

# **Why Anesthesiology?**

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## Why Anesthesiology?

# 20 Reasons to Go Into Anesthesiology

In a survey of anesthesiology residents, researchers sought to determine the factors that led residents to select anesthesiology as a career.<sup>1</sup> (listed from most to least frequently cited)

- 1** “Hands-on” specialty (47%)
- 2** Involves the clinical application of physiology and pharmacology (40%)
- 3** Adequate time off (36%)
- 4** Immediate gratification in one’s work (33%)
- 5** Ability to perform invasive procedures (27%)
- 6** Work time mostly directed to patient care (20%)
- 7** No ongoing patient management to contend with (20%)
- 8** Inspired by a certain individual / role model (13%)
- 9** Patient-oriented practice (11%)
- 10** Operating room environment / atmosphere (9%)
- 11** Degree of portability (9%)
- 12** Acute critical care (7%)
- 13** Income earning potential upon starting practice (7%)

## Why Anesthesiology?

**14** Research (4%)

**15** No office to maintain (4%)

**16** Flexibility to work as a group (4%)

**17** Technology (2%)

**18** Chronic / acute pain management (2%)

**19** Prestige (2%)

**20** Chronic care medicine (2%)

## Why Anesthesiology?

# Anesthesiology as a Specialty: 10 Best Things

The University of Alberta School of Medicine offered the following when asked “What are the best things about your specialty?”<sup>2</sup>

- 1** Excellent balance of cognitive and technical pursuits
- 2** Experts in non-surgical airway management
- 3** Real time application of physiology and pharmacology
- 4** Maintain a good knowledge base in internal medicine
- 5** Subspecialty options in cardiac/pediatric/neurosurgery/obstetrics/critical care/transplant/pain
- 6** Work one-on-one with a large variety of surgical colleagues
- 7** The work is challenging and exciting
- 8** Teaching in the OR is one-on-one and can be very enjoyable
- 9** You can see the effects of your management choices immediately
- 10** One patient at a time means that your attention is undivided.

## Why Anesthesiology?

# 40 Anesthesiologists Offer Reasons Why They Chose the Specialty

## 1

But I fell in love with anesthesiology after an anesthesiologist at the same tertiary care center taught me how to mask-ventilate a 12-year-old boy. It was so direct, so visibly effective, and it felt so great to be able to make a difference in a particular moment, to help a child breathe when he was unable to breathe for himself. It seems incredible that one's life should change so drastically because of the inspiration (so to speak) of a moment, but after exploring the field a little further, I was hooked. That episode explains in part what I love about anesthesiology. You can see the help you provide coming to life right in front of you. Every act, whether it's running a code or drawing medication up into a syringe, is meaningful and requires complete mindfulness. Anatomy and physiology, which so many doctors feel they don't get to use much once they leave med school, are integral to our daily work. And being present to people when they're at their most stressed-out – even after I've rendered them unaware of my presence – can be rewarding in and of itself.<sup>3</sup>

## 2

I started out in emergency medicine in Dayton. I was an emergency care physician for three years, during which time I saw a lot of child abuse, domestic abuse—very emotional stuff. I realized that I still wanted acute care medicine, but with a better lifestyle, without dealing with the intense emotions of the ER, so anesthesiology worked for me. I really enjoy talking to patients. In my field I have to gain the trust and confidence of a patient very quickly before delivering a positive medical experience and taking them to the next phase of treatment. It's very gratifying interaction.<sup>4</sup>

- John J. Koncelik, D.O.

