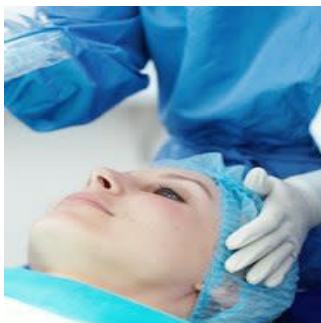


Communication myths of anaesthetists



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Vital minutes before unconsciousness

The myth that anaesthetists pick the specialty 'because you don't need to talk to your patients' persists. Whether said in jest or disdain this concept gains ground because, yes for much of the time, our patients are mostly 'asleep'. But this ignores the vital communication that occurs prior to anaesthesia; the communication that enables an anaesthetist to inject drugs into a total stranger. Drugs that will stop them moving, breathing or feeling pain. Gaining trust in a patient to render them unconscious and take over their vital physiology requires a very specific form of effective communication that must be tailored to that particular patient and time. Creating that private space and environment, whether it be in a hospital bay, anaesthetic room or roadside, is one of anaesthesia's greatest honours.

Anaesthetists may have less than 10 minutes in which to get to know their patient. This includes addressing their fears, experience of previous anaesthetics, assessment of medical and medication history and how that may impact their anaesthetic. Understanding how the proposed surgery may affect them and discuss the risks and benefits of different anaesthetic approaches. We need to explain and gain consent for invasive procedures that must be undertaken to get them safely through the surgery. We also discuss plans for postoperative care, pain relief, recovery expectations or address the need for intensive care. The lack-of-communication myth also ignores the patients we look after who are awake; whether having a caesarean section, hip replacement or in chronic pain clinic. Or those patients and families we meet in intensive care or the resuscitation room of the emergency department. These loved ones to whom we may deliver life changing and devastating news.

Good communication can calm the nerves. A calmer patient can make for a safer anaesthetic. Highly anxious patients can require more drugs and can be prone to more anaesthetic critical incidents, such as laryngospasm (a sudden spasm and closure of the vocal cords making vital ventilation extremely difficult). Certainly, not all anaesthetists always communicate effectively. However, this is an essential component of our training and daily job. For recruitment into anaesthesia the following communication skills are essential, 'demonstrates clarity in written/spoken communication, and capacity to adapt language to the situation, as appropriate... Able to build rapport, listen, persuade and negotiate' ([Health Education England](#)).

I'm around three to four years into my training but already I have seen and learned much about communication. I still have much to learn and no one patient or situation is the same. I know that anaesthetists communicate in many ways. We listen. We hear. We see. We sense. We smell. We touch. We observe. We reflect. We empathise. We hope with you.

Some key moments stand out. Talking a woman through an epidural needed to deliver her still born beloved child. Acknowledging fear and consoling parents whose newborn baby is being resuscitated behind the drapes. Telling a wife that her 40-year-old husband has just died of a heart attack. Among the noise and spectacle of a theatre being prepared to repair a patient's ruptured aortic aneurysm, calmly whispering reassuring last words to the patient who will never wake up again. Calming the fears of a child or parents before surgery. High fiving that brave child who allowed you to put in a cannula, after much negotiation. Looking into the eyes and saying goodbye to a parent as they leave their child in your hands for surgery, you attempt to comfort and reassure with verbal words and non-verbal body language. The frank honesty of telling someone they might not survive the anaesthetic or surgery, pausing to give them time to absorb that news. Telling a father that we have now ceased ventilation and 'life support' for his young son while we wait for death to occur and swiftly transfer them to theatre for organ retrieval. So many examples and so many poignant moments.

These are minutes of great privilege, trust, respect and empathy. Anaesthesia is an amazingly diverse specialty with a wide range of necessary skills. Communication is one of the most enjoyable aspects of the job, even if our patients are 'mostly asleep'.

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This blog is based upon a recent Twitter thread on the same topic. The discussion included much input and stories from patients who shared what their anaesthetists did for them. It is worth reading their responses in their own words.

The myth that [#anaesthetists](#) pick the specialty 'because you don't need to talk to your patients' persists. Gaining trust in a patient to render them unconscious & take over their vital physiology requires effective communication. I'm about 3-4 years into my training. But...

— Sethina Watson (@morefluids) [November 15, 2018](#)

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