

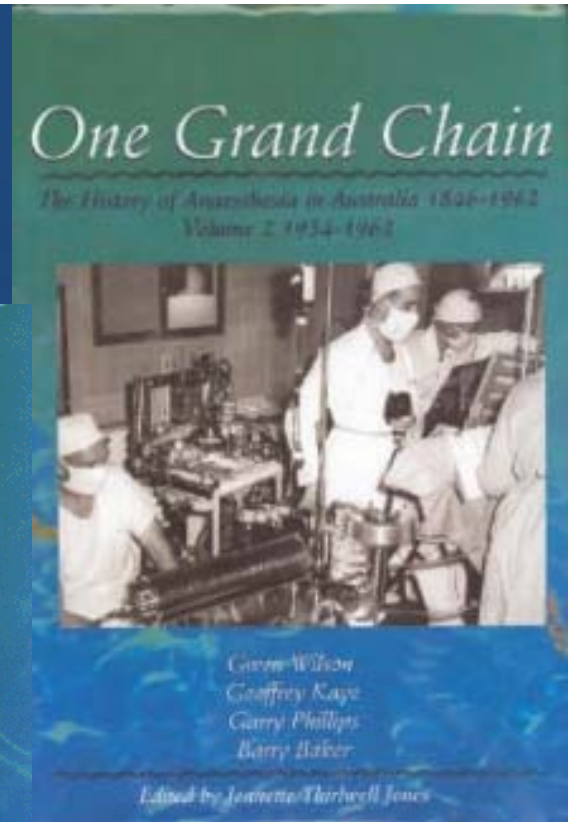
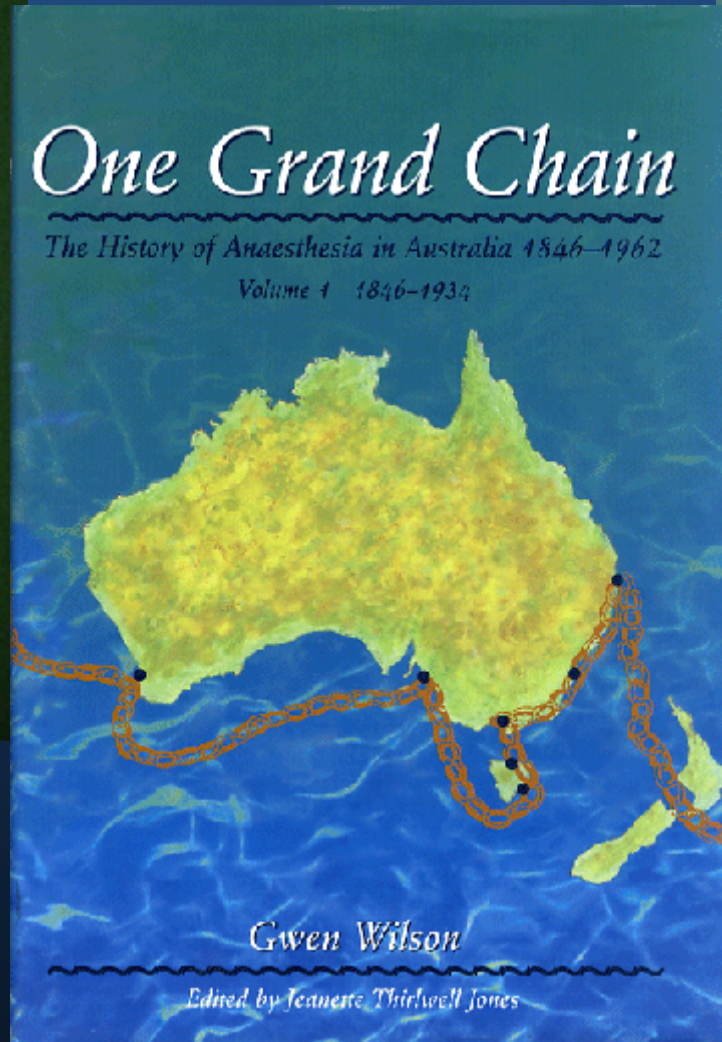
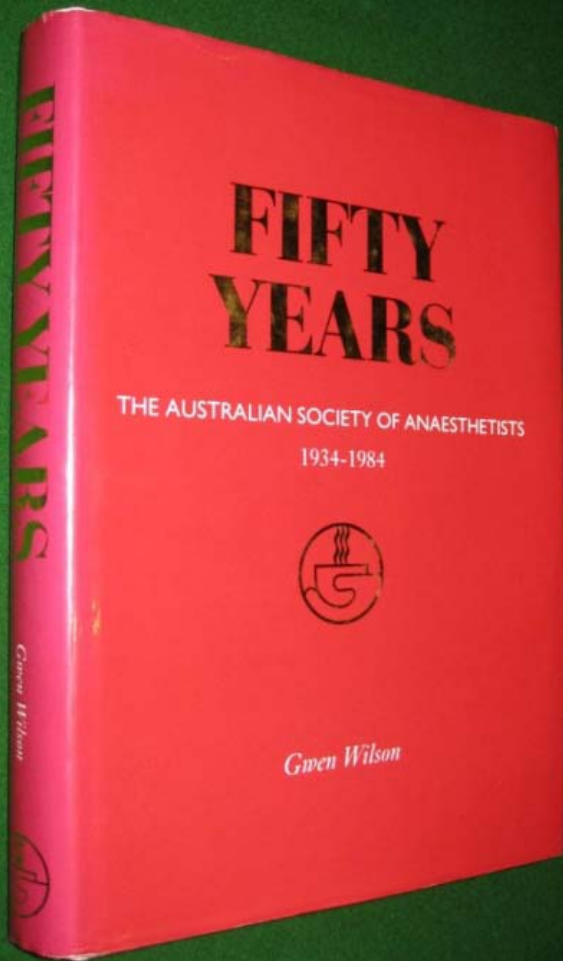
GEOFFREY KAYE
ORATION
2012