## 3

I thoroughly enjoyed all of my clinical rotations, but at one point during my medicine rotation I was given an ICU patient and helped her through a very long and protracted course. It was an inspiring experience and that helped make the decision for me. I was also drawn to the pace of the ICU, the attention to detail and seeing good outcomes. It's the perfect match for my skills and temperament. Anesthesiologist intensivists are the managers of the ICU. We bring all the people together. There are surgeons, ancillary service providers, nurses, physical and occupational therapists, social workers, nutritionists, pastoral services and on and on. Each person has a specific role and function, but the anesthesiologist intensivist is in charge of seeing the patient as a whole. We look out for conflicts and reconcile them across services.<sup>5</sup>

- Mark Nunnally, MD

## Why Anesthesiology?

### 4

I chose anesthesiology because I loved physiology and pharmacology. Anesthesia is typically a relatively short and intense encounter with clearly defined parameters. While you're with a patient, he or she has 100 percent of your care. That kind of focus appealed to me. As the field has evolved, though, anesthesiologists' contributions have a larger impact—better patient preparation for surgery, more connections between what we do intraoperatively and postoperatively, beyond the initial few hours' recovery period. The future of anesthesiology has never been brighter or more exciting. As progressively sicker individuals are considered candidates for lifesaving surgery, anesthesiologists must know—and continue to learn throughout their career—about cardiology, pulmonary medicine, critical care, and advanced pain management. Excellent anesthesiologist-directed medical management is being recognized as critical to a good surgical outcome and is constantly being improved by our input. Collaboration with and recognition of our value by our surgical colleagues is at an all-time high. Anesthesiology is a wide-ranging practice of medicine, and well-trained physician/anesthesiologists are more important than ever to good surgical outcomes.<sup>6</sup>

- David Lubarsky, M.D.

### 5

I was very interested in doing anesthesia because it allowed me to interact with multiple areas within medicine such as Obstetrics, Cardiovascular, and Pain.<sup>7</sup>

- Alex Aitken, MD

### 6

I started off as a general surgery resident, where I enjoyed the procedural aspect of the cases, but started to realize that the resuscitation was the more interesting part for me. I remember scrubbing into trauma cases and thinking 'I wish I was at the head of the bed doing what the anesthesiologists are doing.'<sup>8</sup>

- Benjamin Tuck, MD

### 7

I have always enjoyed the environment of the operating room. When we started to discuss pharmacology and physiology during the first two years of medical school, I quickly realized that I enjoyed both of these subject areas. This prompted me to take a deeper look into anesthesiology. When I began my anesthesia rotation in medical school, I received confirmation that this is in fact where I wanted to be.<sup>9</sup>

- Prentiss Lawson, MD

## Why Anesthesiology?

### 8

After many clinical rotations, I discovered that I was attracted to the operating room. I particularly enjoyed anesthesia as it gave me a chance to care for patients in a one on one manner and to see the immediate results of my efforts. I love the fact that I can direct my full attention and skills to a single patient. I also enjoy the ability to customize a patient's care during the procedure, and see the results of my interventions in a nearly instantaneous manner. I enjoy the challenge of adapting to the constantly changing needs of our patients as they undergo their surgical procedure. In addition, I am able to work with a great group of professionals in the operating room who, working as a team, can make a big difference in our patients' lives.<sup>10</sup>

- Michael Klemm, MD

### 9

I get a tremendous amount of satisfaction helping patients and seeing the effects of my work immediately. Bringing them through a difficult operation, waking them up, and having them have no pain and feel comfortable makes you feel like a superhero – it's very satisfying. Helping women who are in labor have a comfortable delivery - that's rewarding for them and gives me a lot of satisfaction. I like all the science and physiology you get to observe on a day-to-day basis. The operating room is almost like a little laboratory. You can change various little parameters and try to optimize and tweak things according to the evidence that you've been reading about in journals and books, and actually see the effects. As a former scientist, I find that tremendously satisfying too.<sup>11</sup>

