EDITORIAL

ON MISUNDERSTANDING THE OPPORTUNITIES IN ANESTHESIA

THE RESTLESSNESS of anesthetists with frequent moves to new positions are matters of widespread comment. There are doubtless many reasons for this: injustices perpetuated by hospitals, broken agreements on both sides (often no really clear, *written* agreement was established in the first place), coercive action by pressure groups, "unreasonableness" of surgeons, inferior staff recognition, and green pastures farther on. The array of reasons is wide.

Most of the problems confront all specialists. The pertinent question is, why are anesthetists, of all groups, the most restless. Literally only two, perhaps three, of the long established anesthesia departments in teaching hospitals operate under the original management.

Having acknowledged that the problem has many facets, discussion will be concerned with that part of the problem which seems to stem from errors in judgment of the anesthetist himself. (Errors from this source are, or should be, more readily correctible than the others mentioned.) There are two particular areas where anesthetists seem commonly to err. While these are dissimilar, they are not unrelated. First, the individual chooses anesthesia for the wrong reasons; he expects satisfactions from it he is most unlikely to attain. And, second, when he becomes a chief of service, perhaps filled with regrets and disappointment with his specialty, he tries to compensate by entering areas where he has no business to be found.

SOME OPPORTUNITIES, MISUNDERSTOOD

A few general propositions can be set down. The man who wants a close and continuing relationship with his patients, who wants to be a "father figure," in the jargon of the psychiatrist, had better be a general practitioner, or perhaps an internist. If diagnostic problems are the man's keenest interest, internal medicine is his field. If the man delights in technical problems he should be a surgeon, for it is in surgery that technical richness lies. There is no comparable technical richness in anesthesia. If he wants adulation and hopes lovely ladies will speak of his God-given hands, if he must cut a dashing figure and be envied by lesser mortals, then anesthesia is not the field for him.

To look at the problem from a different direction, the rugged individualist—that tiresome term often seems to mean only the completely selfish individual—the lone wolf (it does not seem possible to escape these bromides), the man who cannot work with others, is misplaced in anesthesia.

MISTAKEN OBLIGATIONS

No two departments need to be alike, and wide differences in organization are to be expected. General experience has indicated, however,

that the anesthetist enters some areas to his peril. The anesthetist must be on his guard against finding himself charged with responsibility but no real power to discharge it. Problems customarily arise in two places. First, frequent efforts are made to require the anesthetist to accept responsibilities that can only be effectively handled by the hospital administrator. For example, the anesthetist is foolish indeed if he lets himself be saddled with the routine scheduling of operations. While the practice may work reasonably well in small hospitals and sometimes in a few large ones, the choice and assignment among temperamental surgeons of the best operating times is too often an endless source of trouble, and breaks down the essential rapport between anesthetist and surgeon. This is a responsibility of the hospital administrator; he, not the anesthetist, should accept it in most cases.

Second, attempts not infrequently are made to get the anesthetists to police the surgeons, for instance, to see that the surgeon does not violate reasonable regulations concerning the use of the diathermy, or to report surgeons who are chronically late for their cases. These are joint problems for the hospital administrator and the surgical staff to solve, not the anesthetist. The anesthetist will be busy enough policing his own department.

In these days of acute shortage of anesthetists, another source of difficulty confronts the anesthetist who has established good service in one institution. He is cajoled or threatened or flattered into spreading his services into institutions affiliated with his primary organization, extending himself and his organization beyond his and its probable powers. Service breaks down and he, not those chiefly responsible for the thin spread, is regarded as incompetent.

A too ready acceptance by the anesthetist of responsibilities not his own, in areas where he has no real power, has led to endless difficulties to and disruption of the anesthetist's primary services.

Some Opportunities, Understood

The man who likes patients and whose liking can be adequately fulfilled by brief although often intense relationships, who is interested in technical and diagnostic matters, but to whom these are not all-consuming passions, the man who can work as a member of a team and who retains his poise in a stress-filled operating room, and retains it even in the presence of the ruffled unreasonableness of a surgeon under stress, such a man has possibilities as an anesthetist.

The old saying that anesthesia is terribly simple or simply terrible reflects a fundamental truth. The problems to be encountered in the field of anesthesia are as complex as any in biology, as complex as the problem of irritability of a cell. This irritability, and the factors which modify it, is not only central to the anesthesia process, it is the central problem of life itself. These problems, so far baffling, offer a challenge to the very best brains. On the other hand, the fairly routine problems of clinical anesthesia often fail to attract, or if they have once attracted, will sometimes not hold the interest of able men.

The private practitioner in the field of anesthesia of course welcomes heavy demands for his services, for that is how he thrives financially, and thrive he can. On less training he can make more perhaps than any other specialist in medicine. At the same time a hospital group with heavy demands made on it, particularly a university hospital group, may be hard put to cover the service load. Three departments within a hospital have heavy service loads: pathology, radiology and anesthesia. There must be men on these staffs who revel in team work, who take pride in discharging their service burden in a skillful and efficient way. There is no acceptable room for the anesthetist-to-surgeon hostilities, and *vice versa,* one sometimes sees.

There is a need for understanding in university groups, that most top-flight universities will neither respect nor be content with clinical performance alone, however satisfactory this may be. It is quite possible that universities, and university hospitals are the most unreasonable corporate bodies of this age. The university will choose a man for a professorship because of his proven abilities, say, in the field of research, and then will load him down immediately with so many teaching, administrative, and committee obligations he has no time to do research. One can see, time and again, in the field of anesthesia, this same bizarre performance. The head of the department is given a crushing load of routine work and soon damned because he is not a productive scholar.

There is one important way to forestall this unhappy scene, and that is to thrash out all of these things *on paper* before a position is offered or accepted. The naïve trustfulness of those contemplating a new job, who jeopardize their careers without such preliminary study and agreement, is remarkable. Even this does not solve all problems.

While the chip-on-shoulder attitude is deplored, it is common in the field of anesthesia. Avoiding such hostility, the anesthetist who is to succeed in the tough world of the university has to be resolute in his determination and not to be swamped by the administrative and clinical load. No one goes around handing out prerogatives in the hospital world. As Abbott L. Lowell, sometime President of Harvard, put it, "Power is never conferred; power is seized." It is as amoral to seize power, that is, control of a given situation, and then not wield this power responsibly, as it is to be apathetic in the face of a need for action. In short, no one is going to dish up opportunities to anesthetists; they must with discernment find them and take them.

Finally, a few words about the opportunities in the hospital world at the present time. With the present great emphasis on understanding man and his behavior, human experimentation has achieved correct and great prominence. For the protection of the subject, much of this work must be carried out in the hospital. There is a broadening recognition that some kinds of basic scientific advance can be made only in the presence of disease. The enquiring anesthetist has extraordinary opportunities for work here.

HENRY K. BEECHER, M.D.
Boston, Massachusetts