‘A FIT AND PROPER PERSON’

THE ATTRIBUTES OF A GOOD
ANAESTHETIST







CURRENT RESEARCHES IN
ANESTHESIA
& *ANALGESIA*

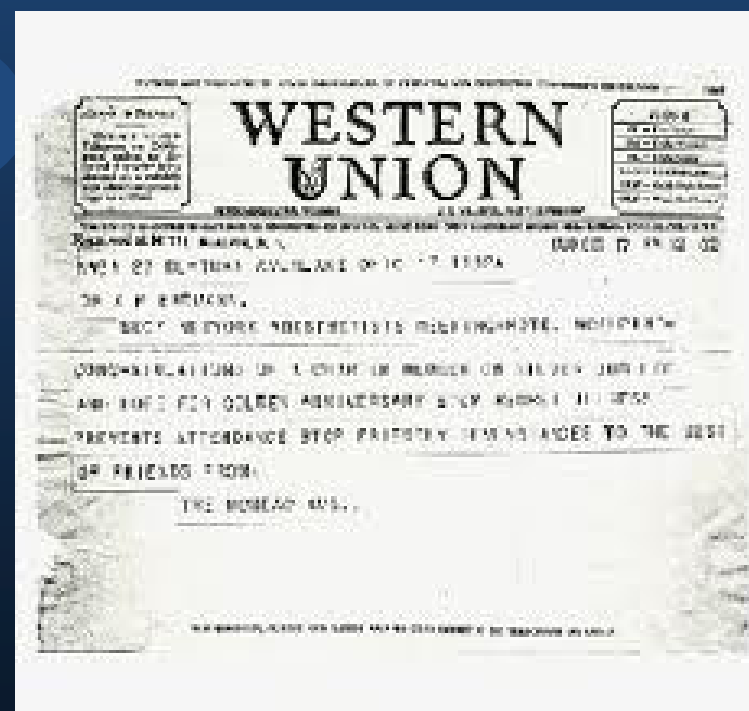
F. H. MCMECHAN, A. M., M. D., EDITOR



1922

Published Bi-Monthly by
**THE NATIONAL ANESTHESIA
RESEARCH SOCIETY, INC.**

FIG. 1. Front cover of Volume 1, Number 1.



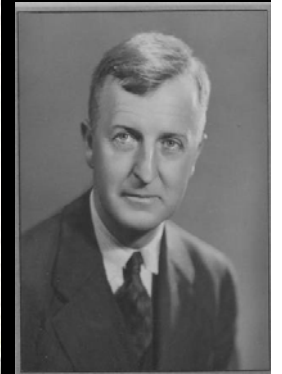
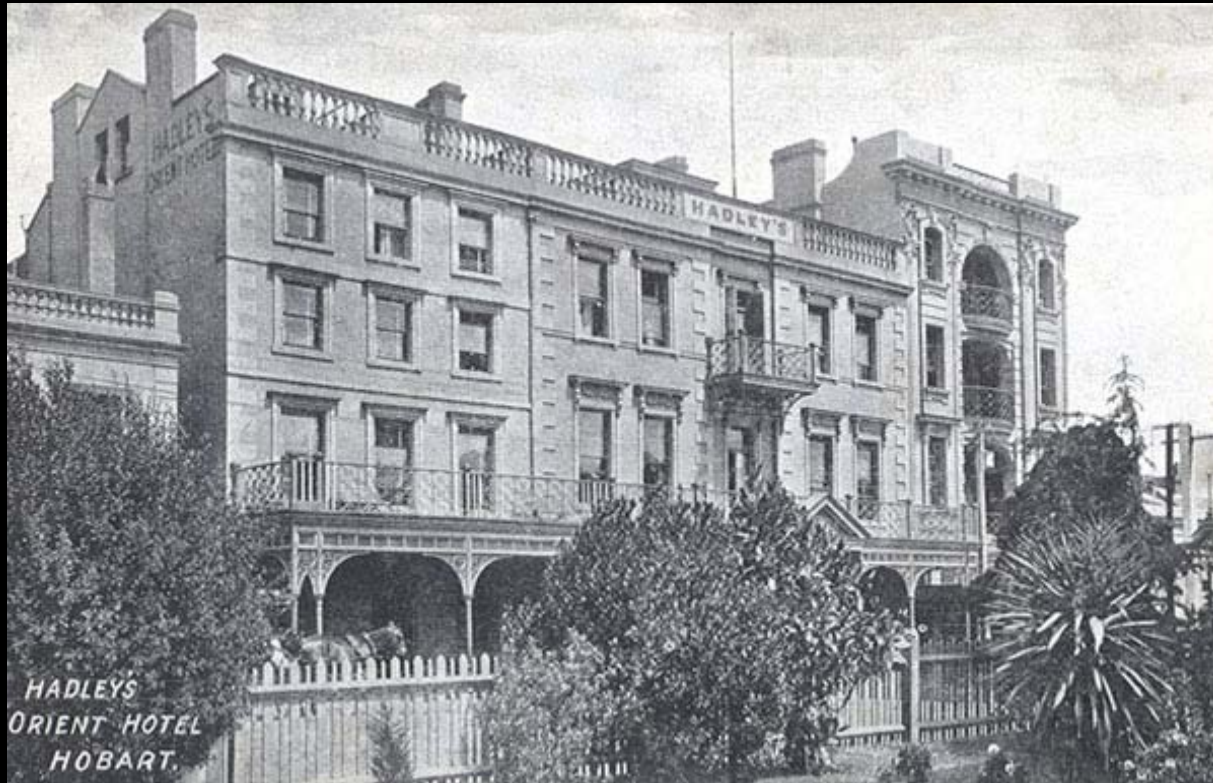
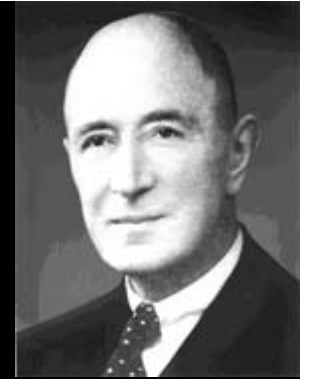
Australian Medical Congress, Dunedin 1927



