Correspondence

Assistance for the anesthesiologist - a transatlantic view

To the Editor:

Last year we were fortunate to attend the Annual Meeting of the Canadian Anesthesiologists' Society. We were surprised to learn that Canadian anesthesiologists often work without assistance and that there seems to be widespread reluctance for change. It seems that this reluctance may relate to a distinction between the very different roles of 'anesthetic assistants' and 'nurse anesthesiologists'. The desire for autonomy of the latter group is obviously a major issue in the United States.

Historically, in the UK, anesthetists are assisted by Operating Department Assistants (ODAs), whose functions are technical rather than clinical. Some hospitals also employ anesthetic nurses fulfilling similar roles. Importantly, neither group has ever resembled 'nurse anesthesiologists' in the American sense. We see dedicated assistance for the anesthesiologist as essential and the Association of Anaesthetists of Great Britain & Ireland (AAGBI) has made a number of recommendations on anesthetic assistance^{1,2} which can be summarised:

- safe administration of anesthesia cannot be carried out single-handedly;
- every anesthetist should have competent assistance at all times;
- such assistance should be available wherever anesthesia is administered;
- anesthetic assistants should be properly trained and skilled;
- anesthetic assistance should be dedicated exclusively to the anesthetist.

So, what exactly is the role of our ODAs? Put bluntly, they are invaluable and significantly increase safety. They prepare machines and equipment between cases, set up infusions and organise other equipment as needed (e.g. for airway control). It is widely accepted that their assistance significantly reduces stress, saves time and allows the anesthesiologist to concentrate on the patient. Crucially, this assistance is purely technical. At no time is the anesthetic assistant left in charge of patient care.

The role of the anesthetic assistant is currently expanding in the UK. Increasingly, the focus is on the 'Anesthesia Team' and there are moves towards multitasking in perioperative care. The ODA and anesthetic nurse are being gradually replaced by the Operating Department Practitioner (ODP). The function of the ODP, however, is still one of technical assistance, albeit now both on the 'anesthetic' and 'scrub' sides of the theatre environment.

Just as on your side of the Atlantic, we have worries about the 'nurse anesthetist' debate and from time to time this resurfaces. Recently, interest was rekindled by an acute and severe shortage of anesthetists in the UK which temporarily threatened overall delivery of the service. Politicians quickly pushed for the introduction of a US (nurse anesthesiologist) model. This was resisted and is, in the present climate, unlikely to occur. In the UK there is widespread (although not universal) opposition to the introduction of anything other than a physician-based anesthesia service.³ We continue to enjoy safe professional relationships with skilled and dedicated assistants without whom standards of anesthetic care would undoubtedly be lower. Long may it continue.

As a postscript, it would surely be inconceivable for our surgical colleagues to work alone, without the assistance of a trained 'scrub' nurse. Why should the standards be different for anesthesia?

Mark du Boulay
Marie Nixon
Winchester, Hampshire, UK

References

- 1 Assistance for the Anaesthetist. Association of Anaesthetists of Great Britain & Ireland, London 1988.
- 2 The Anaesthesia Team. Association of Anaesthetists of Great Britain & Ireland, London 1998.
- 3 Anaesthesia in Great Britain & Ireland: A Physician Only Service. Association of Anaesthetists of Great Britain & Ireland, London 1996.