Personal

RAPPORT WITH THE PATIENTS

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One of the main objectives behind preanaesthesia check-up (PAC) should be to have 'Rapport' with the patient and the anaesthesiologist, since rapport is a relationship of mutual trust and understanding between patient and anaesthesiologist, so as to make the 'short trip to heaven (anaesthesia)', a good recall!

It is only after planning of surgery, the patient gets an opportunity to see the concerned anaesthesiologist and then the role of anaesthesiologist begins.

With rapid advances in knowledge, various technologies and equipment in recent years, there is not only a dramatic change in anaesthesia techniques but also in social, economic and legal concern within which the aneasthesiologist works.

Due to various "Public Awareness Programmes," the anaesthesiologist, no longer remains as "A curtain behind person". People do not only know more about anaesthesia but also want to be well-informed and involved about their anaesthesia care.

Previously, anaesthesia practice was surgeon dominated with economic framework over which anaesthesiologist had little control in spite of both the surgeon and the patient used to expect him to make the system work.

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With change in the scenario, now, anaesthesiologist is a mentor to the surgeon soldier in the battlefield of operation theatre.

The successful relationship between anaesthesiologist and patient depends upon 'trust'. The degree of trust and confidence that the anxious and apprehensive patient has in his anaesthesiologist is crucially dependent on the relationship, the anesthesiologist establishes with the patient. The essential prerequisite is the courtesy. Shreemad Swami Vivekanand says, "Shivbhave Jeevseva." Medical profession is not a noble profession but it is a noble man's profession".

Depending upon the condition of patient, when various anaesthesia options are available for that particular surgery, the merits, demerits, safety and risk of each method must be explained to the patient. Due to time limitations, the anaesthesiologist is unable to spend more time in communication with patient, hence, he may not be able to get desired satisfaction.

Perhaps, more time is needed to be spent to allay patient's fear and anxiety. Unnecessary fear of undergoing general, local or regional anaesthesia need to be erased from the patient's mind.

A familiar friendly face of anaesthesiologist in an unfamiliar environment of operation theatre goes along with alleying anxiety of the patient. Better communication with patient will improve patient's confidence coupled with improvement in professional image of anaesthesiologist.

Day care surgery is said to be a minor surgery. However, there is no such thing as 'Minor Anaesthesia' for there is either 'take-off' or 'landing.' PAC should be done thoroughly, since here is less time for establishing rapport with the patient for observation and evaluation of post-operative complications.

Paediatric ananesthesia should be positive experience for the child and anaesthesiologist. A careful and considerate approach to the child during PAC will help achieve this aim. Hence, here again, 'Establishment of rapport' is not only with the child but also with the parents or guardian, should be the main objective. Determine the emotional status, physical health and requirements of the patient, explain technique of anaesthesia and gain parents' consent. If required a detailed discussion and questionanswer session to alley anxieties and fear is a must.

The PAC may be the first encounter that the child or parents has had with the anaesthesiologist. Hence, to gain their confidence by creating open and relaxed atmosphere for healthy conversation is of paramount importance. The expectations of anaesthesia and previous experience of anaesthesia exposures varies with age and level of understanding. To gain their trust and confidence, it is essential to include the child in decision making process like mode of entry into the operation theatre such as walking-in or lying on trolley. If excluded from these processes, some children are more likely to feel vulnerable as they do not feel in control of the situation. For a paediatric patient, either a good or a bad experience always an experience, hence always try to be a good doctor-anaesthesiologist.

It is rightly quoted by John Murphy, "The patient is the centre of medical universe around which all our activities revolve and towards which all our efforts trend."