- Dr. Greg Silverman

### 10

Candidates who tend to do best in anesthesiology are those who have an affinity for more technical and manually oriented activities. Those who particularly enjoyed anatomy, pharmacology, physiology, biochemistry, biomedical engineering, biostatistics and basic science research are going to find anesthesiology particularly fascinating. While there is a great deal of cognition required of an anesthesiologist, the true passion of the clinician is the ability to perform special skills to a high level. Anesthesiologists are expert in the management of airway and circulatory problems in critically ill patients. They are adept in pharmacology, drug delivery systems, use of blood products, and techniques of regional and central neuraxial blockade. Because decision-making is of the utmost importance, anesthesiologists must be astute clinicians and logical scientists. Anesthesiology is a hypothesis driven field where there is a blend of application of specific knowledge, exercise of clinical judgment and performance of a myriad of technical skills. Further, because time is frequently of the essence in the operating room setting, these decisions are often made quickly, wherein each intervention serves as the instrument to test the next hypothesis...Those who seek variety are definitely fulfilled with a career in anesthesiology for it is truly at the intersection of all medical disciplines. Because any patient can have a surgical problem, clinical anesthesiology may involve neonatology, pediatrics, adult medicine, obstetrics, radiology and, of course, surgery. Knowledge in all these areas, as they relate to anesthesiology, is required by the consultant anesthesiologist.<sup>12</sup>

- William McDade, MD

## Why Anesthesiology?

# 11

Anesthesia administration can seem fairly anonymous, but helping a family and child through the procedures of anesthesia and surgery with the least amount of distress is very satisfying.<sup>13</sup>

- Anne M. Lynn, MD

# 12

My introduction to the field of anesthesiology opened a fascinating and challenging new world for this young scientist. Anesthesiology is a unique field that continues to explore the complexity of the brain and the enigma of consciousness, as well as our very unique responses and experiences to pain.<sup>14</sup>

- Anthony L. Schwagerl, M.D., Ph.D

# 13

The first time I shadowed an anesthesiologist I knew I had found my passion. It was amazing to view firsthand how anesthesiology is an art form, where every patient is a new canvas with the potential to react uniquely during a procedure. The skill required to maintain a patient under sedation and adjust to the complex operative demands was fascinating. As I researched anesthesiology, the dynamic role filled by anesthesiologist assistants intrigued me. The direct educational route, intimate level of patient interaction, and broad range of opportunities met my desires of a medical profession. But it wasn't until I spent time in the OR with an AA, that I fully comprehended the scope of their medical practice.<sup>15</sup>

- Juliette Burnham, MD

# 14

Anesthesiology is an exciting field of medical practice. Few other opportunities in medicine allows for such rapid clinical decisions, and often immediate results from your clinical interventions. It is a field mixed with stimulation and challenge of the intellect, as well as technical expertise for procedural skills. The ability to communicate with the patient and set them at ease is an integral role for the anesthesiologist, as patients present for a spectrum of minor to life threatening procedures.<sup>16</sup>

- University of Tennessee Anesthesiology Chief Residents



## Why Anesthesiology?

### 15

Anesthesiology provides the opportunity to manage a variety of physiologic states in an acute care setting. The required mental and physical dexterity and a thorough understanding of physiology and pharmacology result in a challenging and rewarding practice.<sup>17</sup>

- C. Mark Williams, MD

### 16

Anesthesiology has allowed me to further my understanding of physiology and pharmacology, but, more importantly, it allows you to apply your knowledge on a minute-to-minute basis in the operating room.<sup>17</sup>

- Kara Settles, MD

### 17

I selected pediatric anesthesiology because I enjoy the precision required in the care premature infants and neonates and the challenge of managing the critical care of children of all ages. Relieving pain and helping children cope with fear is a gratifying aspect of this subspecialty.<sup>17</sup>

- Kathy Perryman, MD

### 18

The anesthesiologist is an internist in the operating room, being able to maximize a patient's response to surgery, both physically from a cardiovascular standpoint, as well as psychologically with a calming influence from the rapport established preoperatively. Anesthesiology is a rapidly changing, constantly evolving discipline with a great deal of challenges.<sup>17</sup>

- Susan Oppen, MD

### 19

There are several reasons why I chose anesthesiology as my specialty. I enjoy the goal-oriented nature of the practice as well as the blending of cardiopulmonary medicine, with the procedural aspects of the field. Anesthesia also offers a very wide range of practice opportunities.<sup>17</sup>

- J. Mark Matthews, MD

## Why Anesthesiology?

# 20

Anesthesiology provides stimulating technical and physiological scenarios requiring acute care decision-making.<sup>17</sup>

