

LETTERS TO THE EDITOR

Anesthesiologists deliver best possible outcomes

I'm an anesthesiologist. I care for surgery patients and trauma victims, as do other anesthesiologists. In 35 years of practice, in many settings, I've cared for thousands of patients, and met hundreds of anesthesiologists.

Recently I watched two recent episodes of the television show "Grey's Anatomy," which has misled some patients.

The show depicted an anesthesiologist who deserted his patient and left a young paramedic alone in an operating room. I understand that the actions of this fictional character were scripted for dramatic effect, and not intended to portray accurately anesthesiologists. However, I feel compelled to point out that, of all medical specialists, anesthesiologists are the least likely to fall apart or "bail out" in a crisis. Anesthesiologists treat the unexpected every day.

Anesthesiologists are at the forefront of treating soldiers on the battlefield. They volunteer for disaster medical assistance teams that deploy as first responders in dangerous scenarios. Their training prepares them to act decisively in critical-care situations. On a more routine basis, they put themselves at risk in the course of their jobs, staying with patients during X-rays when everyone else leaves the room. As first responders, they intubate the airways of emergency patients with unknown diseases, stabilizing them until definitive treatments are possible.

There is much more to the job of the anesthesiologist than was portrayed in these television shows. It's not just about breathing for the patient and "keeping him under." A real anesthesiologist would sustain and monitor all of the life functions of the patient. Anesthesiologists represent safety. Vigilance is their motto. They deliver the best possible outcomes for patients. Although not visible outside of surgical suites, anesthesiologists are compassionate and skilled physicians who make possible 100,000 quiet victories every day in our operating rooms.

The "Grey's Anatomy" episodes also implied that getting an epidural for pain relief during labor will increase the chance a mother would need a Cesarean section. The latest medical literature however shows no relationship between epidurals and Cesarean sections. If mothersto-be accept information gleaned from this fictional show instead of discussing their childbirth options with their health care team, they may do themselves a disservice.

I urge readers to keep in mind that the way anesthesia is depicted on television, in books, and in the movies is fiction. In real life anesthesiologists offer reliable information about pain relief, and protect patients during crises.

Robert Johnstone, MD

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