefy men whilst he practised magic and deception.

Finally, as many handed as Briareus who had a hundred hands.

What a superbly accurate description of an anaesthetist, as true today as ever was.

Status

Status has different meanings to different people.

In 1949, at the 7th A.G.M. of the A.S.A. in Perth, Dr. R. H. Orton spoke of the surgeon-anaesthetist relationship and means by which the status of the anaesthetist could be improved. Educate the surgeons; educate ourselves; produce a proper scale of fees so that the anaesthetist could give all his time to the specialty and more time to each patient.

Dr. Eric Anson of New Zealand, at a meeting of Fellows in 1957, said "progress should be measured by the good it brings the patient but suggests that, by no means, we should not strive for the good of the practitioner . . . anaesthesia must be a career in itself and should merit the just reward . . . anaesthesia has risen on its merits alone and in the face of the conservatism of the profession . . . another threat is the survival of the untrained anaesthetist. It is a regrettable fact and a slur on the honour of the profession, that such are still employed in these enlightened days . . . It is all very well to be complacent and say "in the end if skilled men are available, they will ultimately get the support of surgeons."

I have nothing to add on that subject to these words from three decades past.

We should not apologize for this association between the welfare of patient and doctor. In my experience, in any field of endeavour the only ones to talk of job satisfaction are those who have both adequate pay and conditions. It took our colleagues elsewhere 30 years to discover this truth. The President of the Association of Great Britain and Ireland wrote recently of the "better expectation of quality of life" for a hospital practitioner grade than that afforded to a consultant in hospital practice.

Let us pass for a moment to Boredom.

"In America there exist professional anaesthetists. This specialty is also becoming praised in Germany. I cannot think of anything more dull." So wrote August Bier, the first to introduce clinical spinal analgesia.

"There are in all fields the inevitable periods of monotony, of seemingly endless progressions of repetitious detail . . . these occurrences are normal; to focus on them to the exclusion of all else is not" (Lester Mark in *Anesthesiology* 1966).

From Coma by Robin Cook (1977) (Now a terrifying film from M.G.M.) "Every Monday morning Dr. Goodman thanked his lucky stars that he had had enough foresight to have continued his research proclivities. He found clinical anaesthesia a bore; it was too easy, too routine and frightfully dull." Without spoiling the story, some half hour later Dr. Goodman was a shivering wreck.

Writing of the future of British anaesthetists earlier this year, P. H. Schutts quoted the survey of medical students carried out by Parkhouse and Palmer in 1977 — "most unpopular specialty with students" and himself pointed out "the tedious prospect of endless 'cold' lists on straightforward patients." True, most patients are healthy but few specialties have such moments of acute stress as ours and more to the point, so it is with the patient for whom it may be the most stressful moment in life so far. If the motto on Trudeau's statue "To cure sometime, to help often, to console always" means nothing then may I suggest that "the bored one" is in the wrong profession. To return to the subject of Status.

If we have, as has been claimed, "by the successful introduction of the intravenous route" reduced anaesthesia, in the lay mind, to nothing more than another injection then we are to be congratulated for our skill and condemned for our inability to talk to our patients. What I object to most strongly is the oft expressed view that the only way for an anaesthetist to gain status is to cease to be an

anaesthetist. Some quotes — "more time spent in intensive care, obstetrics, pain clinics and other places will reinforce this" . . . "if as a consequence we need more help from anaesthetic nurses or nurse anaesthetists we should encourage this" . . . "gone are the days when we were physiological baby-sitters."

At a recent meeting in Paris, Professor Lassner recalled how when the first Professor of Anaesthesia was appointed in France, Sir Robert McIntosh said that it was good to see that, rather like a Bird Show, they had appointed the most beautiful pigeon — it was such a pity that they hadn't checked to see if it could fly. Since that time, and because they have departments of Reanimation and Anaesthesia, many pigeons have been appointed to head such departments. In short, they are not anaesthetists.

We should be proud that we led the way and educated physicians and surgeons to take over well organized intensive care units, pain clinics, emergency care centres, obstetric analgesia and same day care units, to many of which they were first opposed and in many of which they no longer want us. I remember a meeting when someone was bemoaning this fact and I was sitting with Ellis Cohen. "They shouldn't worry about that," he whispered, "let's find something else we can improve."

