

HOW TO ATTRACT A YOUNG PHYSICIAN TO OUR PROFESSION- OR THE ANATOMY OF A FAILURE

GURMAN Gabriel M.

Professor Emeritus of Anesthesiology and Critical Care, Ben Gurion University of the Negev, Beer Sheva

Introduction

Medical literature is full of papers trying to explain the psychological drive of young people to become physicians: an interesting life experience, a profession with a meaning and an aim, which offers a social position and prestige and also a nice financial incentive.

Indispensability, the desire to help people, to get respect and access to science, have been for centuries the main reasons to select medicine as a future profession.

But today the situation is changing in the sense that some negative aspects of the profession (heavy work, badly structured residency track, significant decrease of respect offered by the patient and not least inadequate wages) weight more and more in taking a decision which would influence one's whole life.

In the last years Anesthesiology, one of the youngest medical specialties, became a victim of this new situation all over the world and a real shortage of professionals in this domain is felt.

The well recognized shortage of anesthesiologists in many countries just worsens a situation in which demand for anesthesia services increases all the time.

In spite of the fact that anesthesiologists in many countries won a respectful position in the medical community, they are still considered practitioners of a service profession, a peripheral one, not always adequately reimbursed.

The aim of this presentation is to analyze the situation of this profession in Israel and also to offer colleagues from other countries an example of how things can go from bad to worse if efficient steps have not been taken in time.

Anesthesiology manpower in Israel.

Since the creation of the state in 1948, Israeli Anesthesiology faces a real paradox.

Although the number of anesthesiologists per 100,000 (around 10-11) inhabitants is similar to that of other countries, only 12% of them graduated in an Israeli medical school and in the last years less than 1% of the Israeli alumni chose anesthesia as their future career. Among Israeli anesthesiologists younger than 40, only 8% graduated a local medical school.

The discrepancy between the rather high number of anesthesiologists and the very low rate of Israeli medical schools alumni who become anesthesiologists is easily explained by the fact that 88% of the current anesthesia manpower in this country comes either from immigration (the largest part) or from those Israeli citizens who studied medicine abroad. It is worthwhile to mention that as per the year of 2006 65% of the Israeli anesthesiologists have graduated a medical school in the former Soviet Union!

But, according to official data, the overall emigration to Israel significantly decreased in the first decade of this century and this became the main explanation for the current severe shortage of anesthesia workforce in this country (75% of anesthesia departments indicated a serious need for new physicians, specialists and residents too).

Since a similar shortage is encountered in other countries all over the world, the situation in Israel might become even serious, due to the fact that many Israeli physicians prefer to work abroad, in more affluent countries, because of the better work conditions and payment.

A survey presented by us in 2008 also showed that the state of well being among Israeli anesthesiologists does not contribute to the solution of workforce in this country.

Although the well being feelings among the Israeli anesthesia residents is much better today than 20 years ago, the Israeli anesthesia specialist, in comparison to other countries and to 20 years ago feels much worse. The explanations offered for these survey results include low basic income, a need for working additional hours and look for an additional place of work in order to supplement the meager monthly income.

Another survey (presented in 2008 by Dr Zeev Goldik) brought some very disappointed data about the perception of the anesthesiologist's job in the eyes of the Israeli public. Even if the data showed some improvement in the last decade, in 2008 only 67% of the public knew that the anesthesiologist is a physician, only 33% considered the anesthesiologist in charge with patient's life and only 50% of the responders thought that the selecting the type of anesthesia is part of the anesthesiologist's job description.

Previous attempts to ameliorate the situation.

The dangerous trend of not choosing anesthesia as a future career among young Israeli physicians is well known. A paper published by us in 1977 in Israel showed that the average young physician was not eager to include anesthesia on the list of profession to be selected as a professional career. The responders indicated the flaws of the profession: a service specialty, weak contact with the patient, the negative image of the profession in the medical community, boredom and not enough financial remuneration.

Unfortunately, the medical system in this country was pleased with the permanent influx of anesthesiologists coming from abroad and did not initiate a serious program for mending the situation.

During the last decades of the previous century special initiatives have been taken, mainly by the professional organizations. An increase in the monthly income, creation of more professional units (neuroanesthesia, cardiac anesthesia, pediatric anesthesia, etc) accompanied by a better salary for those in charge, special grants for new residents, all these have been tried in the past but all have failed.

How this sad situation could be explained?

The fact that critical care medicine (since 1994) and lately pain management have been separated from anesthesia and ceased to be an integral part of this profession significantly contributed to the actual shortage of manpower.

In the eyes of the public opinion and Israeli medical community Anesthesiology remains a peripheral specialty, since no serious effort to change the public mind was done ever. The “immigrant profession” label prevents young physicians to seriously consider anesthesia as a real alternative to be selected for a future career.

A recent case in an Israeli court, where a senior anesthesiologist was sent to eight years in prison for a death produced by a halothane overdose shattered the sensitive balance between the advantages and drawbacks of this profession and increased the young physician reluctance to approach anesthesia as his/her future career.

The future

The short- and long-term implications of this situation are clear.

A decrease in the availability of elective surgical facilities is already a sad reality.

Less anesthesiologist will be soon free to take part to the patient care in the extra-OR domains (sedation, labor room, pain management, etc).

There will be a delay in retirement of old specialists, which means that old physicians will go on and work hard, 24 hours a day, 7 days a week, in spite of their advanced age.

More professionals would leave the country looking for better places to work and live.

But the most serious danger is the Israeli medical system intention to replace physicians with nurses in order to cover the increasing demand for anesthesia services. Plans in this direction have been already published and their implementation is just a question of time.

It is obvious for everyone that in the future we will not be able to select the best candidates for anesthesia residency track, which means strengthening the old adage, “first come, first serve”!

Any solutions ?

A glance into the literature will uncover a long list of measures recommended in order to correct the current situation, which once again is not peculiar for Israel only: a higher income, better work conditions, expansion of the anesthesiologist's role outside the OR.

Some proposed including non-medical personnel in anesthesia, by copying the American system. We consider this idea a negative incentive for a young physician in his/her efforts to find a proper field for training.

One thing is sure: a large and sustained public campaign is more than necessary.

The public opinion has to get a chance to know more about our profession, about the simple fact that while the surgeon is responsible only for the operation success the anesthesiologist is in charge with the patient life!

Improvement is still far away.

But things are to be done and quickly, because “if we will not make the future, the future will make us”.

ORGAN DONATION AND THE ANESTHESIOLOGIST

GURMAN Gabriel M

Professor of Anesthesiology and Critical Care, Ben Gurion University of the Negev Beer Sheva, Israel

Introduction

Apparently, there is no need for a job description of the anesthesiologist in the domain of organ donation. Obviously, he/she is a member of the medical team which acts inside but also outside the operating room (OR) during all stages of organ donation.

A short enumeration of the anesthesiologist's activities in this field will include:

- diagnosis of brain death in ICU
- preservation of cardiac activity after brain death till organ recovery (harvesting)
- preservation of heart and kidney functionality after the diagnosis of cardiac arrest (in the case of a non-heart-beating donation- NHBD)
- participation to the discussions related to a possible organ donation with the deceased family
- preserving blood circulation just before organ recovery
- performing anesthesia for organ transplantation

Anesthesia for organ transplantation is not part of this presentation, which deals solely with the anesthesiologist role in organ donation.