Knowledge and Attitudes of Patients Towards Anesthesia and Anesthesiologists. A Review

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Abstract

Patient knowledge of anesthesiologists and their roles are poor in most countries all over the world. Instead of creating give up hope, these data should actually encourage anesthesiologists in every country to enhance their image in public. It has to be emphasized that anesthesiologists should expose themselves more to their patients, make use of the media and Internet and strive towards providing high quality perioperative care which will help improving their image in the eyes of the public.

Key words: Patient Knowledge and attitudes, anaesthesiologists

Introduction

Anesthesiology has always been misconstrued to be a “behind the screen” specialty. Despite its phenomenal growth in the recent past, there is inadequate public knowledge regarding the specialty as well as the exact role of anesthesiologists. Knowledge regarding the multifarious functions of anesthesiologists in the operating rooms as well as the various other areas of the hospital is meagre not only in the general population, but also within other healthcare providers. The current breadth of anesthesiology practice and the potentials of anesthesiologists are not widely recognized. Administrative staff in the Hospitals as well as the Government does not realize the importance of this specialty. As an example, the Audit Commission in England did not see any role for anesthesiologists outside the operating rooms. In many Universities throughout the world, there is no mandatory requirement for anesthesiology as a subject to be taught to undergraduate medical students.

It is unsure whether there will be any further benefit if public is much more aware of the specialty; however surveys have been conducted throughout the world to determine the public perceptions about anesthesiologists and their role. Reports have been published since the 1970s, but show little change in the patients’ knowledge over the years. With the explosive growth of information and communication technology resulting in an increasing awareness among patients, it is only reasonable to anticipate that they should have much more knowledge about anesthesia and anesthesiologists.

This article is a review of the published literature on the knowledge and attitudes of patients from across the world regarding anesthesia and anesthesiologists, the possible
Is anesthesiologist a doctor?

Majority of the surveys from across the world show that on an average, less than two-thirds of the patients know that anesthesiologist is a physician (Table 1). There were some exceptions: 99% of the patients in Switzerland, 95% in Israel, 93% in Austria, and 90% in Finland knew that anesthesiologist is a medically qualified physician. Another study conducted during 1993 gave a figure of 81% which again dropped to 65% in 1994. In a study from the Caribbean, 59% of patients awaiting surgery knew that anesthesiologist is a doctor. In Pakistan, only 56% of the patients knew of this fact. Fifty % of the patients in Saudi Arabia and 56.8% of those in Singapore were aware that anesthesiologist is a doctor.

Table 1. Percentage of patients who knew anesthesiologist as a doctor

<table>
<thead>
<tr>
<th>Study, year and country of origin</th>
<th>Percentage (%)</th>
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<tbody>
<tr>
<td>Keep and Jenkins, 1978; United Kingdom (n=100) (Ref: 5)</td>
<td>67</td>
</tr>
<tr>
<td>Herman, 1978; United Kingdom (n=100) (Ref: 6)</td>
<td>50</td>
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<tr>
<td>Burrow, 1982; Australia (n=175) (Ref: 7)</td>
<td>66.2</td>
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<tr>
<td>Dodds et al, 1985; Australia (n=121) (Ref: 20)</td>
<td>81</td>
</tr>
<tr>
<td>Hennessy et al, 1993; United Kingdom (n=110) (Ref: 15)</td>
<td>81.8</td>
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<tr>
<td>Hume et al, 1994; United Kingdom (n=166) (Ref: 23)</td>
<td>78</td>
</tr>
<tr>
<td>Swinhoe and Groves, 1994; United Kingdom (n=100) (Ref: 16)</td>
<td>65</td>
</tr>
<tr>
<td>Deusch et al, 1996; Austria (n=104) (Ref: 13)</td>
<td>93</td>
</tr>
<tr>
<td>Zvara et al, 1996; United States (n=178) (Ref: 40)</td>
<td>88.7</td>
</tr>
<tr>
<td>García-Sánchez et al, 1996; Spain (n=100) (Ref: 37)</td>
<td>67</td>
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<tr>
<td>Chew et al, 1998; Singapore (n=132) (Ref: 19)</td>
<td>56.8</td>
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<tr>
<td>Khan et al, 1999; Pakistan (n=302) (Ref: 17)</td>
<td>56</td>
</tr>
<tr>
<td>Kindler et al, 2002; Switzerland (n=685) (Ref: 11)</td>
<td>99</td>
</tr>
<tr>
<td>Tohmo et al, 2003; Finland (n=160) (Ref: 14)</td>
<td>90</td>
</tr>
<tr>
<td>Calman et al, 2003; Israel (n=295) (Ref: 12)</td>
<td>95</td>
</tr>
<tr>
<td>Baaj et al, 2006; Kingdom of Saudi Arabia (n=170) (Ref: 18)</td>
<td>55.3</td>
</tr>
<tr>
<td>Hariharan et al, 2006; Trinidad &amp; Tobago (n=371) (Ref: 10)</td>
<td>59</td>
</tr>
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Although the trend shows that patients in the poor and developing nations have less knowledge about the fact that anesthesiologist is a physician when compared to those in developed countries, this has not been quite consistent. Similarly, patients in private hospitals tend to know better about an anesthesiologist than those of the public hospitals for obvious reasons. "They are not proper doctors – are they?" was the doubt expressed by UK patients when they referred to anesthesiologists. The inference here is that even though some people may consider anesthesiologists as doctors – they still feel that anesthesiologists may not be proper doctors. An anecdotal observation of the author may clarify this situation. When the author was a Medical Officer in the Department of Internal Medicine in a District General Hospital in India, the Medical Superintendent of this hospital had to employ a physician who just qualified after spending 12 years in medical school with a poor academic record. The Superintendent judged that he is not fit to work in most specialties in the hospital and eventually decided that he will work in anaesthesia! If a senior medical staff, despite being a surgeon (or may be because he was a surgeon!) thought that ‘anaesthesia’ will be the most suitable place for a doctor who has a poor academic record, it is not surprising that the general public think that anesthesiologists are not proper doctors.