- James Lonergan, MD

# 21

Anesthesiology offers the personal rewards of daily patient care and the excitement of cutting-edge technology, pharmacology and physiology in the operating room and intensive care unit.<sup>17</sup>

- Randy Hudson, MD

# 22

As a pediatrician I found caring for critically ill infants and children to be exciting, challenging and rewarding. I chose pediatric anesthesiology because it allows me to apply the same physiology and pharmacology principles in an acute care setting.<sup>17</sup>

- James A. Glensky, MD

# 23

Anesthesiology is being practiced today in much the same way it was when it was first developed at MGH 160 years ago (this October)," he said. "To me, anesthesiology is one of the most exciting frontiers in medicine. If you look at the deep question -- where did this person go under anesthesia -- we can get insights about consciousness, about sleep, about meditation. These are interesting, exciting medical and philosophical questions.

- Dr. Emery N. Brown

# 24

Anesthesiologists are like no other physicians: we are experts at controlling the airway and at emergency resuscitation; we are real-time cardio pulmonologists achieving hemodynamic and respiratory stability for the anesthetized patient; we are pharmacologists and physiologists, calculating appropriate doses and desired responses; we are gurus of postoperative care and patient safety; we are internists performing perianesthetic medical evaluations; we are the pain experts across all medical disciplines and apply specialized techniques in pain clinics

## Why Anesthesiology?

and labor wards; we manage the severely sick and injured in critical care units; we are neurologists, selectively blocking sympathetic, sensory, or motor functions with our regional techniques; we are trained researchers exploring scientific mystery and clinical phenomenon.<sup>19</sup>

- The book *Clinical Anesthesia* by Paul Barash, Bruce Cullen, Robert Stoelting, and Michael Cahalan

## 25

Anesthesiologists are physicians who specialize in perioperative medicine. As such, we participate in all aspects of medical care associated with surgery, from the preoperative evaluation of patients to a final check, well after the procedure has been completed. The actual administration of anesthesia is only part of our job. Operating anesthesia machines and administering drugs are technical procedures that can be learned. More important is the application of medical knowledge and judgment to the anesthetic management of patients. During surgery we are the patient's physician, providing care for the entire patient while the surgeon is operating on only a limited part. Anesthesiologists are not only physicians, but are also the principal advocates for patients undergoing surgery. It goes without saying that we are there to provide the most complicated of medical care should we need to do so. But equally important, we are there to preserve the dignity of our patients while they are anesthetized.<sup>20</sup>

- William P. Arnold III in the book *The Patient's Guide to Anesthesia: Making the Right Choices* by A. J. Hill

## 26

By the end of my third year of medical school, I knew I wanted to become a pediatric anesthesiologist. I love anesthesia because it entails a thorough understanding of physiology, pharmacology, and how these two fields intersect. I can see the effects of the drugs I administer immediately. It's an amazing privilege to take patients to depths of unconsciousness and then bring them back so they can have a pain-free and memory-free experience. With the pediatric population, I have the unique opportunity to care for both patients and their parents. I have to be honest, the kids are incredibly cute and it doesn't seem like work when I'm taking care of them.<sup>21</sup>

- Monica Ganatra, M.D., M.P.H.

## 27

Anesthesia is fulfilling to me because it involves practicing direct patient care and working with my hands during some of the most acute moments of my patients' lives. I am proud that I can make potentially impossibly painful experiences into comfortable or even painless ones. My road to anesthesia started early. My mother worked as an operating room nurse and I became fascinated by her stories of this world. In high school, I trained as a certified nurse assistant (CNA). Working in nursing home facilities, I formed connections with patients as they went about their daily lives. This experience afforded me the opportunity to become a state parliamentarian of a national health student organization called HOSA. My HOSA advisor then recommended me for a scholarship program to Germany. Prior to starting college at the University of California at Irvine, I spent a year in the beautiful town of Freiburg, working in a hospital and learning in a nursing program. During college, I worked in the operating room at

## Why Anesthesiology?

UC Irvine Medical Center answering phones and transporting patients. When I had time, I followed my patients into the operating suite and watched their surgeries. Although I was impressed with the surgeon's skill, I was more intrigued by the anesthesiologist's wide view of the procedure and ability to apply a broad base of knowledge to bring the patient through the physiological stress of surgery.<sup>21</sup>

- Arnel J. Almeda, M.D.

