Anesthetic Aphorisms II

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The seasoned reader may be familiar with the last section on anesthetic aphorisms in the book "How to Survive in Anesthesia" by Robinson and Hall, this article is inspired by it and is dedicated to all anesthesiologists, ever.[1,2]

1. Hypoxia is unforgivable, unless it was there beforehand.
   This is rather self-explanatory; we as anesthesiologists should at all times act to prevent the development of hypoxia/hypoxemia in our patients, whether in the operating room (OR) or in the intensive care unit. This would not apply to situations in which the patient had pre – existing hypoxia/hypoxemia, like in acute lung injury/acute respiratory distress syndrome (ALI/ARDS), cardiac arrest, Fallot's tetralogy *et cetera* and other clinical scenarios.
2. The "Cup of Life"[3] song that was sung by Ricky Martin for the [1998 *Federation Internationale de Football Association* (FIFA)] World Cup is akin to the "Tube of Life" in anesthesiology.[4]
   The "Tube of Life" is the endotracheal tube, around which the patient's and anesthesiologist's lives hang, and it is of foremost importance to life in the OR.
3. Anesthesia is like special weapons and tactics (S.W.A.T.); no guts, no glory.[5]
   The acronym SWAT stands for special weapons and tactics. SWAT is the term given to special police teams that carry out tasks that regular forces cannot and they are specialized for such work. And similarly anesthesiology is like SWAT: Blood, sweat, team work, no glory, and all guts.
4. What doesn't kill you makes you stronger!
   This is a traditional saying but recently it has become rather pertinent keeping in view the concept of ischemic preconditioning and the expression of phenotypes that are resistant to hypoxia and substrate limitations.
5. Nobody is infallible and nobody is indispensable (particularly in anesthesiology).
   This is particularly plain and simple. We all make mistakes; mistakes can be reduced or minimized but not abolished, and such is the nature of humankind. And should we think that we are irreplaceable, that would be another blunder.
6. You are what you repeatedly do!
   Relatively simple to understand, the more we do, the better we get at it and the better results our patients get.
7. The only person who makes no mistakes is the person who does nothing (or who sleeps at home during the day).
   Only if a person does nothing, can he or she make no mistakes. So mistakes are inherent to humankind. Please relate to aphorism No. 6.
8. The Military Law, that nothing goes exactly according to the plan,[6] applies to anesthesia practice as well, so always have a Plan B.
   The anesthetic practitioner is advised to always have a contingency plan ready, if Plan A fails or becomes redundant. We see this frequently and we should be ready to respond and adapt to the "current" situation.
9. Monitor all monitors, continuously.[7]
   We should be at all times checking on the monitors. Are our monitors really reflecting the patient's clinical situation? Nothing is more apt at this as: Palpating the pulse and auscultating the chest. However, the above are rapidly disappearing from the practice of anesthesiology.
10. Be righteous at all costs, because this is the extreme of submission. (in a conversation with Suresh Chengode, MD June 2008).
    The patient by lying down on the OR table, has submitted himself or herself, to us, to provide care. And we have to, at any cost, do the morally and ethically right thing along with following all the standards of accepted care.
11. "We need people to be efficient rather than obedient during times of crisis in Anesthesia." (in a conversation with Suresh Chengode, MD October 2007).

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Access this article online

Quick Response Code:

Website: www.karnatakaanaesthj.org

DOI: 10.4103/2394-6954.180659

How to cite this article: Rizvi MM. Anesthetic aphorisms II. Karnataka Anaesth J 2015;1:169-70.

During crises in anesthesia, the team has to be efficient in order to save the patient's life and rather than waiting for orders, the team should be actively taking independent actions/steps for the same. The idea is to think independently and think of the next step.

12. "Anesthesia is a basic human right; please don't deny it to patients." (In a conversation with R N Sahu, MCh November 2010).

    Many times anesthesiologists are confronted with patients who are really sick or critical. At times the anesthesiologist may be tempted to defer procedures or surgeries for such patients and may even make excuses for the same. It is at this time it is requested to think of anesthesia as a basic human right; and to deny it is a violation of the Geneva Conventions (or equal thereof).

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