Many reasons could be attributed for this poor image of anesthesiologists. First and foremost is that patients primarily consult a surgeon for their ailment who may then refer the patient to an anesthesiologist, although not invariably. The patients select the surgeons and never bother to choose an anesthesiologist. Many of them believe that anesthesiologists are surgeon’s assistants and that the surgeons will be quite capable of choosing the ‘best’ anesthesiologist to work ‘under’ them. An earlier study in the UK showed that 57% patients believed that the anesthesiologist worked under the direction of a surgeon. In France, when asked to recall the name of the anesthesiologist and surgeon, only 4% could recall the anesthesiologist’s name compared to 86% who could recall surgeon’s name. Another suggested reason for the poor knowledge regarding anesthesiologists is the shorter duration of contact that an anesthesiologist has with a conscious patient, in comparison to other medical professionals. Although this could be proposed as a valid reason amongst the general public, this still may not justify the underestimation of the specialty by the coworkers and hospital staff. However, this is an important point to consider when one wishes to change the ‘image’ of an anesthesiologist. Establishing good contact right from the preoperative period until the patient gets discharged from the hospital can go a long way in making the patients feel anesthesiologist as the most important perioperative physician, thus boosting the image of the specialty.

Another reason for the confusion among the public may be the system of ‘nurse anesthetists’, which is still in vogue in North America and many other countries. Many of the common public may not clearly know the distinction between a nurse anesthetist and a doctor anesthesiologist. However, even in UK where anesthesiologists are invariably doctors,
patients are not quite aware of this fact. In the Trinidad study, many patients thought the anesthesiologist to be a technician, or a nurse, physiotherapist or a pharmacist.10

Perceptions regarding the functions of an anesthesiologist

Most anesthesiologists provide care to the patients only during the perioperative period; however, there is poor knowledge and misconceptions regarding the function of the anesthesiologists even within this period. Patients in some countries seem to know the functions pertaining to anesthesia per se such as assessing fitness for surgery, monitoring patient, recovering patient and ensuring that patient is devoid of nausea/vomiting, pain and fitness for discharge.10 More specifically, anesthesiologist’s role of monitoring the patient during surgery has also been reported to be fairly well known in some countries such as UK,16 while in some other countries such as Saudi Arabia, this role is not clearly known to the patients.18 Notwithstanding these conflicting reports, it is a very common belief that anesthesiologists put a patient to sleep, leave the patient with the surgeon and go to another operating room to anesthetize another patient simultaneously.10 This clearly shows the inadequate awareness regarding the importance of the function of an anesthesiologist in the intraoperative period. Probably due to this perception in Austria, despite 93% of patients knowing that anesthesiologist is a doctor, only 55% believed that he or she is responsible for their safe recovery from anesthesia.13 A study from China also reported that ‘absence of anesthesiologist during surgery’ to be a major concern of the patients.24 The study from Saudi Arabia reported that only 16.5% of the patients knew that anesthesiologists had a role during surgical intervention.18 There is very poor knowledge throughout the world regarding the anesthesiologist’s role outside the operating room such as the intensive care unit (ICU).10,16,17 Even though ICUs in many countries are managed by anesthesiologists, the knowledge of patients regarding this role is quite low. A study from UK showed that only 1% of respondents knew the anesthesiologist’s role in ICU,16 another study reported 25% knowing the anesthesiologist’s involvement in ICU,15 and the study from Trinidad showed that 19% knew this role.10 In Finland, although 90% knew that anesthesiologist was a doctor and ranked them second after the surgeon, 41% patients thought that anesthesiologists do not work in pain clinics, 36% did not know the role in Obstetric Departments, Department of Radiology (68%), ambulances (58%) and research work (46%).14

