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Short Communication

Social Conditions and Compromises done by Anesthesiologists in India

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Contrary to the situation in United States, where in the profession of Anaesthesiology as a speciality is highly paid and one of the prestigious clinical attachments, Indian Anesthesiologists present a dismayed picture. In India the Anesthesiologists are known to the common man as a band of paramedical people. A survey conducted in a medical college about patients awareness about anaesthesiologists revealed, the patients are not even are aware of the fact that Anesthesiologists are doctors.

From a surgeon's perspective, anaesthesiologist is someone who is available cheaply, can be liberally ill-treated misbehaved and is the only person at his disposal to serve as an outlet to his frustrations, so that he can leave home with a fresh and healthy mind.

The point of abiding the surgeon is nothing new concept in India, but this has been repeatedly reinforced in the mind and hearts of the budding anaesthesiology residents thoroughly by their veteran teachers, who they believe to be pioneers of Indian anaesthesiology. It seems they give them a dictum " To serve and make the surgeon happy is the ultimate goal and in our business the surgeon is the king, who makes our both ends meet, if he is happy we exist and if he is angry, we perish".

The Indian Anaesthesiologist is happy to imbibe enormous loads of passivity and henpeckedness without protest; the cultivation of these virtues is admired and encouraged by the hierarchy of celebrated pioneers who preach the noble aspect of this profession. Flexibility of spine, submission and bowing before the surgeon are regarded as attributes of successful anaesthesiologists.

There is a gradation of Anaesthesiology training in India, which has reduced the slope of the the learning curve in anaesthesiology to the incomprehensible lowest limits. Three to Six months of resident ship/ training enables the person, to be able to earn a living as practicing anaesthesiologist and these people are in abundance, serving the interests of the surgeon with utmost perfection. This situation is prevalent not only in rural India, but is very much in excess in urban India too. The crux is to enforce passivity and henpecked ness in the residents/ trainees to serve the interests of the surgeon.

Now when we look into the bodies regulating Anaesthesiology training and medico legal issues arising out of Anaesthesia practice, we tend to find the grass root cause behind such insignificant social condition of these perioperative specialists. The continuous Medical Education Programme(CME) conducted by such bodies is not up to the level to be marked as globally equivalent, but what forms the chief attraction in these CME is vulgar dance and cheap cock tails. The powerful members of such regulating bodies hanker for false glory in terms of self proclaimed positions like president, vice-president, and secretary etc, for which they start campaigning from the beginning of the new year, while the elections at the national level are conducted in end of the year, the residents are forced and encouraged to attend these conferences not for acquiring knowledge but as a means to earn for these people the coveted mandate.

Some unfortunate veterans who could not manage a coveted position in the national or state level regulating bodies regulating anaesthesia training, create new bodies of subspecialty and super speciality Anaesthesia, like cardiac Anaesthesiology, Neuro Anaesthesiology & Pain, without an internationally acceptable well defined curriculum. Thus the training imparted under such bodies' does not fulfil any goal for the resident. The origin of these courses and the regulating bodies serve one goal of the founding members. Firstly these people get the coveted post to exhibit their governing skills, makes their position more stable in the city or province by reducing their vulnerability to frequent transfers.

But to reveal the real truth super speciality Anaesthesia is a more difficult situation of increased compromise, where the anaesthesiologist hardly finds his domain of autonomy and the line of segregretion and the degree of submissiveness increases leap and bounds and the eternal search for recognition continues with ever increasing bewilderment.

The authors personal experience, inner vision and retrospections warns the best medical brains in India from entering this henpecked, submissive and profession of passivity and insignificance, thought it may seem to be lucrative in terms of monetary gain and reduced slope of the learning curve and easy attainment of requisite skills to serve the surgeon.

The author regards Anaesthesiology training in United States and United Kingdom and other first world countries to be far superior to India, mainly because of the regulating bodies of Anaesthesia education there are more focussed and driven the ravens of passivity from the profession and encouraged autonomy and empowerment of the Anaesthesiologist in perioperative decisions. It is here India fails and lags behind, which probably has made the Anaesthesiologist in the U.S.A, the most prestigious and highly paid profession, but in India, it still maintains its passivity and loss of autonomy with pride.

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