Rescue, resuscitation, transport, efficient theatre usage.

Let us never look for status by not giving anaesthetics. Ours is the one branch of medicine that does not have to justify itself; we are here to make sure that the individual undergoes surgery free from pain, in safety, without knowledge, yet providing the surgeon with optimal conditions for the operation.

Safety

Safety is so closely linked with all aspects of anaesthesia and yet it needs a special word. If, to the novice in stage one of anaesthesia, the procedure is boring and carries no status, then may I suggest that he be dissuaded from continuing in the specialty for he will most certainly flounder in Dr. Artusio's stage two, of unfounded confidence, and never reach the stage of calm assurance. It is with that calm assurance that the anaesthetist, as "public relations officer", sets the tone and safety of the theatre.

I cannot agree with Professor Lassner, President of the French Society, who sees no problem of language difficulty for anaesthetists working within the common market countries: "they have not been on speaking terms with surgeons for a long time. As to their communications with patients . . . in former times patients feared that they might divulge secrets . . . nowadays anaesthetists fear that patients they believe they have anaesthetized might be able to listen and remember. There is no risk for the mute anaesthetist." Of course, he probably wrote that with tongue in cheek. Certainly if I were to lose my voice, I would have to give up both anaesthesia and golf.

Professor Keith Simpson, giving the 18th John Snow Lecture on "The Anaesthetist and the Law," said . . . "carries a greater weight of responsibility than others in medicine, and he must bear it with a calm patience that he may not feel" . . . "the total responsibility of the anaesthetist for all aspects of the preparation, anaesthesia and immediate after-care of his patient" . . . "anaesthetists have a duty to be unusually perceptive." "Risks, inherent in most forms of medical treatment, should be kept to a minimum to which reasonable skill and responsible care can reduce them."

The mottos of all the Societies of Anaesthesia emphasize safety.

In somno securitas — in a good sense, meaning — peace of mind, free of care.

Salus per scientiam — soundness, safety through knowing, knowledge.

Vigila et Ventila — watch and put air into motion. Cicero used "ventilare" to mean to fan the waves of excitement, which we do occasionally.

The American Society's Seal shows the ship (patient) sailing through doubt and terror (cloud and waves) guided by the pilot (anaesthetist) with constant and eternal (stars) vigilance (lighthouse).

Langton Hewer, writing of Recent Advances in 1949, listed two, related to Drugs:— individually tailored premedication and the introduction of curare; and two, related to Safety:— anaesthetist with the skill and knowledge and adoption of better record keeping.

It is interesting that in these days of peer review, quality control and innumerable textbooks on communicating, it was all said 25, 50, 100 years ago and so much better.

In 1978, some anaesthetists are still questioning the wisdom of talking to patients preoperatively . . . "not the time to frighten an apprehensive patient with details" . . . yet further, in the same letter, asks for a campaign

of publicity to acquaint the public etc. Another writes of "greeting a child in a quiet and darkened room" as something new. Mr. Stuart Low, at a meeting of the Section of Anaesthesia of the Royal Society of Medicine in 1920 stated that he "believed in the importance of warmth and quiet in the room and of an early hour for operating."

We are in a marvellous position to improve our status, reduce the boredom and increase the safety of anaesthesia by simply finding time to listen and talk to patients. It is ignorance and stupidity that go hand in hand with fear and apprehension.

Nothing irritates me more than to be introduced to a child as "This is the doctor who will be putting you to sleep"; that's what they did to my dog — I never saw it again!!

Save me from "overhelpful" adults and goal-orientated societies and leave me with uncomplicated children who answer you honestly, like Harry, aged 4.

"You got a cough, Harry?". "No, I got a hernia!" Or ask you straight questions, like Sarah.

"When he's operating does Mr. X. wipe the blood off his gloves on to his gown like in M.A.S.H.?"

I have never been bored.

"The Cat only grinned when it saw Alice . . . it looked good-natured . . . still it had very long claws and a great many teeth . . . she began, 'would you tell me, please, which way I ought to go from here?.' 'That depends a good deal on where you want to get to,' said the Cat . . . ."

Thank you for having granted me the honour of being President of this most happy Society of Australian Anaesthetists.