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THE FUTURE OF ANAESTHESIA IN AUSTRALIA.

Reflections on the systems along which anaesthesia is organised in Great Britain, and in the United States of America, have prompted me to attempt some statement of the position in our own country, its advantages and its defects, and particularly, its future, with the part that we should, in fact must, play in moulding it. I am convinced that the differences in our way of life, and in the organization of medicine here in Australia, are insufficiently appreciated abroad; and I have thought many times that some statement of our present practice, and of our aims, might be apposite at this most stimulating time in the history of anaesthesia.

In Australia, specialization in anaesthesia is a comparatively recent advance. With a few glowing individual exceptions, the subject did not develop as a speciality until about fifteen years ago. Its advance in the capital cities has been very rapid, and has led to appreciation of the necessity for training opportunities in the basic sciences and in advanced anaesthetic methods. Provision for full post-graduate training is made in very few medical schools; courses and examinations are conducted in Sydney and Melbourne, while posts providing abundant post-graduate clinical opportunities exist

in many of the big cities, although supervision and teaching of many of these is inadequate. At the same time some difficulty is experienced in filling such posts, and the supply of graduates with even limited anaesthetic experience and education, who are available for hospital practice, is on the whole not equal to the demand.

Private practice is almost entirely organised through individual reference and engagement by the surgeons themselves, sometimes, but not always, in recognition of services performed for them in an honorary capacity at public hospitals. The disadvantages are many, and include the difficulties of organizing working time to the best advantage, through the necessarily erratic nature of booking appointments, the comparative uncertainty of predicting duration of operations, and the common occurrence of cancellation and postponement, usually resulting in a gap which cannot be filled in any remunerative way. Our habit of transporting heavy machines and equipment, perhaps to several places during even one working day, is regarded with horror in other parts of the world. In the larger capital cities much time is lost in covering distances through traffic from one engagement to another. There is no doubt that individual cooperation can ameliorate these conditions.

Combination into groups does result in more efficient booking arrangements, less travelling from hospital to hospital, and economies in office expenses and perhaps in purchase of drugs. Properly organized group practice can also offer some insurance against the bugbear of the private anaesthetist, the loss of work and goodwill associated with illness and study or vacation leave. However, while private operative work in surgery continues to be practised on an itinerant basis, the anaesthetist must earn most of his living on an itinerant basis also.

A pleasing feature of recent years has been the increasing interest in special anaesthetic methods shown in some of the larger country towns, where it is usual now for at least one practitioner to try to better his skill in anaesthesia by various means; while in some large towns full-time specialist anaesthetists, who are able and successful, have become an indispensable part of surgical practice.

In many of the large public hospitals in the capital cities, even in the teaching hospitals, the special anaesthetic services are rendered entirely by honorary medical officers, whose function as teachers of undergraduates in basic methods is necessarily becoming subservient to the demands for more specialized techniques for poor-risk patients and massive

operations. With all this, the demand for their services in public hospitals exceeds the ability of private practice to support them in their other hours. The conclusion seems inescapable that payments for service in public hospitals must become general soon, as it has done in a great many large public hospitals already.

In many of the large hospitals still, for routine procedures and emergency operations which may be of considerable magnitude, resident medical officers, usually of very limited experience, are employed; and it is still comparatively unusual for the arrangements to include constant responsible supervision of their efforts by a full-time trained anaesthetist.

In all but a few medical schools, there seems no doubt, that, for various reasons, undergraduate training in basic methods has deteriorated in recent years; it is interesting to learn from recent reading that this is acknowledged also to be the case in Great Britain, where on the whole the standard of anaesthetic services is so very high. There the opinion is increasingly held, apparently, that anaesthesia should constitute a post-graduate study; and the ideal of every single anaesthetic being administered by a trained, or at least, a training, anaesthetist, seems near to achievement.

However, as I see it, in Australia at present, and for many years to come, the ideal of trained-anaesthetist supervision of every single anaesthetic administration is absolutely precluded by our huge distances, our scattered country population, and the shortage of medical personnel. For successful anaesthetic practice two fundamental attractions are necessary; abundant and varied clinical opportunities, and sufficient financial reward. Only the larger country centres are likely to be able to offer these. Our general practitioners for many years to come must continue to administer anaesthetics in a large variety of operations and conditions. It follows, then, that they must be taught in their undergraduate days certain basic methods, and taught them well. It is often overlooked that such a practical training covers a wider field than that of the actual administration of anaesthetic drugs, giving the student instruction in the care of the unconscious patient, and the resuscitation of those who are near to death from electrocution, drowning, and other asphyxial accidents.

Having taught the undergraduate this, what then? We should fail in our duty if we have not also taught him a healthy respect for his own limitations, and those of the methods he has been taught. There is still a tendency, which

does not apply to anaesthesia alone, for the graduate who has been trained for the safe conduct of a remote practice to impose on his patients his limited range of technique in situations where better methods are available.

The high standards achieved by Australian surgeons have called for, and been matched by, I think, an equivalent standard of skill among specialist anaesthetists. I saw nothing, when I was abroad, that was better than the best of Australian anaesthesia. Though much individual credit is due for this, particularly when one considers our isolation from world centres in medical thought, the rarity of visitors and lecturers in our speciality, and the disadvantages which accrue from delays in publication of new work abroad, and in receipt of new drugs and appliances, it must be admitted that there is much anaesthesia, often called "special", of a mediocre standard. Here also, then, in the postgraduate field, efforts must be directed to education and improvement.

The exchange of information on clinical experiences and technical advances is a function of this Society, through the monthly news-letter, the State Section Meetings, and the Annual General Meetings. The proceedings of these last are to be reported in full in future in the Medical Journal of Australia,

and should serve as authoritative statements on new advances in anaesthesia for the medical profession as a whole in this country.

In approaching the Royal Australian<sup>Asian</sup> College of Surgeons for the establishment of the Faculty of Anaesthetists, the Society has recognised its responsibility for initiating some uniformity in postgraduate courses and qualifications. These academic functions the Faculty will in the future perform.

Clinical opportunities must be arranged by establishing training posts in the larger and teaching hospitals. Such posts have little value without the direction of a full-time, salaried, and highly-qualified anaesthetist. Departments of anaesthesia, in existence in many, must come in all the great public hospitals of this country. The benefits conferred on the speciality of anaesthesia and particularly on the hospitals themselves by such a policy are enormous.

The final thing to consider is that in which Australian anaesthesia is unquestionably lagging - that of research. Certainly we lack large financial resources; but the facilities we already own are considerable, and could be extended. In other fields of medical research Australian brains have not been lacking. Are all the many waiting problems in anaesthesia to be solved in other parts of the world?