The Attitudes of Maltese Medical Students to Anaesthesia

D. SPITERI, D. FARRUGIA, G. FARRUGIA

Summary

A survey of the attitudes of Maltese medical students to anaesthesia, their experiences during their anaesthetic training and their current tentative choice as regards post graduate work is compared to past surveys in Malta, in 3rd. World and in developed countries.

Introduction

Questionnaires were handed out to medical students enrolled at the Malta medical school during 1985. The pre-clinical students had no contact with anaesthesia while the final year students had undergone a two-week posting in anaesthesia as part of their curriculum.

Questionnaire 1: For pre-clinical medical undergraduates

1. Age
2. Sex
3. Have you heard about Anaesthesia before? Yes, no?
4. Do you know what an Anaesthetist does? Yes, no?
5. If the answer to Question No. 4 is Yes, briefly state below what you think an Anaesthetist does.
6. Have you ever had an anaesthetic administered to you? Yes, no?
7. Indicate in order of preference (a,b,c, etc.) what you would like to do after graduating as a doctor:
   a. Anaesthesia
   b. General Practice
   c. Medicine
   d. Obstetrics & Gynaecology
   e. Paediatrics
   f. Pathology
   g. Preventive and Social Medicine
   h. Surgery
   i. Health Administration
   j. Business Administration
   k. Any others (State): ____________
   l. Don't know
8. Why did you decide on your first choice?

Questionnaire 2: For final year medical students (after 2 weeks posting in Anaesthesia)

1. Age
2. Sex
3. What is your impression about your posting in Anaesthesia? Just one specially in my curriculum
   a. Dull and boring
   b. Important & Interesting
   c. No impression
4. What do you enjoy most during your Anaesthesia posting? Watching operations?
5. What improvements would you like to see regarding your posting in Anaesthesia?
6. Indicate in order of preference (a,b,c, etc.) what you would like to do after graduating as a doctor:
   a. Anaesthesia
   b. General Practice
   c. Medicine
   d. Obstetrics & Gynaecology
   e. Paediatrics
   f. Pathology
   g. Preventive and Social Medicine
   h. Surgery
   i. Health Administration
   j. Business Administration
   k. Any others (State): ____________
   l. I don't know
7. At what stage of your training did you decide on your first choice?
8. Why did you decide on your first choice?

Results

The pre-clinical medical students are 34 in number, aged 17 – 20 years (avr. 18.7) with an ever so slight preponderance of males (18:16). Almost half of them did not know what an anaesthetist actually does and two said that they had never heard of such a thing as anaesthesia. Of those who thought they knew, 6 said that anaesthesia involves sedating the patient before the operation. 5 went further and said that the anaesthetist monitors the patient
throughout the anaesthetic. Two of these were aware that anaesthetists are involved in ITU work. 8 students had undergone general anaesthesia and of these 'unfortunates' only one was fully aware of the duties of the anaesthetist.

Anaesthesia was the first choice for just one student as a postgraduate career but for quite questionable reasons – 'it pays well and one works less'. It was an alternative choice for two other students. One student described himself as an 'electronics nut' and said he wanted to work as a 'medical technician' – he might find himself attracted to the increasing gadgetry to be found in an ITU and the anaesthetist's cockpit. Surgery and paediatrics were joint favourites for later careers. The other favourites were obs. & gynae. and general practice. Medicine was a definite non-starter among the traditional choices. Pathology was surprisingly popular among the 'lesser' specialties, followed by psychiatry and preventive medicine. At least 11 were unsure of their choices; most gave two alternatives and two gave four alternatives!

The final year medical students were 36 in number. Of these two had not yet been posted in anaesthesia. Their age ranged from 20 to 25 (avr. 20.9). Only 6 were females this time. Almost half (17) of the students thought of anaesthesia as just another speciality crowding their curriculum. A further 5 were unimpressed one way or another. Only one had the nerve to actually say it was dull and boring. 6 students thought anaesthesia important and interesting. Another two while conceding that anaesthesia was important pointed out that it was not that interesting. 7 students liked the anaesthetic posting for the chance it gave them to see the operation and watch the surgeon. Only two students were 'amazed' and 'fascinated' at the way the patients' consciousness was controlled to enable them to have painless, safe surgery. One third enjoyed the practical sessions and tutorials, especially the explanation of respiratory physiology. The highlight of the postings were intubations and spinal but one liked the dummy best and another liked 'the coffee breaks'. Although 3 actually said that they were disappointed at what they got, all of them wanted more practical sessions and more personal attention.

