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Basic Perceptions of Anaesthetists Among the General Public in Malta

ABSTRACT

The clinical speciality of anaesthesia has extended its scope well beyond the administration of anaesthesia. Anaesthetists play critical roles in intensive care, obstetrics, the emergency department, and chronic pain management. Basic perceptions of the general public regarding anaesthetists were assessed during two separate outreach events. Of 125 adults, 91.2% recognised that the anaesthetist manages anaesthesia during surgery. Only 68% identified the anaesthetist as a doctor. Additionally, 96% believed anaesthetists work in operating theatres, but were unsure when it came to other departments, showing further efforts are needed to ensure that the public understands the role of anaesthetists in the healthcare system.

INTRODUCTION

The clinical speciality of anaesthesia has evolved over the years and now spreads far beyond the administration of anaesthesia during surgical procedures. Beyond the operating room, anaesthetists lead the intensive care unit, facilitate safe and pain-free childbirth, resuscitate acutely unwell patients around the hospital and run chronic pain services, demonstrating their diverse and far-reaching impact on healthcare. We aimed to assess the perception of the general public on this speciality during two separate outreach events in 2023: the Association of Anaesthesiologists of Malta's stand at Science in the City Festival (SiTC) in Valletta and World Anaesthesia Day (WAD) celebrations at Mater Dei Hospital.

METHODS

The platforms chosen for the questionnaires were two educational events open to the general public, welcoming people of all ages, nationalities, and educational backgrounds. The multiple choice questions were: 'What is your age', 'Who puts you to sleep when you have an operation?', 'Do you think an anaesthetist is a doctor?' and 'Where do you find an anaesthetist?' Individuals were approached by trainees or specialists from the Department of Anaesthesia, Intensive Care and Pain Management at Mater Dei Hospital using random, convenience sampling. They were invited to participate in a brief questionnaire. The anonymised responses were inputted in a Google Form and the results were analysed.

RESULTS

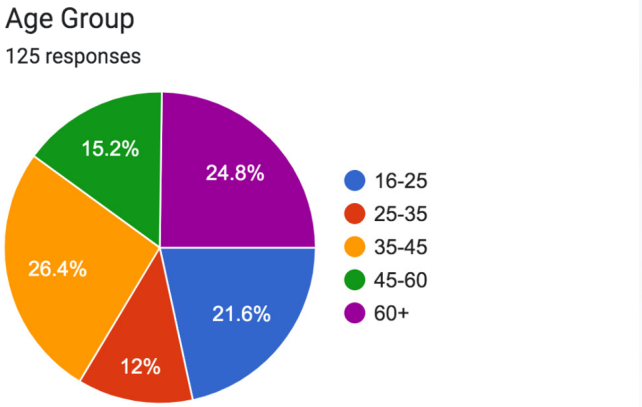

Figure 1. Age Group Distribution of Questionnaire Participants.

People under 16 were excluded. Of 125 adults, the majority of respondents (91.2%) were aware that the anaesthetist is responsible for managing the anaesthetic during surgery, with 4% believing it was a nurse's role and 2.4% thinking it was the surgeon's responsibility.

THE ANAESTHETIST'S ROLE IN THE SCENARIO OF LABOUR AND DELIVERY ALSO SEEMS TO BE INCOMPLETELY UNDERSTOOD IN THE SAMPLE GROUP

Figure 2. Distribution of responses to the anaesthesia provision question.

Only 68% of interviewees believe that the anaesthetist is a qualified doctor.

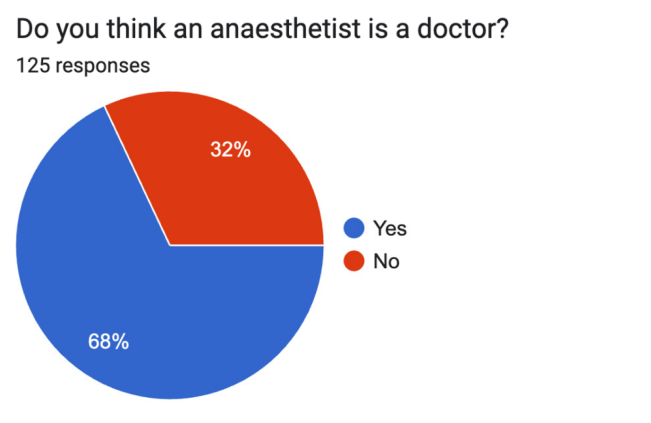

Figure 3. Distribution of responses relating to whether an anaesthetist is a doctor.

