

Anaesthesia Safety- what do our patients expect?

The year of 2020 will forever be synonymous with Covid-19, but it is just a step on the ever speedier road to the new world in which we live. Globalisation, international travel, internet, social media and the ease of access to information; both false news and truth, have all contributed to patients who are now better informed, more ill-informed and demanding than ever. Gone are the days of total trust in the physician and surgeon.

Difficult as this brave new world may be, it is not necessarily a negative thing when a person questions the status quo- this encourages new growth. Medicine and surgery have recently come to a loving embrace with improvements and systems implemented by other industries. Notably the airline inspired [1] “Safe surgery checklist” [2] and the “Lean six sigma” [3] manufacturing approach which has been adopted from industries such as car manufacturing and applied to medical drugs and devices. This paradigm shift in how patients demand to be treated and search for the best outcomes for themselves is a mirror reflection of the consumer society whereby “the customer comes first”. Models of service quality [4] have now been moulded to fit the healthcare offering to drive demand for and satisfaction with medical products and services. Health can now be considered a mega industry and leaders must engage “blue sky thinking” to drive profits and good outcomes. Whether this is good or bad thing is a matter for your own conscience.

Healthcare has a unique opportunity whereby we can all make real changes to patients’ lives, for better and for worse; so the partnership between doctor and patient must now reflect a marriage of equals. With that considered, it is essential to understand the expectations of patients and their reasons for holding these expectations. There exists strong evidence [5,6] that suggests doctors and health care workers should take account of patients’ expectations when making clinical decisions and planning treatment to achieve better outcomes. Patient evaluation is now an established norm in healthcare quality assessment [7,8], but it poses inherent dangers owing to the subjectivity of this evaluation. Expectancy theory [9] is one useful psychological concept to consider for this matter. Expectations can greatly affect the satisfaction, or lack thereof, on the patients behalf, of the healthcare provided. Today, many patients use Google, television dramas and social media to inform their expectations, which can jaundice their perceptions or beliefs about what is reasonable to expect. Fake news is the enemy of scientific evidence and unfortunately it is gaining ground in all walks of life.

So, what exactly do patients expect from a twenty first century doctor.

Professional competence and continued training, acknowledgement of their ideas, concerns and expectations, to be consulted on clinical decision making, to be treated as an equal, to be allowed to refuse treatments they are unhappy with, access to quality healthcare when it is required, non-essential and cosmetic procedures which help with their self-actualisation [10], access to healthcare professionals online and at a time that suits them, doctors who are fully proficient in IT, open disclosure and clinical accountability, safe systems of work which help protect their welfare... respect.

Patients put their trust in doctors to be champions of safety and expect risk to be minimised as much as possible to avoid adverse outcomes, which the patient must then live the rest of their lives with. This is nowhere more the case than the anaesthesiologist; who will put the patient under general anaesthetic and their life is totally in their hands. This means that doctors working in anaesthesiology must exhibit the skills of leadership: communicate clearly, collaborate with other specialities and non-clinical staff, make decisions based on their experience and scientific evidence, adapt to new challenges, ways of working and technologies. By taking these attributes to themselves, they can become safety champions for their patients and leaders who foster a culture of safety in their working environments. [11,12]

A further extension of this leadership role, doctors must operate as part of multi-disciplinary teams to provide the appropriate care for patients. This teamwork, historically narrated as lacking [13], must include co-operation in the operating theatre to ensure that the team works as a cohesive unit [14,2] to help ensure, as far as is possible, a positive result and outcome to the procedure. A fair expectation for any patient to have of their care teams.

One notable addition to patient safety expectations, patients expect all healthcare workers to be fit for work and to take care of themselves. Burnout [15] and untreated illness can negatively affect work performance and on the patients big day they expect that everyone who will be looking after them has done likewise for themselves. This includes the appropriate use of PPE in the care environment [16,17], something on everyone's mind at the moment.

In conclusion, a commonly used rule of living which has its origins in religious texts and can be used as a succinct mantra, encouraged by Dr. Mark Warner, Professor of Anaesthesiology at the Mayo Clinic "Treat others as you would like to be treated"[18]. When it comes to what patients expect, this truly sums up what should always be at the front of any professional's mind when dealing with someone.

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