

*Original Article***Is anaesthesia a poorly recognised medical speciality**Shubhra Ray¹, Ekta Singla², Debasish Jatua³, Jaydip Biswas⁴

Anaesthesiology today is an upcoming multimodality specialty in medical science with its spectrum ranging from perioperative patient care to pain management, critical care and palliative care. We talk of newer drugs, equipments, advances in postoperative care and critical care but we tend to ignore that is the general population aware of all this. Are the people aware of the role of anaesthetist as a doctor? The present study was undertaken to assess patients' knowledge of anaesthesia and perioperative care as well as their perception of anaesthetics and their role. After taking permission from hospital authorities, a questionnaire consisting of 12 questions was prepared by a team of qualified anaesthetists. 200 preoperative patients, aged 25-65 years were included in the study. The patients were questioned both preoperatively and 48 hours postoperatively. The questions aimed at assessing perceptions and knowledge of patient of anaesthesia, the role of anaesthetists and surgeons in patient care. Upon asking about the role of the anaesthesiologists in the operation theatre most of the people answered that the anaesthesiologists administers drug once and goes away. The results of this audit show a poor perception of the anaesthetists role both inside and outside the operating room. The patients remember more about their surgeons than their anaesthetist. We found that majority of the people knew the anaesthesiologist as a skilled assistant to surgeon. Thus we conclude that ignorance regarding the anaesthesiologists and anaesthesiology is still prevalent among the general population. Increased efforts are required to inform patients about the roles of anaesthetists in their care. Preoperative instruction has been demonstrated to have benefit with regard to patient anxiety, postoperative pain, and length of hospitalization. Preoperative teaching should therefore be tailored accordingly.

[J Indian Med Assoc 2019; 117: 19-22]

Key words : Perception of Anaesthesia, Pre-operative communication.

Anaesthesia was first introduced in the year 1846. Since that time much advancement has taken place in this field. From homologous skin transplant to heart transplant, anaesthesia and anaesthesiologist has a major role to play. Anaesthesiology today is an upcoming multimodality specialty in medical science with its spectrum ranging from perioperative patient care to pain management, critical care and palliative care. We talk of newer drugs, equipments, advances in postoperative care and critical care but we tend to ignore that is the general population aware of all this. Does the common man know what anaesthesia is? Are the people aware of the role of anaesthetist as a doctor? The problems of image and status of the anaesthesiologists in the eyes of the medical and lay communities are not new¹. Patients' knowledge of anaesthetists' qualifications and roles remains inaccurate despite the efforts of professional bodies worldwide. Most people are

under the misconception that anesthesiologists are not physicians and the role of the anesthesiologist, both in and out of the operating room, is not fully understood. Many surgical patients, particularly younger ones, have fears about the anesthetic that are distinct from their fears about the surgery, the most common of them relating to waking up prematurely or not at all. Preoperative instruction has been demonstrated to have benefit with regard to patient anxiety, postoperative pain, and length of hospitalization. Due to lack of proper communication with the patients, they learn little about anaesthesia and anaesthesiologist. The present study was undertaken to assess patients' knowledge of anaesthesia and perioperative care as well as their perception of anaesthetics and their role.

MATERIALS AND METHODS

The study aimed to know the basic perception of patients about anaesthesiology and the anaesthetist. The study was conducted in a tertiary care cancer centre. After taking permission from hospital authorities, a questionnaire consisting of 12 questions was prepared by a team of qualified anaesthetists. 200 preoperative patients, aged 25-65 years were included in the study. Patients who refused to participate or were unable to participate in a consenting process (unconscious or critically ill patients) were excluded. The

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questionnaire was drafted in English and was self-administered by patients sufficiently proficient in English. For non-English speaking patients the questionnaire was administered in their vernacular language by a trained interviewer proficient in that language. Included in the study were 120 women and 80 men. The patients were questioned both preoperatively and 48 hours postoperatively. The questionnaire consisted of a general, part with questions on demography for all participants, and other sections containing multiple choice questions with options covering discrete facts and sometimes requiring a "Yes", "No" or "Don't know" response. The questions aimed at assessing perceptions and knowledge of patient of anaesthesia, the role of anaesthetists and surgeons in patient care, recall of who the anaesthetist or surgeon was in patients who had previous experience of anaesthesia and surgery and their experience of anaesthetic exposure, qualifications and role of anaesthetists in patients who had no previous experience of anaesthesia and had not undergone any surgery in the past, the knowledge of the proposed surgical procedure, apprehensions about surgery, technique and choice of anaesthesia (regional or general) to be used, possible complications of anaesthesia, as well as the desire to meet the anaesthetist and to receive more information on anaesthesia. 48 hours after operation, the patients were asked about their experience of the present anaesthetic exposure and awareness under anaesthesia, opinion regarding pre-operative and post-operative visit of anaesthesiologist and expectation from anaesthesiologist, the message they would like to convey to their friends and society about anaesthesia and anaesthesiologist.

