

# MEDICAL STUDENT PRIZE AWARD WINNING ESSAY – ANESTHESIOLOGY: LIMITED HUMAN CONTACT – YET UNLIMITED RESPONSIBILITIES?



This essay competition seeks to increase awareness among undergraduate medical students of the specialty of anesthesia and the role of anesthesiologists in modern healthcare.

*By Fannie Gélinas-Gascon, Université Laval*

A lot of fear, a little pain. Stop breathing, stay oxygenated. Being asleep, staying alive. The duality between patient and anesthesiologist. Invasive tasks that seem barbaric, but serve to keep patients alive. A contradiction? Incomprehensible? Rather, in my opinion: the art of reassuring at a moment of intense vulnerability, of having a life in your hands alongside the surgeon. This is anesthesiology, a specialty where the well-being of human beings is at the very core of the profession. In other words, this is a humanist specialty.

From the preoperative consultation to induction, then from intubation to the maintenance phase, and finally from emergence to postoperative pain relief, most of the anesthesiologist's acts are performed whilst the patient is unconscious. Certainly not the most favourable setting for developing an ongoing relationship with the patient, yet essential for quality care, which is at the heart of a relationship based on trust.

The first contact with the patient is the preoperative evaluation. Questions concerning their medical history, medication, allergies, previous surgical interventions, general anesthetics and so on. Listening to and dealing with the patient's doubts, stress and questions. This is a crucial time, and everything is at stake. This is when one's ability to develop a strong relationship with the patient becomes essential in an instant. Contrary to some beliefs, the anesthesiologist must be empathetic, a good listener, and display excellent interpersonal skills. They must be reassuring at a moment of intense vulnerability. All of this, to determine which anesthesia technique is the most appropriate for the patient's condition. All of this, because anesthesiologists are humanist doctors.

Now the induction. Doubts, anxiety, fear of the unknown: the patient is experiencing all these feelings. Tachycardia, hypertension, agitation: the signs observed by the doctor. Render unconscious as fast as possible to make the anxiety go away? A little propofol, opioid and benzodiazepine, and the problem is solved? But no – this is not how anesthesiology is practiced. Despite the power of medication, a patient who is anxious during induction will be an anxious patient when they wake up – not the best scenario. Anesthesiologists are skilled at solving a variety of problems with medication, but they have more than one trick up their sleeve. Taking the time to discuss, to name the steps and to comfort the patient are all essential gestures for the smooth running of the induction. The patient's doubts will then turn into confidence, anxiety will be eased, and fear of the unknown then becomes acceptance. This humanistic side is the very essence of anesthesiology.

Then, the intubation. Just a few short moments, yet of capital importance. This is the anesthesiologist's primordial technical gesture, the gesture that keeps a patient who is no longer breathing by themselves oxygenated. Endotracheal intubation or laryngeal mask? Direct laryngoscopy or video-laryngoscopy or fiberscopy? Everything is designed to adapt to the specific needs of the patient in our care. At this moment, the human being lying on the operating table is the most important consideration for the anesthesiologist.

Then, the maintenance phase. At this stage, the objective of any medication administered or action taken is to optimize the patient's condition, to preserve physiological homeostasis. An adequate level of unconsciousness, sufficient analgesia, amnesia and appropriate muscle relaxation must all be maintained, as necessary. The vital

*...continued on page 24*

signs must be kept stable, and one should always keep an eye on the ventilatory parameters. More vasopressors? Increase respiratory rate? A small amount of opioids to reduce pain? These are just a few examples of the many questions going through the anesthesiologist's mind during the maintenance phase. The patient is not aware of anything, but their life and comfort rest in the hands of the anesthesiologist. This is a huge responsibility, a responsibility that requires a high level of expertise and an unwavering bond of trust with the patient. It is also a responsibility that requires humanism.

Then, the emergence. All anesthetic drugs are discontinued. Extubation takes place when the patient returns to spontaneous breathing without assistance and can respond to simple commands. It is the return to a state of consciousness. The patient can finally move, breathe and speak. Time to get back in touch with the patient. The anesthesiologist has the privilege of being the first person to interact with them after surgery. Then, we make sure the patient recovers well in the minutes and hours following the operation. It's about making sure that they don't experience pain, difficult breathing, or nausea. In other words, it's about taking care of the patient. Another proof of humanism, surely?

Finally, postoperative pain relief. Opioids, acetaminophen, anti-inflammatories: all good options. Yet the very presence of the anesthesiologist is useful in itself in reducing pain. Yes, a mere presence. A visit to the post-anesthesia care unit that makes all the difference for the patient. Focusing on them, on their condition, has a calming and reassuring effect, which is beneficial for the evolution of their general condition. A rather simple tool that is an integral part of the postoperative therapeutic arsenal.

So, to the question "Is the anesthesiologist a humanist doctor?", the answer is undeniably a resounding Yes! At the risk of repeating myself, although human contact is limited in this profession, the very core of our tasks and responsibilities is to ensure the comfort and well-being of patients. This requires an incomparable doctor-patient bond of trust, to the point of leaving one's life under the care of the anesthesiologist. To achieve such a bond, qualities such as empathy, listening, humility and clinical expertise are essential. In addition, the anesthesiologist is a physician who can treat diverse populations, be they adults, children, healthy or comorbid patients. This ability to adapt to a variety of

patients reflects the importance these physicians place on human values. The medical profession cannot do without the humanistic qualities that anesthesiologists possess.

## Bibliography:

Canales, C., Strom, S., Anderson, C.T., Fortier, M.A., Cannesson, M., Rinehart, J.B., Kain, Z.N. et Perret, D., *Humanistic Medicine in Anesthesiology: Development and Assessment of a Curriculum in Humanism for Postgraduate Anaesthesiology Trainees* (2019), *British Journal of Anaesthesia*, 123 (6), 887-897.

Chou, C.M., Kellom, K. et Shea, J.A., *Attitudes and Habits of Highly Humanistic Physicians* (2014), *Academic Medicine*, vol. 89 (9), 1252-1258.

Oliveira dos Santos, M.F., Melo Fernandes, M.G. and de Olivera, H.J., *Receptiveness and Humanization from the Perspective of Anesthesiologists* (2012), *Revista Brasileira de Anestesiologia*, Vol. 62 (2), 199-213.

Scott A Falk, Lee A Fleisher, Up to Date. Overview of anesthesia, 2022, URL address: [https://www.uptodate.com/contents/overview-of-anesthesia?search=anesthesiology&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1#H8](https://www.uptodate.com/contents/overview-of-anesthesia?search=anesthesiology&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H8), accessed on 20/01/2024.

Vanessa Moll, Merck Manual. Intubation trachéale, 2023, URL address: <https://www.merckmanuals.com/fr-ca/professional/réanimation/arrêt-respiratoire/intubation-trachéale>, accessed on 20/01/2024.