With regards to the work the anaesthetist is involved in, 96% believe anaesthetists work in the operating theatres. Around half the participants also mentioned the emergency department, the delivery suite, and the intensive care unit as other areas where anaesthetists work. Only 26.4% of people thought the anaesthetist is involved in any work in the hospital wards.

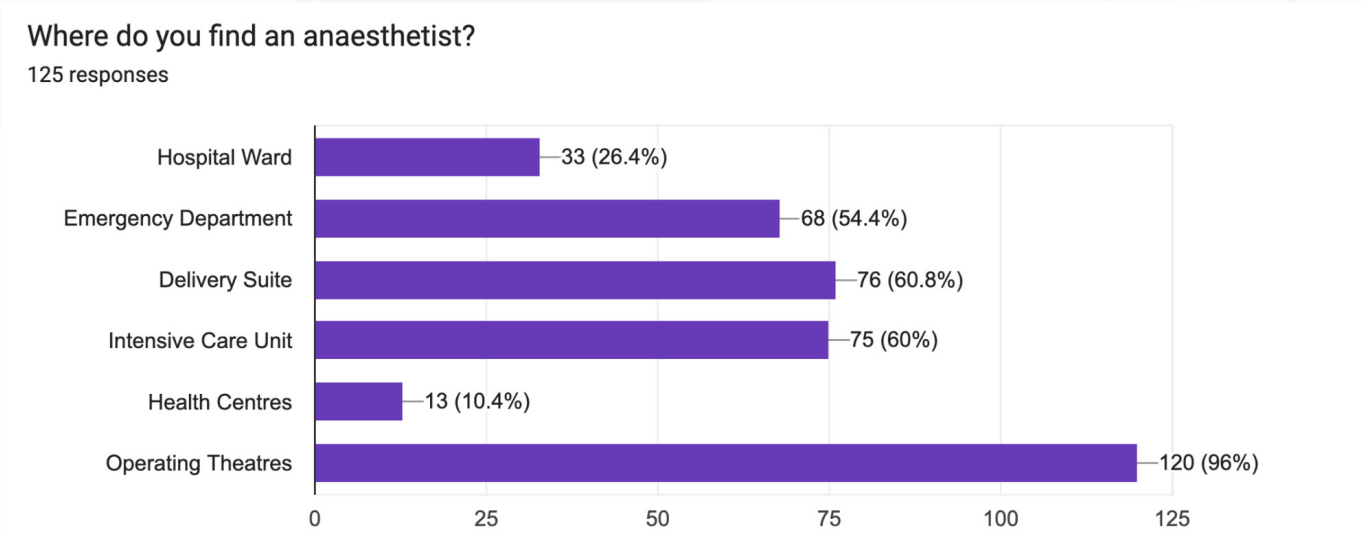

Figure 4. Distribution of responses to where an anaesthetist works.

DISCUSSION

Anaesthesia as a medical speciality has seen significant achievements, especially in recent decades. Whilst previously being considered a "behind the scenes" speciality, the involvement of anaesthetists in so many facets of patient care has proven anaesthesia to be one of the main pillars of the healthcare system. However, worldwide studies show that the anaesthetist's role continues to be incompletely understood.[1-4] This questionnaire is probably the first of this kind in Malta and was done to analyse this perception amongst the local population.

The majority of interviewees were aware that anaesthetists play a pivotal role in perioperative care and 91% are able to recognise the anaesthetist as the person administering anaesthetic during surgery, compared with 42-94% in various recent studies in other countries.[1-4] In fact, anaesthetists ensure patient safety and comfort not only before, but also during and after surgery. Anaesthetists decide on a tailored anaesthetic plan to suit individual patients with varying medical conditions and advise on necessary investigations and treatment to optimise any conditions prior to surgery, ensuring patients' safety during surgical interventions. Once in theatre, they also carefully monitor vital signs and adjust anaesthesia doses to maintain optimal surgical conditions, not leaving the patient's side throughout. Furthermore, their expertise in pain management is crucial for postoperative care, helping patients recover smoothly and comfortably.