AUSTRALIAN MEDICAL CONGRESS 1927
Dunedin - New Zealand
Special to St. Andrews, 1927



Delegates to the 1929
BMA Congress, Sydney



Hadley's Orient Hotel, Hobart 1934

British Medical Journal, Vol 1 (1923-24)

	PAGE
Foreword - - - - -	1
Early Anæsthesia. By Sir D'Arcy Power, K.B.E., F.R.C.S. - - - - -	4
Painless Childbirth by Synergistic Methods. A Preliminary Report. By E. P. Donovan, M.D., and James T. Gwathmey, M.D. - - - - -	8
Sacral or Epidural Analgesia. By J. Blomfield, O.B.E., M.D. - - - - -	22
New Anæsthetics. By C. Langton Hewer, M.B., B.S. - - - - -	27
Remarks on Broncho-pulmonary Complications following Operations under Anæsthesia. By W. J. McCardie, M.B., B.C. (Cantab.) - - -	30
Joseph Thomas Clover, a Pioneer in Anæsthesia. By Dudley Wilmot Buxton, M.D., B.S., M.R.C.P. - - - - -	55
Painless Childbirth by Synergistic Methods. By John O'Reagan, Leland R. Cowan, M.D., and James T. Gwathmey, M.D. - - - - -	62
Some Special Methods of Administering Anæ- sthetics. By H. P. Fairlie, M.D. - - - - -	68
On the Teaching of Anæsthesia to Medical Students. By Wesley Bourne, M.D., C.M. - - - - -	74
The Value of the Reflex Bases in the Interpretation of Phenomena during Anæsthesia. By S. R. Wilson, M.B., M.Sc., F.R.C.S.E. - - - - -	79
An Improved Open Ether Mask. By S. R. Wilson	86
National Anæsthesia Research Society of America. By E. J. McKesson, M.D. - - - - -	87
John Snow and the Advent of Chloroform. By Dudley Wilmot Buxton, M.D., B.S., M.R.C.P.	101
Laboratory and Clinical Experiments with Ethylene, and other Hydro-carbon Gases. By James T. Gwathmey, M.D. - - - - -	108

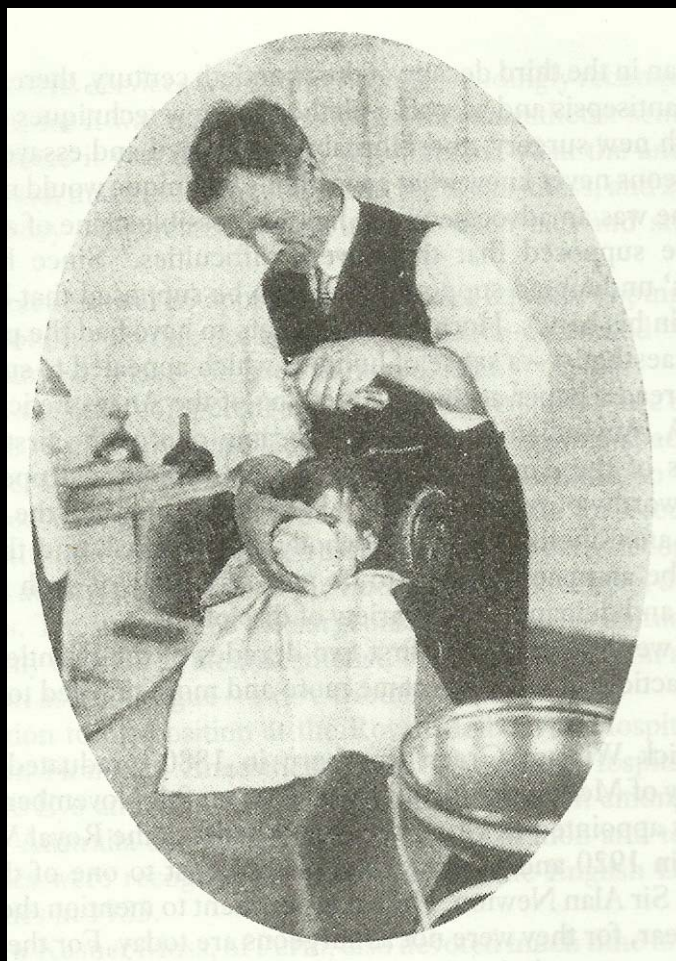
British Journal of Anæsthesia

Editor

H. M. COHEN, M.D. (U.S.), M.R.C.S., L.R.C.P.

Vol. I. (1923-4)