One student gave the impression that he likes anaesthesia a lot but left the question about choice of career blank. (The suspense is killing us!) 2 other students gave anaesthesia as an alternative choice, while one student was quite vehement that he would never choose anaesthesia for a career. Surgery was again the most popular tentative choice, followed this time by medicine and paediatrics. General practice and obs. & gynae. were further down the list. Two are interested in sports medicine and one in tropical medicine. More than one third were unsure of what to do next. Of those who made choices “special interest in the field” was the commonest reason. 4 students had made their choice before even entering the course. The others made up their minds in the 3rd and 4th years. (One said that his mother made the choice for him!)

Discussion

A study of I, III, and Final year students was done at this medical school and published in the 1969 edition of 'Chestpiece'. In a table listed one could see that among those who sought specialisation (65.5%) surgery started as an overwhelming choice among first years (41.4%) but this dwindled down to 14.8% among the final years. On the other hand medicine jumped up to a height of 22.2% from a paltry 6.5% among the third years. Among the Final years paediatrics was next popular with 7.4%, obs. & gynae., psychiatry and basic science (?) were among the also rans. Anaesthesia was not separately listed and must be weeded out from among the 3.8% ‘others’. General Practice was a solid 23% over-all choice among the I, III and Final years.

A similar study was done in a Saudi Arabian medical school last year, among pre-clinical and final years. Among the 40 all male 19 year old pre-clinicals 2/3 had heard about anaesthesia; half of these knew what it was vaguely about. None chose anaesthesia for their career. (surgery 43%, medicine 20%, paediatrics 18%, general practice 12%, obs. & gynae. 0% and ‘don't knows’ 7%).

The 26 also all male 24 year old final year students thought their anaesthesia posting important and interesting in all cases. Most (12) liked their ITU rotation best, only one liked emergency duty. The Saudi students would also have liked more practical involvement and a longer posting. One of these students decided on anaesthesia as a first choice for a career. Medicine won over 31% of the students, surgery and general practice joint second place with 19%. Main reasons for the choice given were special interest, prestige, national interest and need.

In Nigeria obs. & gynae ranked the highest among 55 all male final year students with none mentioning anaesthesia as their choice.

Medical students in two U.K. medical schools showed an 8.2% choice of anaesthesia for their
future work. On the other hand 349 practising U.K. anaesthetics participating in a questionnaire showed that just 13.7% of them had formed their plans as undergraduates. 27.5% picked their job as housemen while the majority decided after full registration (57.6%). It is probable that competition in the main specialities in the U.K. was the main reason for the sudden upsurge in 'vocations'!

In an Australian survey the commonest reason for not choosing anaesthesia was lack of 'direct reference to health care' or because it was thought of as a 'behind the scene affair'. The awareness that anaesthetists are involved in ITU's and Pain clinics should change the unattractiveness of the speciality.

In the U.S.A. 4% of medical practitioners were anaesthesiologists in 1982. In some countries a ratio of one anaesthetist to 20,000 population is to be found but in others there are few or no native anaesthetists. In regions where there is a national shortage of doctors, specialities involving direct patient care (and an independent source of income) are much more likely to be taken up. For those who are ambitious it is to be expected that a speciality which is often subservient to the surgical department will look like a dead end. The status image of anaesthesia is not helped by the existence in some countries of the technician anaesthetist and this will also deter some individuals from taking up anaesthetics.

The attitudes of medical students only reflect those of the general population. A lot of advertising is needed so that the public appreciates our speciality for what it is. Towards this end it is our belief that more time spend in an unhurried reassuring talk with patients in the pre-operative visit would go a long way to inform the public about our work.

Conclusion

It seems that in the underdeveloped countries a state of misinformation exists regarding what anaesthesia entails. This is shown in the very few medical students who go to medical school with the ambition to take up anaesthetics. Social and national factors keep the more well informed final year students away from a career in anaesthesia. In the developed countries it also seems that although more students are prepared to take up anaesthetics early on in their career the majority are led to make their choice much later and perhaps only for secondary reasons.

References
Survey of student attitudes ... J.V. Psaila (Chest-piece 1969).
The choice of anaesthesia as a career by undergraduates in a Saudi University ... C.E. Fames, R.I. Bodman. (Middle East Journal of Anaesthesiology Vol. 8, No. 2, 1985.