

"Anaesthesia Safety - What do our Patients expect?"

Mind the gap!

Many a morning I have been standing at the train platform, one of many hundreds, scuttling their busy bodies to work. And somewhere amongst thinking about what I'll have for lunch that day, or whether I should work on my language learning or listen to a podcast about veganism (a millennial after all), I find myself thinking about a certain gap. You can't miss it.

Yellow painted words on the side of the platform 'Mind the Gap' – a safety warning. The same gap that we wish never to fall into, especially when the low hum of a high speed train is somewhere nearby. The gap between the reality of the platform on which we stand, and the safe harbour we wish to reach.

In many ways, the metaphor of the gap can be seen from the patient's perspective. They currently stand on the platform, but need to make it onto the train safely – a successful postoperative status. But there are many risks in making this leap, many things that could go wrong.

As with other aspects of life, expectations of the modern patient, the doctor and the surgical process are a play a crucial part in the practice of medicine. Arguably more so than other specialties, the process of anaesthesia underpins the whole patient experience – how they will make that crossing. Anaesthesia is the process, the journey that the patient undergoes – it is their experience of the events.

What do our patients expect?

Anaesthesia from its classical roots means 'without feeling'. But of course, this is not the only expectation that the specialty must live up to.

Pre-operatively, this is where patients' expectations of anaesthetic safety are to be challenged and set. They are standing on the platform peering at the incoming train from a distance. As each patient and their experiences are different, anxiety about the impending procedure could be built from 'past experience of anaesthesia and surgery, and by suggestions of family, friends and fellow patients' (McCleane and Cooper, 1990).

The necessity here is strong communication between the anaesthetist and the patient. And the skilled anaesthetist would ideally figure out what specific needs and apprehensions the patient in front of them may have. For them, 'understanding patient expectations may be a key way to improve patient satisfaction with anaesthesia' (Rowley et al. 2017). A patient (or any human being for that matter) expects that their questions should be answered honestly and sensitively to give them an understanding of what lies ahead for them – including all that could go wrong – different ways one could fall into the gap. They expect to be assured, where reasonable, and made aware of potential risks in a transparent manner.

At this point, it is essential for the anaesthetist to realise the possible fears the patient may have. This includes the 'fear of intraoperative awareness (painful or not), not waking after surgery and permanent cognitive deficits from anaesthesia' (Rowley et al, 2017).

Intra-operatively, the patient is crossing over the gap. Here lies anaesthesia's true role, helping

the patient make this journey in the most comfortable and humane way possible. It is the holding of a patient's hand to bring them across to safety, in the least traumatic way possible.

One of our patients' notable fears include awareness during general anaesthesia. This occurs when 'patients recall events or sensations during their surgeries, although the patients should have been unconscious at the time' (Bruchas et al, 2011). It seems that patients expect to not remember nor feel pain during a general anaesthetic, while being in a safe physiological state.

Postoperatively, the patient must first recover from the anaesthesia and surgery together. They realise they have safely made it onto the train, despite the anxieties and despite the risks. It is now they find themselves staring back out the window at the platform whooshing past. Now only a memory of what has passed.

But may we not forget, even memory can cause distress. Psychological consequences of awareness during general anaesthesia can include 'anxiety, flashbacks, and post-traumatic stress disorder' (Bruchas et al, 2011), despite surgery being a documented success. It's this point, after the patient has made their landing safely, that they are debriefed and have any remaining questions answered.

Now the patient decides whether they have been satisfied with the experience as a whole. Why do we care about patient satisfaction? Because it is known to 'influence future uptake of health services and patients' overall health status' as well as predicting their 'health-related behaviour' (Pascoe, 1983). The experience predicts the patients' future journey on this continuing train ride.

Therefore, it seems that patients' expectations change at different parts of the process. For the surgeon and the anaesthetist, it is important for these expectations to be understood and either met, or challenged if not realistic. For each person, the expectations are so different, their past experience built on a dynamic set of train rides that no one else has had.

Conclusion

As a specialty, the dedication of anaesthesia lies in patient safety, where it has 'relentlessly driven up standards by seeking out harm, studying and understanding it and implementing change to improve' (Peden et al, 2017).

Overall, it looks like patients expect anaesthesia's safety to work well, but not too well. This has been described as a delicate balance - sparing 'patients the undesirable harm of too deep anaesthesia, subjects them to no less undesirable trauma of awareness, a euphemism for inadequate anaesthesia' (Alfred, 1952).

As leaders in patient safety, the specialty of anaesthetics looks not only at getting their patients to 'mind the gap'. Through 'continuous improvement, a better understanding of patient outcomes, and delivery of the highest quality of care through education and training' (Peden et al, 2017), the specialty drives forward to provide the best for its patients and world of healthcare.

To me, it sounds a little more like 'closing the gap'.

References

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