Manchester
Sherratt & Hughes
34 Cross Street
1924



Dr. Rupert Hornabrook,
Dental Hospital Melbourne



Crawford Long

Australian Anaesthetist – 1920s

Geoffrey Kaye:

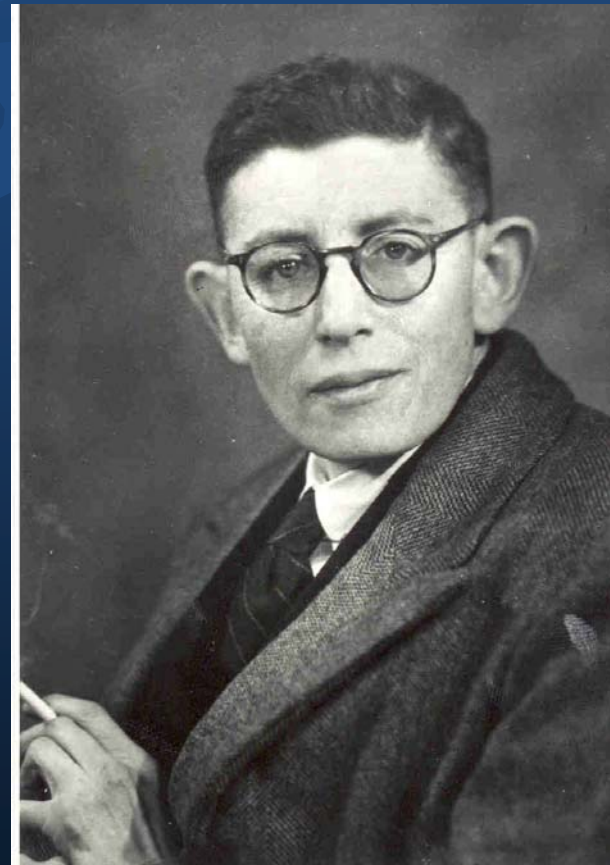
“The Australian anaesthetist of 1928 was therefore, a self trained ‘Specialist’ who had emerged from general practice, and who might still engage in it to a greater or lesser extent.

His main defect was a lack of physiological and pharmacological knowledge...”



Geoffrey Kaye

- Striving for excellence
- Innovative
- Strong leadership
- Promoter of anaesthesia as a specialty
- Good communicator
- Well respected
- Concerned about patient safety and well being



Attributes of Anaesthetists

British Journal of Anaesthesia 106 (1): 38–43 (2011)
Advance Access publication 30 November 2010 · doi:10.1093/bja/aeq308

BJA

CLINICAL PRACTICE

Defining excellence in anaesthesia: the role of personal qualities and practice environment

A. F. Smith^{1*}, R. Glavin² and J. D. Greaves³

¹ Department of Anaesthesia, Royal Lancaster Infirmary, Ashton Road, Lancaster LA1 4RP, UK

² Department of Anaesthesia, Victoria Infirmary, Langside Road, Glasgow G42 9TY, UK

³ Department of Anaesthesia, Royal Victoria Infirmary, Queen Victoria Road, Newcastle upon Tyne NE1 4LP, UK

* Corresponding author. E-mail: andrew.f.smith@mbht.nhs.uk

Consultant anaesthetists (teachers) and trainees:

- Striving for excellence
- Innovative and original
- Highly developed clinical skills
- Communication skills
- “can-do” attitude

Attributes of Anaesthetists

Defining professionalism in anaesthesiology

Ramona A Kearney, Med Educ. 2005 Aug;39(8):769-76

Qualities specific to anaesthesia:

- Vigilance
- Responsiveness/flexibility
- Teamwork
- Decisiveness/confidence/manner
- communication



Attributes of Anaesthetists



JPMA
Journal Of Pakistan Medical Association

Original Article

A national survey into desirable personality traits in anaesthesia trainees in a developing country

Fauzia Anis Khan, Fauzia Minai
Department of Anaesthesia, Aga Khan University, Karachi, Pakistan.

Issue Vol:60, No:3 March, 2010

Personality traits in prospective trainees:

Desirable

- Reliability
- Honesty
- Stress performance
- Punctuality
- Discipline

Undesirable

- Resourcefulness
- Sense of humour
- Being unassuming
- High sense of self-esteem



Attributes of Anaesthetists

Anaesthetists vs The Rest

Anaesthesia, 1999, 54, pages 926-935

Personality traits of anaesthetists and physicians: an evaluation using the Cloninger Temperament and Character Inventory (TCI-125)

M. T. Kluger,¹ T. M. Laidlaw,² N. Kruger³ and M. J. Harrison¹

¹ Specialist Anaesthetist, and ³ Anaesthetic Registrar, Department of Anaesthesia,
North Shore Hospital Takapuna, Auckland, New Zealand

² Senior Clinical Psychologist, Department of Psychiatry and Behavioural Science, University of Auckland, Auckland,
New Zealand

99%



BOREDOM

Average NZ anaesthetist:

- Mature personality, cooperative, obsessive-compulsive

But also:

- Ineffectual, reserved, cynical, unassertive

Attributes of Anaesthetists

Anaesthetists vs The Rest

Anaesthesia, 1999, 54, pages 926–935

Personality traits of anaesthetists and physicians: an evaluation using the Cloninger Temperament and Character Inventory (TCI-125)

M. T. Kluger,¹ T. M. Laidlaw,² N. Kruger³ and M. J. Harrison¹

¹ Specialist Anaesthetist, and ³ Anaesthetic Registrar, Department of Anaesthesia,
North Shore Hospital Takapuna, Auckland, New Zealand

² Senior Clinical Psychologist, Department of Psychiatry and Behavioural Science, University of Auckland, Auckland,
New Zealand

1%

Panic

Compared to Community Sample:

- More harm avoidance, more cooperation, more controlling

Compared to physicians:

- Less cooperativeness

9% formal personality disorder !

