

## Unjustified Distractions

THE primary objectives of the anesthesiologist are to provide optimal conditions for an operation and to maintain the safety of the patient. Any other activity must be considered a distraction. Whether or not a distraction is justified depends upon the influence it may have upon either the patient's safety or upon the adequacy of the operative field. According to the circumstances prevailing at any particular moment, an anesthesiologist must evaluate the justification for allowing his attention to be removed from his primary objectives.

There is general agreement as to what constitutes the essential care of the patient. Maintaining the adequacy of the circulation is vital and can only be done by frequent checks on the blood pressure and heart rate. Assuring sufficient pulmonary ventilation is of greatest importance, even more so in modern anesthetic techniques wherein respiration is either depressed or abolished by the use of muscle relaxants. Keeping complete, accurate and currently documented anesthetic records is an integral part of both the practice and teaching of anesthesia. Frequent surveillance of the operative field is imperative to determine the degree of muscular relaxation, the state of the oxygenation of blood and the progress of the surgical procedure. However, under certain circumstances, undue attention can be focused on any one of these parameters to the exclusion of the others. Monitoring devices can be very helpful in detecting changes in blood pressure, heart rate or the electrical activity of the heart, but it is also possible to become so engrossed in any one of these devices that the attention of the anesthesiologist is taken away from the patient as a whole. Too great attention paid to respirators or to records can result in poorer, not better, patient care. Each facet of anesthetic care must be kept in its own perspective as it applies to the maintenance of the optimum condition of the patient.

Opinions as to what constitutes unjustified distractions are less uniform. A distraction readily tolerated in one hospital may dismay the staff of another hospital. Because of physical inactivity, the anesthesiologist frequently is asked to perform chores which primarily belong to others. These may include adjustment of lights, arrangement of surgical drapes, regulation of suction, writing of orders on the patient's chart, and delivery of surgical supplies to sterile-gowned members of the team. Though expected to take seconds, these chores ordinarily take longer than anticipated. Regardless of duration, they all represent unjustified distractions from observation and care of the patient.

Unfortunately, anesthesiologists often deliberately divorce themselves from close patient observation. Some seem to think it permissible to read while an anesthetized patient is entrusted to their care. Others engage in prolonged conversation irrelevant to the patient. Even worse, some seem perfectly content to leave anesthetized patients unattended for a variety of reasons, none of which are valid except in rare circumstances. None of these distractions could be classified as "justified."

Obviously, it is not possible to set hard and fast rules concerning permissible and nonpermissible distractions. As each situation arises the anesthesiologist must consider it in the light of the existing problems. He must constantly guard himself against unnecessary diversion of attention. He must instantly refuse to assist in the tasks of others when his patient requires his attention. He must also be quick to ask for assistance in the event of an emergency, such as unexpected hemorrhage, when one person could not be expected to "pump blood, control respiration, monitor the circulation and keep adequate records simultaneously."

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