

employed in Canada where all malpractice actions are handled by the physicians' own mutual insurance carrier. Their staff of attorneys, trial experts who handle only malpractice actions, defend every suit instituted. Employing such a system, the defenseless suits are settled out of court thereby avoiding bad legal precedents. The unjustified claims are fought by experts. Defended by expert law-

yers, the medical profession will not be blackmailed into settling poorly founded cases upon threat of suit.

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Tubular and Peripheral Vision in the Practice of Anesthesia

THE practice of anesthesia can be one of the most intriguing and stimulating medical specialties. Yet one of the more disappointing aspects of the specialty is the tendency of many practitioners to restrict their professional activities and treat their practice as a vocational function.

Bronowski, in an article in *Science* (April 27, 1956) on the "Educated Man in 1984," expresses the tendency to vocationalism in this fashion: "The young man at night school learns bookkeeping in order to keep books. An engineering student learns the calculus in order to become an engineer. A historian learns medieval Latin in order to read documents. [Bronowski learned Italian in order to read papers in mathematics.] These are examples of education for a very specific purpose, and since this purpose often helps us to earn our living, I [Bronowski] think of this as vocational education."

The search for education of a vocational nature seems at times to be motivated by a desire for security. One learns mathematics to be a bookkeeper at a fixed and regular wage; one aspires to be an engineer to compete successfully for a position with a large company with good wages, fringe benefits, regular vacation and guaranteed retirement; and one learns to be a physician to be assured of a good income and an easy life. Apparently, some anesthetists are content to acquire just enough knowledge to enable them to operate a gas machine, determine the proper dose of a new drug and satisfy the surgeon. Deliberately or unwittingly they fail to take advantage of many opportunities to promote

and continue their education by overlooking the intriguing yet elusive processes incident to anesthesia. They are content to "vocalize."

People with these motivations may be afflicted with "tubular vision." An anesthetist with a tubular approach to his practice has his attention focused on a limited field and is oblivious to all the fascinating items to which his brain might be receptive if given the opportunity. Those who take full advantage of their peripheral vision are more apt to have their brains stimulated and their fund of information enhanced by becoming aware of and exploiting the opportunities that exist.

By exercising their peripheral vision, anesthetists may find opportunities to augment their education for a different reason, such as is also expressed by Bronowski. He states: "But I knew a man once (he was a schoolmaster who had just retired from teaching mathematics) who learned Italian in order to read Dante. You will see that what he learned was indeed precise, and the purpose for which he learned it was specific. [And yet, Bronowski does not believe this to be vocational education.] The learner was not fitting himself for a task, as if he had been a literary critic by profession. He was fitting himself to derive from the work of Dante a larger, a deeper sense of the many-sidedness of human life that had reached and stirred him in translation. He was fitting himself, even at the age of 65, not to make a living but to live, and to take not merely his place but his share in human society."

A person who explores the opportunities

presented by his peripheral vision is not necessarily a person incapable of concentrating his endeavours. It is entirely possible for the person with peripheral vision to focus his attention and still take advantage of the complete look offered by his wider field of vision. For example, the anesthetist with peripheral vision (and extended hearing) can focus his attention on the care of his patient and at the same time be aware of the activities of surgeons and other personnel. As a matter of fact, only by being alert to the many factors influencing his patient can he anticipate and compensate properly for those factors. The "sitting anesthetist" with restricted vision and deliberately impaired hearing fails to perceive those factors influencing his patient and denies himself the opportunities to expand his knowledge, improve his patient care and explore many items of interest.

There are varied reactions to current developments in the field of medicine in general and anesthesia in particular. Among these responses is a frantic search for protection, for a haven from the overwhelming and demanding features of modern medical practice. Those who respond in this manner rely upon tradition, upon authority, upon conformity, upon fixed dosages of drugs and routine anesthetic practice. These are people who are willing to let someone else make the decisions and develop the ideas. These are people to whom schools and residency training programs are the means to the acquisition of just that amount of information that will make them

marketable products. These are the people with "tubular vision," whose lives are as channeled and as restricted as is their field of vision. These are the people who are using our great educational institutions as vocational schools. And they are people who hamper the progress of medicine and of anesthesia as a specialty.

Persons who can contribute to the progress of anesthesia must be mature people. A mature person, according to Overstreet (*The Mature Mind*), ". . . is not one who knows a large number of facts. Rather he is one whose mental habits are such that he grows in knowledge and in the wise use of it." The immature person ". . . takes it for granted that his present store of knowledge is sufficient for the rest of his life. Not only will such a person's responses to new situations be inadequate, but his mind will develop rigidities of dogma and false pride that will make it into an unchanging anomaly in a changing world."

The practitioner of anesthesia who exercises his peripheral vision finds it impossible to ignore the challenges that surround him. Such a practitioner is not so intent upon security that he fails to find the time, the ingenuity, and the curiosity to explore new avenues. He is the practitioner who learns things in order to learn other things. He is the anesthetist who is exhilarated by the acute, profound, important and fascinating changes in the field of anesthesia.

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