Attributes of Anaesthetists

Anaesth Intensive Care 1999; 27: 282-286

Personality Profiles of Australian Anaesthetists

M. T. KLUGER*, T. LAIDLAW†, D. S. KHURSANDI‡

Department of Anaesthesia, North Shore Hospital, Auckland, and Department of Psychiatry and Behavioural Science, University of Auckland, New Zealand; Department of Anaesthesia, Caboolture Hospital, Caboolture, Queensland

Australian anaesthetists vs 'normal' population:

- More controlled
- More stable
- More confident
- More careful

Also more 'sensitive and careful' than Canadians



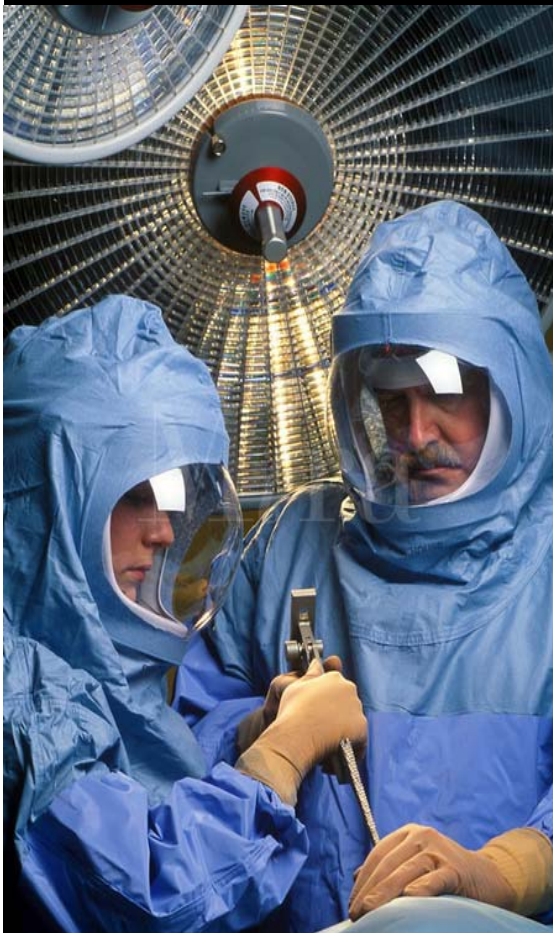
RESEARCH

CHRISTMAS 2011: SURGERY

Orthopaedic surgeons: as strong as an ox and almost twice as clever? Multicentre prospective comparative study

 OPEN ACCESS

P Subramanian *trauma and orthopaedic specialist registrar*¹, S Kantharuban *core surgical trainee, Oxford Deanery*², V Subramanian *foundation year trainee, Mersey Deanery*³, S A G Willis-Owen *postdoctoral research scientist*⁴, C A Willis-Owen *consultant trauma and orthopaedic surgeon*⁵





Medical Board of South Australia



The Medical Council of Tasmania



**MEDICAL
PRACTITIONERS
BOARD**

of Victoria



Anaesthetist charged over death

CHRISTCHURCH, Monday. — An Australian anaesthetist appeared in court yesterday charged with the manslaughter of a 10-year-old New Zealand boy who died after an appendix operation last year.

Ian Raban McDonald, aged 56, was extradited from his Russell Island, Brisbane, home in May to face a charge of manslaughter through negligence.

The prosecution told Christchurch District Court that a series of blunders or errors led to the death of Carl Lewis Gomulski after an operation at Greymouth, 200 kilometres north-west of here, on March 16 last year.

The boy was deprived of oxygen and died a week later, the court heard. McDonald had begun locum duty at Grey Hospital,

Greymouth, four days before the operation.

No plea was entered for the preliminary hearing, which is expected to take four days.

Eight doctors, a surgeon and five nurses are on the preliminary list of witnesses to give evidence before Judge Colin Fraser.

McDonald is charged that while acting as an anaesthetist he killed the boy by omitting without lawful excuse to perform a legal duty towards him, thereby committing manslaughter.

The prosecution said evidence would be given that McDonald:

Failed to carry out the normal pre-operation check of the anaesthetic machine;

Activated the carbon dioxide knob in mistake for the oxygen knob when turning on the mixture in spite of safeguards;

Later told police he had not looked at the knobs but turned them on by touch alone;

Failed to note the blueness of the

patient's skin as the carbon dioxide mixture flowed;

Once the incision was made and the blueness of the blood was noted, failed to check the gas flow and knobs on the machine;

Failed to take action called "the of activating gen by-pass the problem

Failed to advise disconnecting together, so breathe room

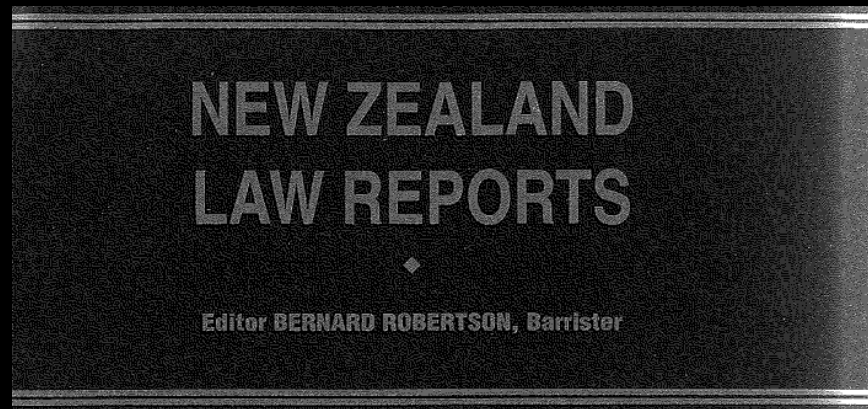
After about nurse had n turned the c later the turned off.