However, a significantly lower percentage of people were aware of the anaesthetist's role beyond the operating room. 60% of those asked recognise that anaesthetists are involved in the intensive care setting, compared to 25-32% in other studies.[2,3] In actual fact, anaesthetists assume the primary caregiving responsibility for patients in intensive care, monitoring their day-to-day condition closely, and making critical decisions around their care whilst at their most vulnerable.

The anaesthetist's role in the scenario of labour and delivery also seems to be incompletely understood in the sample group. Anaesthetists are actively engaged in formulating a plan for birth, be that in providing epidural pain relief during labour or providing various types of anaesthesia for caesarean sections, both in the planned and emergency settings. They are also vital in providing care for any emergencies that can arise, such as postpartum haemorrhage. Local data shows that anaesthetists are involved in the care of over half the obstetric population in the peripartum period.[5]

With regards to the emergency department, 54% correctly identified anaesthetists' involvement here. Anaesthetists respond to CPR (cardiopulmonary resuscitation) calls for patients who arrive in cardiac arrest, trauma calls for patients who are involved in accidents leading to severe trauma and calls for any patients in any severe medical condition. Similarly, anaesthetists are also found in any of the hospital wards, being called to review patients with any severe organ failure, ranging from sepsis to severe heart failure, and respond to the CPR call for patients in cardiac arrest. Their role in these situations is to help with the initial phases of stabilisation and to decide on the need for continued treatment in the intensive care unit.

Anaesthetists are also experts in chronic pain medicine, and lead the Chronic Pain Clinic, working to review patients suffering from chronic pain and formulating management plans ranging from medication regimes, to joint and nerve infiltration together with physiotherapy and psychological support.

Interestingly, 68% of the interviewees thought anaesthetists were specialised doctors, fitting within the range observed in international publications i.e. 37-79%.[1-2,4] Anaesthetists are, in fact, qualified doctors who then choose to specialise for a further 5-8 years in the field of anaesthesia, intensive care and pain management. They often work in a multidisciplinary team consisting of surgeons, medics, nurses, midwives, radiologists, and physiotherapists, amongst others, to provide services throughout the hospital.

There are definite benefits to educating the general public about the role of the anaesthetist. When patients face any type of illness which requires surgery, especially a major one, they always ponder the possibility of postponing or actually forgoing surgery, especially as the prospect of being unconscious and not in control generates fear of the unknown. Being armed with knowledge and, more importantly, trust in the anaesthesia process as well as all other healthcare professionals involved, patients are empowered and may experience an improved hospital experience.

A limitation identified in the questionnaire was the cohort of subjects interviewed. Attendees of SiTC were presumably interested in scientific topics, while the general public present at Mater Dei Hospital attended WAD. In future, to eliminate bias, questions could be added asking about the participants' level of education and previous experience with having surgical procedures. It is also recommended that further research is carried out utilising a validated questionnaire and with a larger sample size.

Furthermore, in the question relating to places of work (options in Figure 4), 'Hospital Ward' may have been an ambiguous term, and the only incorrect option (at the time of the questionnaire) was 'Health Centres'. Notably this section was asked in the form of closed questioning which could have been relatively suggestive. Open questioning may have elicited a more reliable response from the participants. Finally, though unlikely, the same individual may have attended both outreach events and responded to the questionnaire twice.

CONCLUSION

This initial study into the perceptions of members of the general public in Malta in relation to the roles of anaesthetists seems to indicate that awareness of who delivers anaesthesia is comparable to international literature, though knowledge of the anaesthetist's role beyond the operating theatre is more limited. Educational outreach events like Science in the City and World Anaesthesia Day celebrations at Mater Dei Hospital offer valuable opportunities for interactive discussions in a non-threatening environment.

Continuation of such efforts allows for enhanced anaesthetists' professional recognition and trust, which hopefully translates into improved patient experiences.

ACKNOWLEDGEMENTS

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