## 28

Everything started when I was a second-year medical student. Up to that time life was beautiful and I thought we could cure every disease. My dad got sick at home, and I encouraged him to go to the hospital. On arrival in the ED he was looking cyanotic. Someone in green scrubs jumped in the bed, asked for the airway equipment, and intubated him. His blood gas had the highest PCO<sub>2</sub> I have ever seen: 102 mm Hg. I asked who the person in the green scrubs was. 'He is one of the anesthesiologists,' a nurse answered. After thirty days in the ICU, cor pulmonale, acute renal failure, respiratory failure secondary to his COPD exacerbation, and a tracheostomy, he survived. I met the former chair of the Department of Anesthesiology at the University of Puerto Rico, who was my Practice-Based Learning instructor, and he invited me to shadow him while on call. It was a hands-on experience, I started to enjoy the field, and of course my father's savior was a member of the specialty. My interest kept increasing as I learned more and more procedures. When I was a third-year medical student on my official anesthesia rotation, one day at the end of a long day I found eight voicemail messages waiting for me. My father's tracheostomy was clogged they were not able to ventilate him and he expired. At that point I decided to be an airway management expert and to make sure that nothing like this ever happened to a patient under my care. I later learned that as an anesthesiologist I could specialize in critical care medicine. I could help people return to their previous lives after disease or trauma had changed them. Every day when I come to work, I remember what my father went through. My goal is to give every patient the best opportunity for recovery and survival. My goal is to teach the residents and fellows to do the same.<sup>22</sup>

- Antonio Aponte-Feliciano MD

## 29

My interest in anesthesia actually dates back to my second year of medical school here at UMass when I was enrolled in a pharmacology course being taught by our department's academic vice-chair. My clinical rotations as a third and four year medical student not only solidified my decision to enter the field, but also left me convinced that UMass would be a wonderful place to pursue my training.<sup>23</sup>

- Andrew J Cocchiarella MD

## 30

My path into anesthesiology was a bit indirect. I went into medical school assuming that I would be a "regular" doctor, and I actually completed my training in internal medicine. All through my training, however, I found that I particularly enjoyed performing technical procedures, and I enjoyed being in the operating room when I had the opportunity. (I never, of course, even remotely considered becoming a surgeon!) I soon realized that a career in

## Why Anesthesiology?

anesthesiology would allow me to combine the areas of medicine which I find the most fulfilling, and I have never regretted that decision.<sup>24</sup>

- Gilbert A Fishbein MD

## 31

From the time I entered medical school, I have been fascinated by the technology of monitors and interventional procedures. I always imagined myself on an airplane or in a remote area being called to help someone having a medical emergency but I didn't know what my response would be until it happened to someone close to me. I didn't know much about medicine at that time and all I did was to shout for help and observe others doing the resuscitation. During my vacation after high school, my cousin and I were swimming in a pool when he suddenly banged his head and lost consciousness. Luckily there was a group of physicians in the pool and they performed CPR on him until he regained consciousness. I asked the doctor who managed his airway what his specialty was and he told me he was an anesthesiologist. I realized then that anesthesiologists are on the front lines of saving lives. Luckily my cousin recovered quickly and he was ready to go into the pool the following day. It is as much an art as a challenging mission to anesthetize a patient safely for the proposed surgical procedure. For me, the best moment in an anesthetic is emergence when I call the patient's name and he or she opens his or her eyes ready to be extubated without coughing, fighting or complaining of pain. It thrills me to hear the patient say, 'Is it over? I didn't feel a thing.' Achieving such outcomes is what I most love to practice and to teach residents.<sup>25</sup>