The medic

Grey Hospital, Dr Brian Weston, said there were variations between anaesthetic machines in different theatres at the hospital, but these were no more complex than in other hospitals.

The hearing continues.





155. Duty of persons doing dangerous acts—Every one who undertakes (except in the case of necessity) to administer surgical or medical treatment, or to do any other lawful act the doing of which is or may be dangerous to life, is under a legal duty to have **and** to use reasonable knowledge, skill, **and** care in doing any such act, **and is criminally responsible** for the consequences of omitting without lawful excuse to discharge that duty.

Good Character



DSM IV TR (2004):

“personality traits” are “enduring patterns of perceiving, relating to, and thinking about the environment and oneself that are exhibited in a wide range of social and personal contexts”.

This results in a substantial alignment of “character” with “personality”

Good Character Inquiry



- Good character relates to the quality of a person: *Ex parte Tziniolis; Re Medical Practitioners Act* [1967] 1 NSWLR 357
- *Law Society of NSW v Foreman* (1994) 34 NSWLR 408 at 408 at [212]: “Character involves, *inter alia*, two things: the acceptance of high standards of conduct; and acting in accordance with those standards under pressure. Character is tested not by what one does in good times but in bad.”

Good Character Inquiry

Woods vs Lowns (1996) Aust Torts Reports 81-376 at 63,155:

Medicine is a “noble profession” (Justice Kirby)

Medical Tribunal of NSW:

Medicine is “an honorable and self-respecting profession”

Problematic Traits of Character

- Selfishness
- Narcissism
- Avarice/ greed
- Predatoriness / exploitativeness
- Lasciviousness/vice/lustfulness
- Perversion/sexual deviance
- Sloth/laziness
- Bad temper
- Violence, habitual intoxication
- Meanness /sadism/ cruelty
- Insensitivity
- Dishonesty/ lack of probity
- Mendacity/ lack of candour
- Irresponsibility
- Serious immaturity



‘Good Character’ vs ‘Fit and Proper Person’

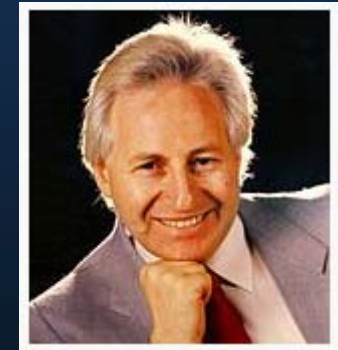
“Good character” and the regulation of medical practitioners

Ian Freckelton SC*

(2008) 16 JLM 488

“Legitimate public expectation that medical practitioners adhere to high standards of ethical conduct”

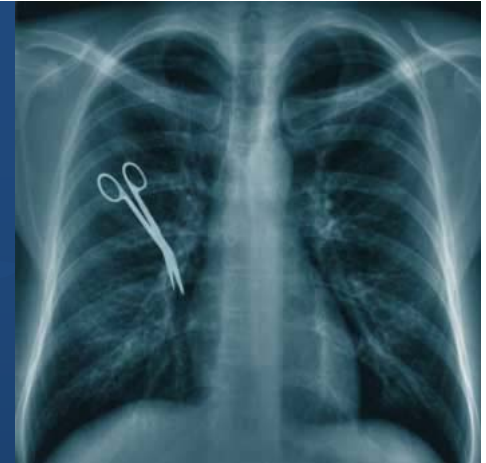
- ‘fit and proper’ commonplace in legal profession
- Integrity, moral rectitude, honesty, knowledge and ability



Eligibility for general registration: s52 National Law

An individual is eligible for general registration in a health profession if--(a) the individual is qualified for general registration in the health profession; and(b) the individual has successfully completed--(i) any period of supervised practice in the health profession required by an approved registration standard for the health profession; or(ii) any examination or assessment required by an approved registration standard for the health profession to assess the individual's ability to competently and safely practise the profession; and (c) **the individual is a suitable person to hold general registration in the health profession**

Unsuitability: s55 National Law



- A National Board may decide an individual is not a suitable person to hold general registration in a health profession if—
- (h) in the Board's opinion, the individual is for any other reason--(i) **not a fit and proper person for general registration in the profession**; or (ii) unable to practise the profession competently and safely.

Professional Misconduct: s3 National Law



- professional misconduct, of a registered health practitioner, includes (c) conduct of the practitioner, whether occurring in connection with the practice of the health practitioner's profession or not, that is **inconsistent with the practitioner being a fit and proper person** to hold registration in the profession.



Good Medical Practice: A Code of Conduct for Doctors in Australia

Developed by a working party
of the **Australian Medical Council**
on behalf of the medical boards of the
Australian states and territories

Good Medical Practice: A Code of Conduct for Doctors in Australia



This code was endorsed by all Australian State and Territory medical boards and the Australian Medical Council. It has been adopted by the Medical Board of Australia after minor revisions to ensure it is consistent with the Health Practitioner Regulation National Law Act 2009 (the National Law). It is issued under s 39 of the National Law.