Common fears about anesthesia

The most common fear of patients regarding anesthesia reported in many studies is ‘not waking up’ after anesthesia.5,19,24,30 Postoperative pain is the next common fear which was expressed by patients across the world.29,24,31 Patients in UK during 1994 considered pain as an integral part of surgery and the healing process and the patient has to endure the pain.23 The study from Singapore also had similar findings where 21% felt that pain was part of healing process and 28% felt that they should endure pain.19 Getting paralyzed during anesthesia was another major fear.24 In Nigeria, most commonly patients feared death following anesthesia.32 Patients had many unfounded fears regarding Regional Anesthesia and preferred General Anesthesia even in developed countries such as USA.9 In Nigeria, patients opted to undergo General Anesthesia for fear of ‘nakedness’.32 This is another area where an anesthesiologist may exhibit professionalism to establish a rapport with the patient preoperatively, alleviate their anxiety, eliminate their unfounded fears and thus increase the image of the specialty.

Improving the image of anesthesiologists

The question is whether public image for anesthesiologist is really important. Some authors have opined that anesthesiologists should not be upset by the repeated findings of widespread public ignorance of the specialty, but swallow the pride and continue as silent heroes.33 Others have disagreed and argued that even though there need
not be a “God-like” prestige for an anesthesiologist, the more the anesthesiologist is appreciated in the public, the more will be the ability to influence provision of suitable resources for the specialty. Also, the amount of effort put into achieving an expertise in the specialty if goes unnoticed may have an impact on the self-esteem of the anesthesiologist. Additionally, this has an impact in the curriculum development and teaching, since poor public image has been one of the reasons for job dissatisfaction of the anesthesiology residents. Although a study from the UK in 2005 has shown that the choice of anesthesia as a career among physicians is consistently improving, it remains low in comparison to other specialties. Studies have conflicting reports regarding the value of dissemination of information regarding anesthesia to public. A study from Spain reported that distribution of information regarding anesthesia greatly improved the knowledge of the patients. However a study from Switzerland failed to demonstrate any improvement by distributing information booklets or other media such as video film etc. Generally, passive leaning experience from previous anesthetic experience does not seem to improve the knowledge regarding the specialty. Hence, most authors agree that the explosive growth of technology, its application in the area of anesthesiology and critical care and the advances in the specialty should be made known to the public. There should be means to disseminate information regarding the widespread role of anesthesiologists inside and outside the operating rooms in areas such as ICU, emergency medicine, pain-relief, and cardiopulmonary resuscitation. It is equally or more important that anesthesiologists fulfill their obligations professionally by showing utmost professionalism in their practice. Having routine preoperative and postoperative visits and gaining confidence by effectively communicating with the patient regarding the procedures are some of the basic professional requirements. In a study from the UK, only 5% of patients remembered being visited by an anesthesiologist preoperatively. There is also opinion that the major reason for a preoperative visit by an anesthesiologist is that patients appreciate it, rather than it being medically necessary. Many patients feel that they never met an anesthesiologist despite having surgery under anesthesia in the past which definitely reflects badly on the profession. Routine perioperative visits have been proven to be of immense benefit in countries such as USA. This is especially true with subspecialties such as regional anaesthesia because this will allay the fears and misconceptions of the patient. This may also leave an impact on the patient which may assist in improving the image of an anesthesiologist. A previous study has found that even the attire of the anesthetists has influenced the perception of the anesthesiologist’s prestige among public. A study from Sweden emphasized how an anesthesiologist should understand the ‘four’ ways of qualitative work: as a professional artist, good Samaritan, servant and coordinator – implying 1) conducting anesthesia and control the patient’s vital functions; 2) helping the patient, alleviate his/her pain and anxiety; 3) giving service to the whole hospital to facilitate the work of other doctors and nurses, caring for critically ill patients; and 4) organizing and directing the operation rooms to make the surgical list run smoothly.

If the terminology “anesthesia” itself sounds strange to the public is an important point to ponder. ‘Anesthetist’ is a wrong name given for the right doctor. "Referring to the specialty as “anesthesia” when anesthesiologists have widespread role in acute care as well as pain relief, gives laymen a limited idea about the specialty", as an author points out. Many people in the general population as well as hospitals find it difficult to even pronounce the word ‘anesthetist’. Many institutions in the United States have changed their Department nomenclature to “Department of Perioperative Medicine”. However, as noted by another author, name change just for the sake of it, may not have any impact and actually may have an adverse effect in practical terms. In summary, patient knowledge of anesthesiologists and their roles are poor in most countries of the world. Instead of creating despair, these findings should actually motivate anesthesiologists to enhance their image in public. It has to be emphasized that anesthesiologists should expose themselves more to their patients, make use of the media and internet and strive towards providing high quality perioperative care which will help improving their image in the eyes of the public.

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