- Issam Khayata, MD

## 32

Choosing the right medical specialty was a serious matter for me. In medical school I was drawn to many fields of medicine: cardiology, pulmonary and critical care, nephrology and acid-base status, etc. At last, I did my rotation in anesthesia, and all became clear - this would be my career path. Anesthesiology also entails the ability to quickly assess problems and make rapid decisions. It cannot exist without accuracy and attention to many details at one time. This specialty is focused on short-term, yet intense, physician-patient relationships, when you have just a few moments to make contact with a patient whom you may have never seen before, gain his or her confidence, and ease the stress. Even a few words, combined with a thoughtful attitude, can make a difference and assist healing.<sup>26</sup>

- Diana I Kouznetsov, MD

## 33

Nothing in medicine has satisfied me as much as giving a safe and efficient anesthetic. What I like most about anesthesiology is building a conceptual model of physiology and then testing it with practical applications. Giving anesthesia requires a craft-like technical component, along with theoretical know-how. Attempting to give patients great anesthetic care gives me a goal to reach for each time I go into the OR. Teaching residents and medical students gives me a chance to refine and perfect my own conceptual model while attempting to help someone else build theirs, and to try to pass on the technical elements that I have learned. As an anesthesiologist, I enjoy caring for patients across all age groups, ranging from healthy to critically ill, undergoing a wide variety of surgical or

## Why Anesthesiology?

procedural cases. As a regular member of the acute pain service, I especially like performing and teaching regional anesthesia, and consulting on patients with difficult to control pain. Recently, I have become interested in process improvement across the entire perioperative environment, and how system issues impact the quality of care we deliver to individual patients.<sup>27</sup>

- Robert E Lee, MD

## 34

My grandfather, who was a successful surgeon, was a little disappointed about my desire to go into anesthesia. ‘Fifty years ago,’ he said, ‘your job was done by a nurse!’ ‘That’s not bad’, I replied, ‘considering 200 years ago your job was done by a barber!’ I am very happy that I have chosen a career in anesthesiology. I enjoy working with people and getting patients through the operation comfortably. I like the hands-on approach and the relatively limited number of patients I have, thereby giving me more time to focus on a particular patient.<sup>28</sup>

- Christian P Mueller, MD

## 35

The driving force behind my decision to pursue a career in anesthesiology is the discipline's perfect integration of my basic science and clinical knowledge. Further, I like the hands-on nature of the work and I enjoy the daily challenge of dealing with complex and life-threatening situations. My interest in anesthesiology emerged in the first years of medical school in Romania. At that time I avidly tried to understand the complex nature of anesthetic actions on the central nervous system and how various factors influence the onset and termination of anesthesia. Later on, while exposed to the intensive care and operating room environments, anesthesiologists’ vast knowledge, in-depth understanding of complex medical condition, impressive skills, and the ability to respond promptly to emergent situations fascinated me. By the end of my medical school training I had no doubts that I wanted to become an anesthesiologist.<sup>29</sup>

- Costin C Negroiu, MD

## 36

My path to anesthesiology was a protracted one. When I graduated from medical school in 1988, I began a residency program in obstetrics and gynecology. My first rotation during my internship year was anesthesiology. It was my first exposure to the specialty and I loved it! I remember calling my residency program director and telling him how much I was enjoying the rotation and that I thought that anesthesia was what I really wanted to pursue as a career. My residency program director reminded me that I hadn’t even begun my rotations in obstetrics and gynecology and he encouraged me to continue on in my residency. I graduated from my residency in 1992 and practiced obstetrics and gynecology for ten years. I enjoyed my time, but always felt remorseful that I had not pursued a career in anesthesiology. I was constantly jealous of my colleagues in anesthesia who would swoop in during my patients’ labor, place an epidural and be declared a saint by my patients. It was a constant reminder of what could have been. Ten years after practicing obstetrics and gynecology, during my “midlife crisis,” I was afforded the opportunity to