1.2 Use of the code

“ ...To assist medical boards in their role of protecting the public, by setting and maintaining standards of medical practice. **If your professional conduct varies significantly from this standard, you should be prepared to explain and justify your decisions and actions.** Serious or repeated failure to meet these standards may have consequences for your medical registration.”

1.4 Professional values and qualities of doctors

“... Doctors have a duty to make the care of patients their first concern and to practise medicine **safely and effectively**. They must be **ethical and trustworthy**.

Patients trust their doctors because they believe that, in addition to being competent, their doctor will not take advantage of them and will display **qualities such as integrity, truthfulness, dependability and compassion**. Patients also rely on their doctors to **protect their confidentiality**.

Doctors have a responsibility to protect and promote the health of individuals and the community.”

The Patient's View of Anaesthesia in an Australian Teaching Hospital

BRUCE J. BURROW*

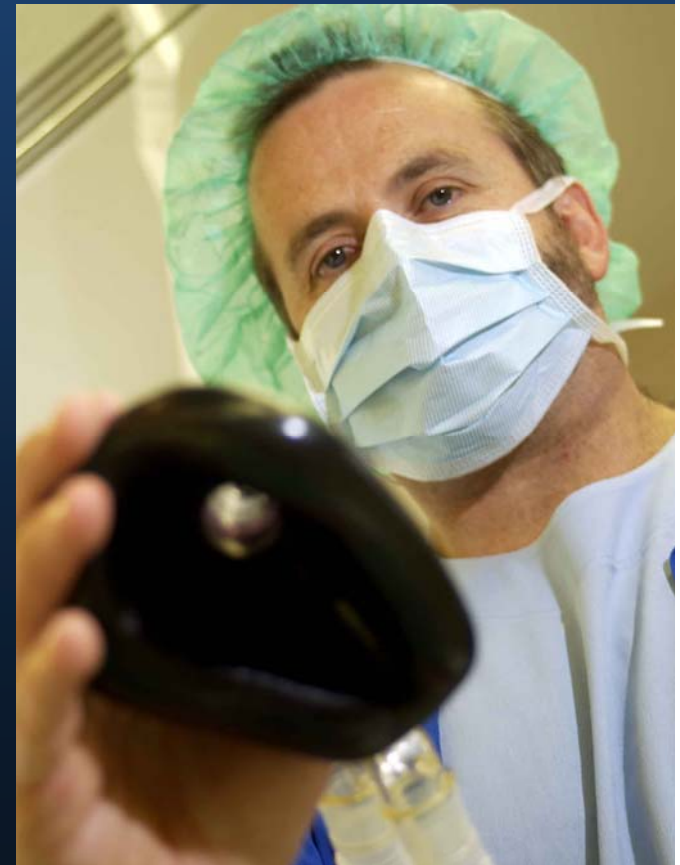
Department of Anaesthetics, Royal Brisbane Hospital

Royal Brisbane Hospital 1982

- 66% aware anaesthetist was medically qualified
- 7% could recall the name of their anaesthetist (82% for surgeon)

1990's UK & Spain

- 65% patients aware that anaesthetists are doctors



Survey

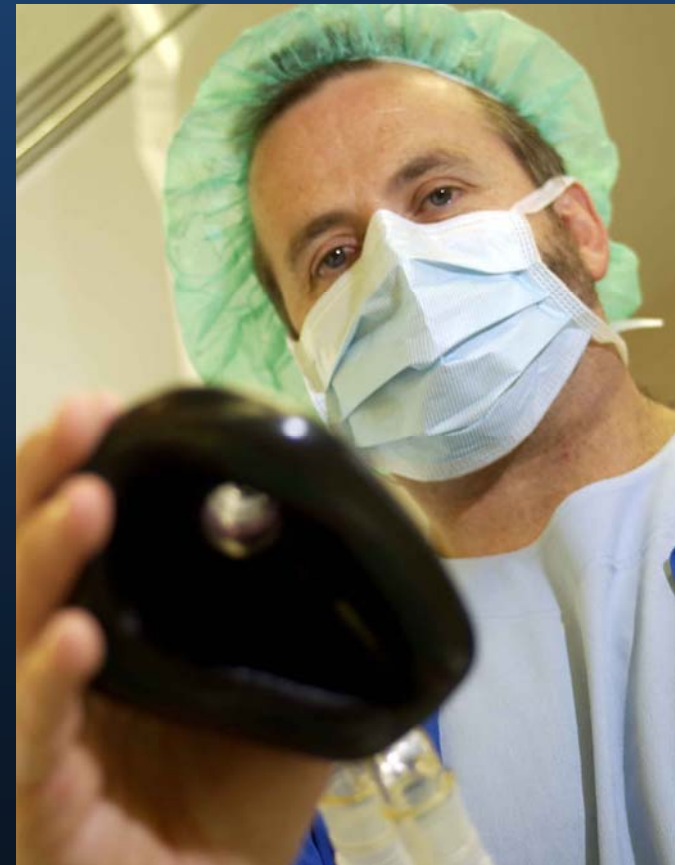
Patients' knowledge of the qualifications and roles of anaesthetists

A. R. BRAUN*, K. LESLIE†, C. MORGAN‡, S. BUGLER§

Department of Anaesthesia and Pain Management, Royal Melbourne Hospital, Melbourne, Victoria, Australia

Royal Melbourne Hospital 2007

- 91% aware anaesthetist was medically qualified
- 84% aware that anaesthetists are medical specialists
- 81% believed that anaesthetists stay with one patient for entire surgery



Featured: [Allergies](#) | [Back to School](#)

Login | [Ideafeed](#) | [Get Advice](#) | [Spark](#)



Follow eHow

Like Jenny Mills and 328,391 others like this.

