Re: Irish Patients Knowledge and Perception of Anaesthesia

Abstract:

Sir,

We read with interest the article by Mannion and Smith \(^1\) about patients' knowledge of the role of anaesthetists in Ireland. Recent studies across the world have also shown that patients still have a misunderstanding of anaesthetists' role and qualifications. However interestingly there are exceptions, with 99% of patients in Switzerland acknowledging that anaesthetists were medically qualified \(^2\), suggesting that patient education in other countries has the potential to be further improved.

We recently conducted a survey on 120 adult preoperative patients in the Severn region, with a view to demonstrate a substantial improvement in the understanding that patients had of the role and responsibilities of anaesthetists. Our results reinforce the results found in Smith and Mannions study that public ignorance still exists, with only 72% of patients believing that anaesthetists were qualified doctors. This shows a very minute increase since the study by Swinhoe and Groves \((1994)\), when 65% of participants thought they were qualified, despite the widespread use of the internet and increase in the general public's interest in medicine over this 19 year period. In agreement with Smith and Mannions study, a quarter of patients said they were unsure of any areas that anaesthetists worked outside the operating theatre and only 43% knew they worked in intensive care. We asked the participants which individual they felt was most responsible for treatment in an intra-operative emergency. 54% of patients believed this was the role of the surgeon, with only 18% saying the anaesthetist was the main person in charge. Additionally we asked participants to estimate the duration of training needed to become a consultant anaesthetist. 64% of patients thought it took between five and seven years after completing A-levels. Surprisingly 9% thought it only took two years and only 12% guessed the correct estimate of 14 years.

It could be questioned whether it actually matters what patients know about the anaesthetist, as long as the care they receive is excellent; after all we are all happy to fly in a plane knowing little about the pilot. Firstly, one would certainly expect to see a reduction in pre-operative anxiety, described by almost half the patients involved in the study by Smith and Mannion, if their knowledge of the skills of the anaesthetist, their roles outside the operating theatre and their many years of training, were improved. Secondly, it is interesting to consider that all doctors are now required to collect evidence for their Revalidation, including patient feedback. From the anaesthetists' point of view the patients' perception of their role and responsibilities will be crucial in this process. Anaesthetists are already in debate about how best this feedback should be collected, especially if they do not perform regular clinics or ward rounds. It was pleasing to find that during our survey the patients were keen to learn more about their anaesthetists role and level of training. Therefore it would be ideal to find some additional time to ensure these questions are answered in the ever-shortening preoperative visit.

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References