## Why Anesthesiology?

do a residency in anesthesiology. Although it was somewhat difficult to return to residency after ten years of private practice, I thoroughly enjoyed my anesthesia training! I enjoyed learning new skills and fortunately my mentors were kind to the “old man.” When I returned to practice anesthesia in the private setting I established obstetrical anesthesia procedures and protocols at several hospitals. My previous training was immensely helpful in these endeavors. It is my hope to be able to return to the practice of obstetrical anesthesia in the near future!<sup>30</sup>

- Ronald B Rubin, MD

## 37

My decision to become an anesthesiologist is reflective of the strong congruity I recognized between my academic interests and the practice of anesthesiology. A number of years ago I correctly believed that my long-standing affinity for physiology would be aptly applied and expanded as an anesthesiologist. Similarly, the pleasure I take in procedures has been sustained by the array of technical maneuvers employed in the anesthetic care of patients. While I am interested in nearly all aspects of anesthesiology, providing anesthesia for vascular and thoracic patients is especially challenging and enjoyable. My interest in critical care is based primarily on inherent curiosity and professional goals. From a fundamental perspective, I am intrigued by the function of the human body over the entire spectrum from elite athleticism to critical illness, as evidenced by my education in both exercise physiology and critical care. Furthermore, critical care allows me to fulfill my main professional goal: to care for complicated patients in an intellectually demanding and satisfying way. As residents who work with me will attest, I have a fascination with mechanical ventilation and hemodynamic monitoring.<sup>31</sup>

- Nicholas C Watson, MD

## 38

My road to becoming an anesthesiologist was not a smooth and easy one. Though both my grandparents were military surgeons during WWII, and I always knew that I wanted to be a doctor, I began to fully appreciate this specialty during my training at medical school. Those were blissful days of ignorance, free of liability pressure. People who are not familiar with the situation in medicine in the post-Soviet Union country of Ukraine could hardly imagine the risks and dangers of providing anesthesia services to patients in almost battlefield conditions, although recently post-Katrina New Orleans brought these characteristics to the homes of Americans. Even under those circumstances, we were striving to bring humanity and compassion to our patients by relieving their pain and suffering. I brought those ideals with me to the United States, my second home, and I firmly believe that anesthesiology carries an important message. As gatekeepers of patients' wellbeing, we carry the tremendous responsibility of sustaining and maintaining human life. Our involvement goes beyond the time in the operating room as we assume more and more often the role of perioperative physician, optimizing patients preoperatively, walking them safely through the insults of surgery, and following them in the postoperative period where we serve as consultants in critical care and pain medicine. More recently as patient safety advocates, our specialty has made great strides in legislating healthcare that is safe and affordable.<sup>32</sup>

- Alexander G Zilber, MD

## Why Anesthesiology?

### 39

I always loved physiology and pharmacology, and anesthesiology combines the two daily. Every day in anesthesiology is an application of both; it's a practical experiment every day. We don't really know how it works. And finally, all the anesthesiologists I ever met we're really nice people and fun to be around.<sup>33</sup>

- Dr. Douglas Bacon, Chair of Anesthesiology at Wayne State University School of Medicine

### 40

According to Dr. Alex Macario, the most commonly cited positives for pursuing a career in anesthesiology include the wide variety of patient types, ability to work with your hands, physiology and pharmacology, and being able to put patients at ease.

Instant gratification and feedback in the operating room is another draw. "For instance, you find out right away if the pharmaceutical administered is having an effect on blood pressure. In contrast, as a junior medical student in the medicine clinic, I remember being a bit frustrated with having to wait weeks to see whether the oral antihypertensive pill worked, or even whether the patient went to the pharmacy to get the prescription filled. Short-term rewards also exist with putting the patient to sleep and having them wake up smoothly. It happens within an hour or two depending on the surgery."

"Best of all, I enjoy being responsible for one single patient at a time. Back in medical school I remember feeling stretched and overcommitted in the office environment with multiple patients. I couldn't give each patient the time I wanted to. In addition, I enjoy the close working relationship I have with other anesthesiologists, residents, surgeons, and nurses."<sup>34</sup>

- Alex Macario, MD, MBA



# Why Anesthesiology?

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