To the Editor — A reading of the study conducted by Kain et al.
raises question as to the effectiveness of parental presence during the induction of anesthesia. Although it was concluded that children older than 4 yr benefited from parental presence during induction, it also was reported that children younger than 4 yr were more anxious during anesthetic procedures. A child’s previous hospitalization or surgery, type of anesthesia induction, location of induction were all confounding variables that might have affected the validity of the study. Though the study suggests that parental presence appears to some children during the induction of anesthesia for a brief period of time, there is no proof of its long-term effectiveness.

Children are confronted with separation throughout all of their childhood. When a parent leaves his/her child at the church nursery, with the dentist, at the daycare center, or with a sitter, separation anxiety sets in, and the child must learn that this is part of life. Why, then, is the separation of parent and child questioned when dealing with the induction of anesthesia?

Another statement confirming that the presence of parents has no psychologic benefit is as follows: “Parental anxiety mediates children’s response to stressful situations such as induction of anesthe-sia.” Many parents may compound their child’s induction by conveying to them feelings of anxiety.

In clinical practice it seems there are two groups of parents — those who are calm and accepting of their child’s surgery and those who are anxious. Both groups of parents generally convey their behavior to their child. The first group of parents is accepting of their not being in the operating room (OR) with their children. These are the parents who would be helpful in the OR. The second group is more likely to express concern and request his/her presence in the OR (e.g., “Johnny, you’re afraid aren’t you . . . ? There’s nothing to be scared of. Please don’t be afraid. This is generally repeated until even the bravest child is afraid.) It is this parent who projects his/her own anxiety who is not helpful to his/her child in the OR. How do you tell a parent that he/she is not appropriate support without insulting his/her parental abilities, especially if you have already allowed the previous parent to be present during the induction?

Perhaps it would be wise to reconsider the need for parental presence during the induction of anesthesia. It is for three reasons that parental intervention is not necessary: there is no significant psychologic proof that children benefit from this practice, society tolerates and even encourages forms of separation, and the anesthesiologist’s work may be obstructed by the presence of parents during induction. Although further studies may conclude that there is a significant benefit to parental intervention during induction, such has not currently been proven as being necessary.

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