

EDITORIAL

THE ANESTHESIOLOGIST AND THE PUBLIC

THE anesthesiologist is, in a manner of speaking, an adolescent so far as his specialty is concerned. Anesthesiology has not completed the transition stage, if that is ever a feasibility open to any specialty; it is experiencing the growing pains of progress from a technical to a medical specialty. Actually it is in the adult stage but, as yet, this degree of development is not always recognized. Nomenclature and terminology have been no aid, for its name is not only cumbersome but gives no recognition to its significance as a full-fledged medical specialty.

Our problem of gaining national professional status would have been facilitated had we been able to give ourselves a new name that is readily understandable instead of augmenting the implications of an old one. When midwifery became a medical specialty it was named obstetrics. This permanently severed the old non-professional relationship. Substituting the terms anesthesiology and anesthesiologist for anesthesia and anesthetist has not simplified the problem. The anesthesiologist is obliged to accept the title of "anesthetist" most of the time because it is shorter, though no less tongue-twisting. Furthermore, in the mind of the general public, anesthetist—or even anesthesiologist—may mean physician, nurse, technician, or even office girl.

The challenge which we must meet by good public-relations as well as by the best of medical practices is greater than that which older and more established fields of medical practice have been obliged to face. We need more widespread appreciation as well as recognition. More is required than the provision of skilled and safe anesthesia; it is necessary that both surgeons and patients are aware of our activities and of the possibilities, if not the eventualities, that occur repeatedly without our services. In respect to the medical profession, we are making satisfactory progress. But too few patients recognize the true value and importance of our service to them.

The entire medical profession is now forced to realize that it cannot ignore its relationship with the public. Refusal to recognize this factor and to adopt effective measures in health matters in this respect has cost all physicians a tremendous loss in terms of public esteem.

Anesthesiologists with clearcut objectives and effective leadership, particularly on a local or community level can, with amazing rapidity, advance the importance of their specialty and clarify the general conception of its nature and character. There are two major methods by

which we can inform the public: one through the press, the other through personal contact. *The latter is by far the more important of the two.*

We have opportunities daily to convince patients of the significance of good anesthesiological service. The physician who is too occupied with the scientific phase of his practice, who believes it to be beneath his dignity to visit patients pre- and postoperatively and to treat them as intelligent human beings, or who fails to be sympathetic and understanding should not find it difficult to understand why he and his specialty are not fully appreciated. He creates for himself, his confreres, and the specialty in general a real disservice. Unfortunately, some of us expect our allies to do much of the work that rightfully should be done by ourselves. If we wish to enjoy the esteem and confidence which we consider our due as *medical* specialists, it is our responsibility to convince the public of the meaning and worth of the anesthesiologist.

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"Establishment and Function of Pain Clinics," by Donald Stubbs, M.D., George Washington University, Washington, D. C.

"Anesthesia for Splenectomy," by John Garvin, M.D., Columbus, Ohio.

Business Meeting.

EVENING SESSION

Cocktails.

Banquet Speaker: R. J. Whitacre, M.D., Cleveland, Ohio, President-elect, American Society of Anesthesiologists.

Subject: Development of Policies in the Practice of Anesthesiology.

Entertainment.

SATURDAY, SEPTEMBER 24, 1949

MORNING SESSION

"Pentothal in Conjunction With Other Agents for Endoscopy," by D. W. Metcalf, M.D., Youngstown, Ohio.

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