RESULTS

A total of 200 patients were included in the study out of which 120 were females and 80 were males. Out of 200 patients 131 were Hindus, 67 were Muslims and 2 patients were Christians. 60 (30%) patients were illiterate, 72 (36%) patients had received education up to 10th standard and 68 (34%) patients were educated at least up to 12th standard (Table 1). We noted that gender and religion did not influence patients' knowledge of the role of anaesthetists. 50 patients ie, 25% of the patients had previous exposure to anaesthesia. Out of rest of 150 patients, 78 patients (39%) considered anaesthesia to be a special branch and 72 patients (36%) said they had no idea about Anaesthesia. 148 (74%) patients considered anaesthetists to be doctors, 30 (15%) patients thought that they were nurses and 22 (11%) patients had no idea about designation of anaesthetists. 144 patients (72%) were worried when they first came to know about surgery, 38 patients (19%) said that they would accept Gods decision and 18 (9%) patients said that they were not bothered about the outcome. 86 (43%) of the patients were worried only about surgery,

Table 1 — Demographics of the Patient

Sex	120 Females, 80 Males
Religion	131 Hindus, 67 Muslims, 2 Christians
Education Level	60 Illiterate, 72 Class 10, 68 Higher secondary and above

58 (29%) of the patients were worried about anaesthesia, 40 (20%) were worried about both anaesthesia and surgery and 16 (8%) patients were not worried as they had left everything on God (Table 2). Of the 200 patients who completed the questionnaire survey, 50 (25%) had been anaesthetised previously. Of these, 36 patients, 18% preferred regional anaesthesia (RA), 7% wanted general anaesthesia (GA). 44 patients had pleasant experience of anaesthesia, 2 patients complained of intraoperative awareness, 3 complained of backache and 1 patient complained of Post Dural Puncture Headache (PDPH). Out of 150 patients (75%) who had no previous anaesthetic exposure, 98 patients (49%) preferred GA, 40 patients preferred RA and 12 patients had no choice (Table 3). All these 200 patients who underwent surgery were also assessed post-operatively. When asked about intraoperative experience, 159 patients (79.5%) had good experience and 41 (20.5%) patients had no reaction. In 159 patients said that they would like to interact with anaesthetists before and after the surgery in case they were operated upon in future, 25 said they would not like to interact and 16 had no choice (Table 4).

Table 2 — Perception about Anaesthesia

Considered anaesthesia a special branch	78 Yes	72 No Idea	50 had previous anaesthetic exposure (44 had pleasant experience)
Anaesthesiologists are Doctors	148 Yes	30 Nurses	22 No Idea
1st Impression when came to know of surgery	144 Worried	38 Will accept gods decision	18 not bothered at all
More apprehensive about Anaesthesia or Surgery	86 for Surgery only	58 for Anaesthesia only	40 bothered for Both, 16 dependent on God

Table 3 — Choice of Anaesthesia

Patients who had no previous exposure to anaesthesia	98 general anaesthesia, 40 regional anaesthesia	12 no choice
Patients who had previous exposure to anaesthesia	36 regional anaesthesia	14 general anaesthesia
Previous experient	44 had pleasant experience	2-Awareness, 1-PDPH, 3-Backache
PDPH - Post Dural Puncture Headache		

Table 4 — *Postoperative Analysis*

Intraoperative experience Whether they would like	159 had good experience	41 had no reaction
to interact with anaesthetist before and after of if they came for surgery next time	159 would like to interact, 25 would not like to interact	16 had no choice

