

## EDITORIAL

### WHY KEEP AN ANESTHETIC RECORD?

COMPLACENCY has no place in a program that is advancing. When a successful general practitioner who was undergoing the process of conversion into an anesthesiologist was asked how his new practice was progressing, he replied, "I am pleased but not satisfied." It would be wise if others in our specialty shared this opinion. Today, the outstanding achievements of surgical anesthesia are due to the brilliant and careful work of scientists and clinicians. Subjugation of pain and increased safety for the patient are possible only with ceaseless effort and research.

Accurate records are necessities in the evaluation of the anesthesiologist's scientific problems as well as in his economic responsibilities. Improved anesthetic agents and equipment are not the sole requisites for successful operative procedures. A most important factor in correct administration of an anesthetic is the clinical judgment used to select the particular agent and method for a specific patient under specific circumstances.

In the manner that a plant takes carbon dioxide from the air, water from the earth and, through photosynthesis, organizes complex compounds, so the anesthesiologist, having carefully observed and recorded his findings, may synthesize his observations and experience into sound clinical judgment. With this acquired comprehension, something of a sixth sense develops, reflected in the immediate recognition of minor degrees of obstruction to the rhythmic flow of air to and from the lungs, a growing awareness of increased or decreased depth of respiration, or a minimal change in color or in pulse, and other factors.

Although records vary in form and detail, they are generally becoming standardized. Each anesthesiologist will register the common essentials and, in addition, his own comments pertinent to the particular case. Although detailed memorandums are important, they should not be made at the expense of neglecting the patient. If frequent notations are necessary during the course of administration of the anesthetic, an assistant should be present to care for these details. In Mexico I watched an assistant to a physician anesthesiologist make a beautiful chart. A record so skillfully executed might be considered a form of modern art, valuable and intelligible. When considered from this viewpoint, records should be classified as hobbies—a source of entertainment, as well as of importance economically.

Because "public relations" is an increasingly popular topic in industry and the professions, the importance of records pertaining to anesthesiology and the doctor-patient relationship should not be overlooked. How frequently one reads surgical reports of unusual opera-

tions performed with no mention of the anesthetic used or of the anesthesiologist!

Patients are interested in the anesthetic administered and the reason for the choice; therefore, if intelligent concern is expressed about his physical condition, or if the patient is prejudiced against a particular agent, it is permissible to show him his, or another, anonymous, anesthetic record and explain the care that is exercised in insuring a safe and comfortable surgical procedure. This may be considered by some individuals as a sly method of personal advertising, but it is actually a sound principle in good public relations. If a member of that patient's family, or a friend, should need an operation he more likely may have the foresight to insure competent anesthesiological care, after acquiring this knowledge.

In addition to public relations, it is well to remember professional relationships. Why should not the anesthetic record of the patient be shown to the referring general practitioner when the opportunity presents itself, so that he may learn how his patient reacted to the anesthetic? He subsequently may explain to the patient about the specialization required for administration of the anesthetics, and he will remember this type of service when he requires utilization of the more complicated agents. This has been my experience. Incidentally, if the general practitioner is an occasional anesthesiologist, he may appreciate a bit of advice to increase his skill. An anesthetic can produce results as unfortunate when administered by a physician not trained in anesthesiology as by a nonmedical anesthesiologist, and this reflects adversely on the profession. Successful practice in anesthesiology is based on a steady demand from the public for anesthesiologists services. With friendly interest in the patient, and with tact and teamwork with the surgeons and referring physicians, the request for physician-anesthesiologists should be greater than the supply.

A carefully kept record book will pay dividends in the collection for services rendered. In addition to the routine information itemized on these forms, any additional useful facts should be recorded regarding the patient and his family which have been imparted by the referring doctor or surgeon. These facts facilitate both scientific astuteness and more pleasant economic relations. The importance of noting the time administration of the anesthetic was begun and concluded is realized when dealing with agencies which reimburse on the basis of a time schedule. Time, as well as skill, becomes a factor in the determination of the fee for anesthesiology.

Thus far, "Why Keep an Anesthetic Record" has been discussed from the viewpoint of the anesthesiologist. Of what value is such a record to the patient? It is the patient's written message of his progress throughout the surgical procedure! As the operation progresses the chart unfolds a picture of the reaction of the patient to the trauma of surgery and of the physiologic and pharmacologic changes brought

about by the anesthetic, as well as the results of any medication used. A rising or falling blood pressure, the rate and depth of respiration, the rapidity, volume and quality of the pulse, all are physiologic arrows which indicate the patient's requirements. These are the signs by which the patient is brought safely and comfortably through his operation—the ultimate purpose of anesthesia.

Without a carefully compiled record the evaluation of new drugs and the methods of administration is impossible. Unfamiliar technics are difficult to appraise unless a systematic outline has been maintained throughout their development.

Lastly, should unpreventable death occur, the anesthesiologist's record book contains the answer to whatever explanation the law might request. Actually, these records speak for both patient and anesthetist.

As a member of an advancing specialty, the anesthesiologist should strive to perfect his records; these, in turn, will increase his skill and knowledge and assist him in better public, professional and patient relationships.

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