



Anesthesia and Critical Care: Profession or Art?

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If I ask to a man on the street about Medicine and its progress, only few events came to his mind. Antimicrobial therapy, vaccinations, surgical therapy of cancer and continuous surgical innovations, to cite only some instances, did ameliorate human health. But most of the people forget that many surgical innovations and the care of a lot of infectious disease were due to the birth and upgrading of an often neglected branch of Medicine: Anesthesia and Intensive Care.

Furthermore, if I ask to a man on the street who has to undergo a surgical procedure what is his main trouble, I'm reasonably sure that his answer will be: "I'm afraid of anesthesia". This fear derives from the loss of both self-control and consciousness due to anesthetic administration.

In past, when the anesthesiologist as a doctor did still not exist, the Sisters were administering Ether to induce sleep during surgery. A kind of witch craft in the hands of in experienced people and always devoted solely tonursing tasks. In fact the mortality rate was unacceptable and not only due to pioneering surgical technique. When doctors have become aware of the problem and their studies started to include anesthesia, the anesthesiologist stopped to be a kind of magician and became a professional figure among the other specialized doctors.

Even we took this crucial step forward, we are still confused about our job: are we professionals or artists? Art is not repeatable, is unique. Old anesthesiologists considered their job as an art, as they can induce sleep that people perceived as a magic performance aimed to permit the surgeon to enter the undiscovered human body and save the life. And when patient died, it was the anesthesiologist's fault. Profession is repeatable, as it observes rigorous rules, guideline and the recent concept of Evidence Based Medicine.

Given that I think our job has to be profession rather than an art, we have to recognize that often rules, guidelines and very important studies are confused, conflicting between them, letting us to perform an art. So, in our time, we have a problem: guidelines are too often not precise. It happens because they base on trials more and more often lacking of statistical rules' observation and which data are manipulated according the target of the study. In fact it happens that one day Starch kills the patient [1] and some days after it may be not true [2].

Consequently, which our behavior has to be when we think a patient could have benefit from Starch solution? Similar event happened about Albumin administration and about Steroids for spinal trauma. I think that even if Statistics is a numeric science, it is not always so precise to really validate clinical studies about health. On the other side we have not other chance to extend some results to the whole population. But Medicine has not to be "slave" of Statistics. Bedside experience has to be the main guide for patient's care along with the "know how" learned from Literature. Consequently, medical journals have to be more and more rigorous in the reviewing of a manuscript before publish it. Doing so, we will make our job approaching to a profession rather than an art.

References

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