EDITORIAL:
ANAESTHESIOLOGY IN MALAYSIA TODAY

Anaesthesiology is universally an unpopular field in clinical medicine because of its historical background which still lingers on particularly in the minds of those who have not kept up with changes and developments over the last two or three decades!

To many people in Malaysia – and for that matter, in many other parts of the world – the anaesthesiologist is "someone who gives gas". There are even some who do not realize that the anaesthesiologist is a doctor! Not only is he or she a doctor but it takes, currently, another six years of postgraduate training and examinations to qualify as a postgraduate specialist in Anaesthesiology.

In today's properly equipped hospitals, the anaesthesiologist administers anaesthesia for operative procedures and functions as a key member of teams involved in the care of critically-ill patients (intensive care therapy), in resuscitation of collapsed patients, in relieving pain associated with obstetric labour and in the management of patients with chronic intractable pain (often terminal cancer patients with unremitting pain).

Even in the anaesthetic management of patients requiring operative procedures it is not "just a matter of giving gas". The pre-operative assessment, investigation and preparation requires personal appraisal (the pre-operative visit). The team of physician, surgeon and anaesthesiologist prepare the patient to ensure maximum safety for the planned surgery. In this pre-operative examination the anaesthesiologist also builds up a rapport with the patient instilling confidence, allaying fears and apprehensions. It is not uncommon today for patients to develop a closer relationship with the anaesthesiologist than with the busy surgeon! "The quiet, mysterious man behind a mask" of yesteryears has been unmasked and has a vital function outside the confines of the operating theatre. During the actual operation the anaesthesiologist and surgeon work as a closely-knit team so that the maximum can be done while maintaining safety for the patient.

Postoperatively the anaesthesiologist again functions as a key team member (with the surgeon and sometimes the physician) to tide patients through the crucial first 24 – 48 hours following anaesthetic and surgical interferences. Postoperative pain relief and vital system support are crucial to ensure that the efforts in the operating theatre are not ruined by neglect in this aspect of patient care. It is well known today that many a mishap in the immediate postoperative period can be attributed to the tendency to lessen vigilance once the operation has ended. Patient safety has improved with the realization that an operation involves three inseparable stages – preoperative, intra-operative and postoperative or in one word, the *peri-operative* management, as opposed to the incomplete operative management of patients.

Recently irresponsible press publicity has sensationalised the point that an anaesthesiologist has no right to cancel or postpone an operation if a surgeon wants to operate. The anaesthesiologist as a member of the team (physician-surgeon-anaesthesiologist) points out the risk factors in patients requiring surgery. Discussion should follow to weigh the risk factors against the postponement in surgery (to correct deficits or abnormalities in vital systems). If the urgency of surgery is great the risk factors will have to be accepted and all concerned (including the patient' s relatives) must be so informed. Patient safety is paramount and the crucial factor in the final decision is not the ego of doctors. Those who do not accept the concept of team management for patient safety obviously belong to an era of the past.

In intensive care therapy the training undergone by the anaesthesiologist equips him or her to be the key member in management of the critically ill. His knowledge of physiology, pharmacology, electronic monitoring equipment and resuscitative procedures often makes the anaesthesiologist the ideal doctor to take charge of such wards.

In Malaysia there is a shortage of qualified anaesthesiologists. There are currently 67 such specialists but their lopsided distribution throughout the country makes the shortage more glaring or even absurd. For instance 42 of the qualified anaesthetic specialists work in Kuala Lumpur and Petaling Jaya (20 in institutional hospitals and 23 in private hospitals/surgical clinics). The government service hospitals in states other than Selangor are manned by one qualified anaesthesiologist per general hospital or none!

Anaesthesiologists in Malaysia work in institutional hospitals (27 in the government service general hospitals, the University Hospital or the army hospital) or in private practice (40 in private hospitals/surgical clinics). In the government service hospitals, the anaesthesiologist's function is mainly in the operating theatres with involvement in intensive care therapy on a variable scale. Anaesthesiologists working in the two University Professorial Academic Departments of Anaesthesiology (University of Malaya Department with patient-care involvement in the University Hospital, Kuala Lumpur and the National University Department with patient-care involvement in General Hospital, Kuala Lumpur) have different commitments. Besides having patient-care commitments for surgery requiring anaesthesia the academic staff have other commitments which few people realise. For instance at the University Hospital, daily undergraduate teaching (albeit on a smaller scale compared to other clinical departments), but postgraduate teaching and training is on a major scale. Besides these teaching commitments, the staff have clinical duties to perform which include intensive care therapy and operating theatre work. Twenty-four hour coverage of the intensive care therapy ward is a major load on the department. Currently in Malaysia, the anaesthesiologist in private practice is mainly involved with administering anaesthesia for operations and the lucrative returns have attracted many anaesthesiologists from the institutional hospitals.

Career-wise the anaesthesiologist has the best prospects – an acute shortage in the institutional hospitals ensures jobs and in private practice the monetary returns without having to set up a clinic, etc. place the free-lancing anaesthesiologist in an advantageous position. Despite these opportunities, anaesthesiology remains an unpopular field. Old ideas linger on and the winds of change take time to take effect.

A. E. DELILKAN

Case Reports: New Format

The *Medical Journal of Malaysia* requests that authors submitting case reports for publication to abide by the following rules:

- A maximum of 1000 words.
- Not more than one (1) table.
- Not more than two (2) figures.
- To quote a maximum of three (3) references only.

Authors are requested to adhere closely to these rules.