DISCUSSION

The results of this audit show a poor perception of the anaesthetists role both inside and outside the operating room. The present study was undertaken to assess patients' knowledge, attitudes, and concerns regarding anesthetic management. Out of 200 patients, 50 had previous exposure to anaesthesia, so they had knowledge about anaesthesia. Out of the remaining 150, only 78 patients considered anaesthesia to be a special branch. A total of 148 patients considered anaesthetists to be doctors. Upon asking about the role of the anaesthesiologists in the operation theatre most of the people answered that the anaesthesiologists administers drug once and goes away. This was in contrast to the findings of the surveys conducted in developed countries where a majority of patients felt that the anaesthesiologist stays during operation to look after their vitals²⁻⁵. Role of the anaesthesiologists after induction was not clear to many patients in previous studies⁶⁻⁷. 43% of the patients were worried only about surgery, 20% were worried about both anaesthesia and surgery and 29% were worried only about anaesthesia. We found that majority of the people knew the anaesthesiologist as a skilled assistant to surgeon. The reason for this poor knowledge of anaesthesia among patients may be connected to the fact that anaesthetists are often busy in the operating theatre with few and limited opportunities to interact with their patients. As on today, much of the emphasis in anaesthesiology is on intra-operative patient monitoring to improve patients' safety. But in our study majority of the population was unaware of intra-operative patient's monitoring. Most of the people knew about the techniques of regional anaesthesia with majority answering local anaesthesia as a type of regional anaesthesia. Now a days, the advancements in regional anaesthesia have allowed many complex surgical procedures to be performed under regional anaesthesia. But in our study no one knew about advantages of regional anaesthesia on other types of anaesthesia. Out of 150 patients who had no previous anaesthetic exposure, only 40 patients preferred RA. Most of the patients who did not opt for RA had the misconception that with RA they would have postoperative backache which would continue for many years to come. For most of the patients what RA meant was either Local Anaesthesia (LA) or Sub Arachnoid Block (SAB). When asked about their

experience of previous anaesthetic exposure, 44 patients had pleasant experience, 2 patients complained of awareness under anaesthesia, 3 patients complained of backache and 1 patient complained of Post Dural Puncture Headache (PDPH). Educating the physicians or surgeons regarding our discipline may improve the knowledge that the patients get from them regarding our role in patient management. The patients remember more about their surgeons than their anaesthetists^{8,9} it may be because of the limited time we spend in communicating with patients resulting in not obtaining adequate patient satisfaction as compared to other specialists. Patients' knowledge of anaesthetists' qualifications and roles remains inaccurate despite the efforts of professional bodies worldwide. Increased efforts are required to inform patients about the roles of anaesthetists in their care. Preoperative instruction has been demonstrated to have benefit with regard to patient anxiety, postoperative pain, and length of hospitalization. It is also clear that patients' coping behavior varies considerably and strongly influences the usefulness of providing detailed preoperative information. Preoperative teaching should therefore be tailored accordingly. Advances in surgical diagnosis and treatment and critical care have depended upon the development of anesthesia as a specialty. The evaluation of educational methods for disseminating information about anesthesia thus may be important in determining the very future of our specialty and the quality of surgical and pain therapy that patients will receive. From the authors' experience, i.e. at our hospital, most patients scheduled for elective surgery do not know what to expect and often have limited knowledge of anaesthesia. Providing reliable information to patients may help to reduce patient anxiety and improve perioperative care. This survey revealed poor patient knowledge of anaesthesia, qualifications and the role of anaesthetists in the management of surgical patients. The role of anaesthetists in resuscitation, intensive care and acute and chronic pain management remains undetermined, and further studies are required to evaluate patients' knowledge in this regard. Providing sufficient information may help dispel the myths and misconceptions surrounding anaesthesia and surgery in our country.

CONCLUSION

Thus we conclude that ignorance regarding the anaesthesiologists and anaesthesiology is still prevalent among the general population. A few patients recognise their leading role in the care of patients during surgery or their other roles outside the operating theatre. Increased efforts are required to inform patients about the roles of anaesthetists in their care. It is important that patients realise that they are being cared for by anaesthetists who are doctors and efforts must be taken to educate the pro-

fession and public on the anaesthetists' role in perioperative care. Preoperative instruction has been demonstrated to have benefit with regard to patient anxiety, postoperative pain, and length of hospitalization. Preoperative teaching should therefore be tailored accordingly.

Conflicts of interest : Nil.

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