

We Are Anesthesiologists: What You Need to Know

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I am a cardiac anesthesiologist. I want to explain what anesthesiologists do, who we are, and why it is important for the public to know.

Anesthesiologists are physicians.

Anesthesiologists are the guardians of the operating room.

Anesthesiologists are leaders.

If you get in a car accident, we are there.

If you develop an infection and can't breathe, we are there.

If you are having a heart attack, we are there.

If you need a new knee or hip, we are there.

If you have a seizure, we are there.

If you have cancer, we are there.

If you are having a baby, we are there.

If you need a new heart, we are there.

If you are in pain, we are there.

And if for some horrific reason your heart begins to fail, your lungs quit working, or you need CPR...guess who they call?

You got it; we are there.

Whether you are 1 day old or celebrating your 90th birthday, you are our patient. Which means we must know a lot about diseases. We must know about how drugs work, as we must make sure the therapies, we give you do not interact with the medicines other physicians have prescribed to you. No disease exists that we do not have to know *something* about, because **you *all* are in our care.**

We are highly skilled physicians. We attended undergraduate colleges and graduated with bachelor's degrees, where we studied biology and chemistry. We then attended another 4 years of rigorous medical school, where we graduated with medical doctorate degrees (MD/DO). After those 8 years, we underwent another 4 years in anesthesiology residency, where we learned all about diseases, techniques, and drugs specific to anesthesia. After completing our training and taking several sets of board certification, many of us underwent an extra 1-2 years of fellowship training to become board certified in obstetrical, cardiothoracic, pediatrics, pain management or critical care anesthesiology. We take several sets of board exams, after an extra 8-10 years of training, to best take care of you.

We perform several different procedures and we have board certification to diagnose diseases and guide procedures using things like echocardiography (ultrasound of your heart) and bronchoscopy (a scope that looks down into your lungs). Our pain specialists perform life-changing procedures, such as pumps placed near your nerves, to help your quality of life.

The reason I chose a career in anesthesiology was simple: as I rotated through my medical school rotations, I realized that anesthesiologists were like firefighters and the police; *they ran to the people who needed help*. Anesthesiologists do everything in their power and expertise to save you. We don't leave you unstable; we are the experts others call when you need resuscitation.

Here's the thing: most of the public do not know what anesthesiologists do, as we are like the guardian angels of medicine. We act quietly behind the scenes, leading your care. We work in concert with our surgical colleagues and partner with them to save your life. We are respectful and solidified with our surgical allies as we aim to keep you alive before, during and after the surgical period in the critical care ward. We allow the surgeon to focus on his or her task in order to heal you by keeping your brain, your heart, your lungs and all your other organs working. We transfuse blood, diagnose problems, and perform procedures of support.

But we don't just administer anesthesia; *we are the change agents of anesthesia. Because we are physicians trained in the sciences, we aim to improve the practice of anesthesia*. This is a key distinction that must be explained.

As physicians, many of us are scientists who study and perform anesthesia research to improve the safety of surgery. We conduct experiments, publish our results, write books and nationally teach others how best to take care of you. We study arrhythmias, we report how to keep your kidneys and brain safe, and we study the best ways for children to undergo surgery. We study how to alleviate your pain without side effects and how to make sure your baby is safe during delivery. Anesthesiologists who work in the operating room and ICUs who don't do research still support this mission; they care for you in the hospital so their partners can study these things in the lab.

Why do we do this? *For you. Period. It is an honor to care for you.*

Most importantly, *we are leaders*. We determine how your anesthesia will be safest based on many factors specific to only you. We lead a team of excellent clinicians: resident anesthesiologists (physicians in training), certified nurse anesthetists, anesthesia assistants, advanced practice providers, and registered nurses. We are the leaders of the perioperative, pain, and critical care teams. We determine the plan and what is best for you because we are the experts, and the buck stops with us.

Our one main fault: *we haven't done a great job explaining our role to the public*. Hence why I thought it was vital to explain what we do. Make no mistake; we are in charge and we are humbled and honored to be so.

When you need us, we are there.

We are anesthesiologists.

We got you.

#anesthesia #physician #patientsfirst #anesthesiologist #patientsafety
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