Follow @ehow 44.3K followers +1 1.4k

LIVESTRONG.COM

NOW IS THE TIME

MyQuit COACH

DARE TO QUIT SMOKING

Available on the iPhone
 App Store [Learn More](#)



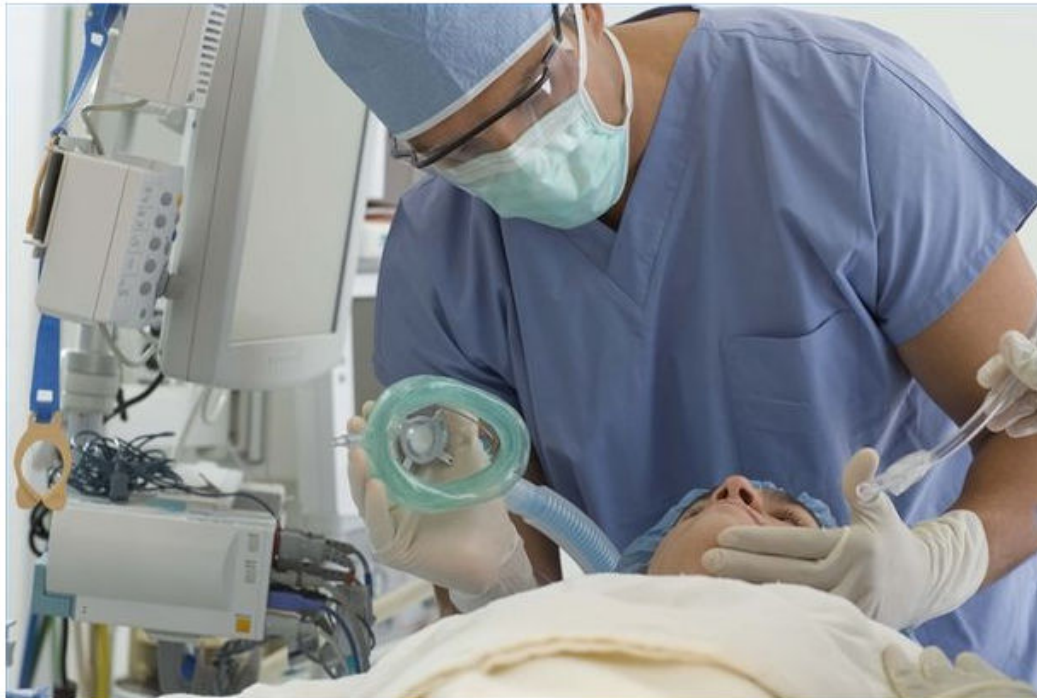
tech



eHow » [Careers](#) » [Medical Professions Careers](#) » [Anesthesiologist](#) » [How to Become an Anesthesiologist](#)

How to Become an Anesthesiologist

By an eHow Contributor



Instructions

- 1 Take coursework in science and biology in both high school and college if possible. This background is highly recommended for someone interested in medical school and can help during the application process.
 - 2 Get an undergraduate bachelor's degree. Interest in medicine as a career can be prepared for with a pre-med degree in science or biology, but this is not a prerequisite. Other backgrounds and college majors can get accepted to medical school. Regardless of your educational specifics, academic strength is required.
- Sponsored Links**
- [Science Degrees](#)
- Fit Your Learning Around Your Life. FEE-HELP Available. Enrol Now!
www.seeklearning.com.au
- 3 Take a medical school entrance exam.
 - 4 Obtain a Medical Degree (M.D.) from an accredited medical school. The average length of time it takes to complete an M.D. program is 4 years.
 - 5 Apply to an anesthesiology residency program. This requires 4 additional years of training, and then sub-specialization can be done through a fellowship of 1 to 3 years.
 - 6 Become a board-certified anesthesiologist by taking a comprehensive oral and written exam following graduation from residency.

What Are the Good Qualities of an Anesthesiologist?

By Stephen Johnson, eHow Contributor

Perseverance

An anesthesiologist's job requires perseverance in several ways. In order to become a licensed anesthesiologist, a person must undergo four years of medical school with a specialization in medicine or osteopathy in addition to having a four-year bachelor's degree. Once this portion of the education is complete, they must undergo four years of residency, including internships, within a hospital environment. All of this is preparation for the actual job, which requires intense concentration during surgical procedures, which often last several hours.

Well-Rounded Intelligence

Although the focus of their education is on medicine, anesthesiologists are required to have a wide range of knowledge. The foundations of their duties have backgrounds in mathematics, chemistry, physics and biology. Many anesthesiologists choose to obtain a double major in one of these areas during their undergraduate studies. Anesthesiology is also a field of constant revision as medicines or practices are updated.

Technically Skilled

Anesthesiologists must be extremely detail oriented. Their job requires precision with tools, perfection with timing and a flawless understanding of the procedure. Anesthesiology is a craft that requires much more than broad intelligence and frequently requires physical skill that rivals that of the surgeon.

Calm and Collected

An anesthesiologist must maintain their calm during stressful situations. Surgeries that require general anesthesia are high-pressure situations in which the anesthesiologist must remain calm if a patient's vital functions begin to fail.

Bedside Manner

Anesthesiologists must remain friendly and personable with patients before and after procedures. Anesthesiologists perform the preoperative interview, during which they explain the details of the procedure and the form of anesthesia to the patient. They relate important information and are later responsible for the patient's awareness to the risks of the procedure. Anesthesiologists also deal with outpatient conditions, regulating pain and dealing with aftereffects of surgery.

