

COVID-19: Lessons for the future of Anaesthesia and Critical Care

Essay Prize – Individual Anaesthetist in Training

The COVID-19 pandemic has been many things, a large number of which being detrimental to training and an immense struggle for trainees nationwide¹.

However, I strongly believe that there are positive themes and experiences to be taken, which can and will shape my practice in the future.

“Seek and ye shall find” - Proverb

The redeployment to working in Intensive Care Unit (ICU) was met with a sense of resigned acceptance. Having just completed our novice competencies, myself and CT1 colleagues were anxious about the weight of expectation (it turns out “airway trained” means a lot of different things to different people!), as well as the prospect of dealing with an onslaught of critically unwell patients.

There was initially an understandable shift towards service provision and formal teaching was suspended. The responsibility was on us as trainees to make the most of opportunities afforded to us – and these came in abundance. Aside from the practical, such as improving line insertion technique and dealing with difficult intubation scenarios, the internal confidence in “clinical acumen”, that immeasurable yet invaluable element of being a doctor, developed in all of us who were redeployed.

In hindsight, there are elements of my clinical training which have been delayed as a result of the pandemic; the combination of redeployment and slowing of elective surgery means that my grasp of “pure” anaesthetics cannot be the same as my peers from previous years. That said, I was fortunate to be supported by a group of dedicated and encouraging consultants and registrars, who were invested in our welfare and ongoing professional development, facilitating teaching opportunities whenever they arose.

“Physician, heal thyself” – Luke the Evangelist

The often-relentless nature of working during the pandemic led to a great deal of internal reflection regarding how I approached life beyond the confines of the hospital walls. The coping mechanisms which I would usually instigate after a challenging day, such as going for a long run or meeting friends and colleagues outside work to decompress, had been taken away.

New strategies and methods had to be devised, and I personally found that at the end of the day, writing thoughts on a scrap of paper which I then would throw away a very cathartic process. I have no doubt that the resilience and resolve developed during the pandemic will be great attributes to tackle future challenges in my career as anaesthetist.

This pandemic certainly gave me a “wake-up call” as to what my priorities in life are. It is very easy to become focussed on work-based assessments, ARCPs and application points; on reflection I have certainly been guilty of putting too much onus on the “treadmill” of work life in the past. In an extreme way, the pandemic highlighted all the positive aspects of life outside hospital which should be enjoyed and prioritised, not taken for granted. COVID-19 has shown that life can be incredibly challenging and tragically unpredictable; moving forward, I will take a more balanced attitude to professional life, and crucially have better insight into the fact that actively taking time to unwind with friends and family is key to a positive lifestyle.

“No act of kindness, no matter how small, is ever wasted” - Aesop

All too often, kindness can be lacking in our day-to-day work – which seems strange for a profession underpinned by empathy and compassion. Whether it be a terse reply to a bleep or an exasperated conversation with a family member, the stressors of our jobs can lead to outbursts of frustration.

Looking back to the height of the pandemic, there are a number of memories and events that highlight the need for kindness and understanding in the hospital setting.

In particular, working alongside colleagues who had been redeployed into new environments and roles invoked a realisation of just how hard people were prepared to work, and the lengths to which they would go, to help contribute to getting through this terrible time. Seeing Foundation Year Doctors working as ICU nurses – an incredibly challenging role at the best of times – was humbling; I genuinely do not think I would have been able to perform that role and am in awe of the mental fortitude of those able to do so.

Communicating with families of ICU patients is always difficult, but my previous experiences pale into insignificance when compared to the barriers posed by COVID-19. Not having face-to-face conversations with relatives was at times heartbreakingly sad, and at others brutally lengthy and frustrating. I cannot imagine how much more difficult it would have been for those at the other end of the phone, desperately trying to insight into the health and chances of survival of their wife, their husband, their parents.

When working at King’s College Hospital ICU, the development of a Family Liaison Team to an extent eased this burden, and I was part of the team that published the report of positive feedback to this; but there is no doubt in my mind that this is no substitute for visiting in person².

The pandemic has made me acutely aware of the value of simply being externally appreciative of and kind towards colleagues. A simple “thank-you” or “well done” can enhance someone’s day, and provide the positive support that can make all the difference on a difficult shift. Furthermore, the extreme circumstances experienced by family members and their challenges in getting updates from families will remain a poignant reminder to be patient with relatives in the future.

“It has long been an axiom of mine that the little things are infinitely the most important” – Arthur Conan Doyle

The lessons I can take from COVID-19 may seem basic and simplistic, but this makes them all the more poignant. I hope that through these unprecedented events, I have developed not only as a junior anaesthetist, but as a mentor, colleague and friend.

Continuing with this theme, the simple pleasures of bonding with your team beyond the workplace have been put on pause. As such, if I were to win the prize, I would be organising a dinner and drinks for the team where we could (for the first time!) all meet, unwind and truly relax together. After all, COVID-19 has shown that the “normal” things are those which we have missed the most.

REFERENCES

1. Rimmer A. Covid-19: Most trainees have faced disruption to their training, GMC survey shows. *BMJ* 2020;;m4093
2. Lopez-Soto C, Bates E, Anderson C et al. The role of a Liaison Team in ICU family communication during the COVID 19 pandemic. *Journal of Pain and Symptom Management* 2021;