EDITORIAL

Attitudes and Practices

SOME time ago a graduate student at the State University of Iowa conducted for his thesis requirement a survey of the readers of the Journal, ANESTHESIOLOGY. It clearly revealed that there was a widespread sense of inferiority among anesthetists as they compared themselves with other specialists in the practice of medicine. This attitude is readily detectable by those involved in training residents. It is especially evident in physicians who begin resident training after a period of general practice. A study of discussions and subsequent resolutions of state and national organizations in the field of anesthesia will yield further evidence.

This attitude interferes seriously with the recruitment of physicians into anesthesiology, it hampers the development of the specialty, and it has a profound impact upon the physician in the specialty. In general, three major reactions are provoked. Some physicians retreat behind a rationalization that permits acceptances of the presumed downgrading of their chosen practice. Others react by displaying an aggressive behavior which results in verbal and written pronouncements of the importance of the specialty and in attempts to legislate status for the specialty. A third group, seemingly the minority, react by consistent efforts to establish by daily personal relationships with patients and surgical colleagues the professional services available through the anesthetist.

Those who have elected to accept the attitudes of inferiority generally function as technicians and their contributions to the specialty are limited. Those who are aggressive in their responses often attempt solution of the dilemma by unproductive approaches. They sometimes find themselves so engrossed in the universal approach to the problem that they overlook or ignore the daily interpersonal, local relationships so necessary to the sound development of the specialty. In addition, their aggressive actions and words often antagonize the people who could be most helpful.

The practice of medicine, including that of anesthesia, has always existed and still exists upon the basis of an unswerving devotion to the needs of the individual patient. To those anesthetists who apply the basic principles of good medical practice, the stigmata of inferior status in medicine will not be apparent for long. This group includes the physician who has no difficulty in identifying himself with the patient because he expends effort in a truly professional manner in the care of that patient before, during, and after an anesthetic procedure. This is the physician who realizes that even though he may not have sole responsibility for the care of the patient, he is obligated to contribute everything he can to the patient's welfare. This is the physician who recognizes that all therapy, including his, is designed to benefit the patient and that it must be integrated and not administered independently and inharmoniously. This is the physician who is well aware of the fact that the right to treat a patient is not obtained by legislation, by the acquisition of prescribed training, or by the possession of suitably engraved certificates. This is the physician who abides and functions by the principle that the privilege of treating a patient can be earned only by consistent and assiduous demonstra-

tion of his professional skills day after day to individual patients and individual colleagues. This is the physician who, when he fails to have his suggestions for therapy accepted, recognizes that the suggestions were rejected because he failed to convince his colleagues. Such failure may have been due to inadequate communication, poor timing, insufficient documentation, and a number of other factors which were his own deficiencies and not those inherent in his being an anesthetist. This physician recognizes that the failure was his and he is not inclined to assign the rejection of his suggestions to the stupidity or obduracy of his collegeagues. By taking this attitude, this physician is in a better position to take appropriate steps to improve his chances of having recommendations accepted on succeeding opportunities.

An inferiority complex will not be peculiar to the field of anesthesia if practitioners within the specialty take the chip off their shoulder and put that shoulder to the daily job of cooperating with their colleagues in every way possible in the treatment of individual patients in their own community. There is no substitute in the practice of medicine for plain, old, time-consuming hard work in one's home town. With attention to details at the local level, the necessity for resolutions, mandates, and directives promulgated by national societies in an effort to establish status will be significantly diminished.

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