



HEROES ON FOREFRONT :ROLE OF ANESTHESIOLOGIST IN COVID 19 PANDEMIC

**Dr Sucheta
Shrikant Meshram**

Associate professor AIIMS Nagpur

KEYWORDS :

A page of history few months back battling COVID-19 have been a "once-in-a-lifetime" event for all of us. Medical professionals were the frontline soldiers in this global disaster. Amongst all people around the world are thinking about anesthesiologists a lot more, and *Time* magazine even featured an Italian anesthesiologist in a special report on Heroes of the Frontlines(1). When the entire world was in a situation of panic and uncertainty, anesthesiologist all over the globe came in front as an interim remedy to the grievous challenge. Although the elective planned surgeries were held but the emergency services were continued. While handling the airway of asymptomatic patient was threat to the life of all the concerned OT staff. Investigation modality was ill defined therapeutic regimes were not in place. Furthermore the drugs were not rationed. In an ill defined scenario, anesthesiologist dealt with endangering manoeuvres with complete dedication especially the airways thereby droplets generating procedures. Anesthesiologists were also asked to create isolation facilities, prepare, ensure and procure Personal Protective Equipment (PPE), train their clinical and paraclinical medical personnel, and to allocate the available resources to prepare covid centres. As the specialty that is at the forefront of COVID-19 management due to expertise in airway and ventilator support system, including intensive care expertise, anesthesiologists have been at the helm of management of COVID-19 in the entire world. They not only tackled the acute phase but also the after effects of the covid 19 infection.

.So many anaesthesiologist have sacrificed their lives serving their nation. Heartfelt homage to them. Gratitude from deep within is our guard of honour to our brave martyrs. Our souldiers kept struggling till last breath. A remarkable incidence to quote here is about an anaesthesiologist who was admitted and was on oxygen support. He resuscitated the adjacent patient, when the junior doctor was struggling to secure airway of adjacent patient to put on ventilator, the sick anaesthesiologist lying on adjacent bed rushed for help, jeopardizing his own medical condition. Truly commented on national television that the colour of the the uniform of soldiers changed from khaki to white in context of covid 19 pandemic.

In a crisis like the Covid-19 pandemic, the conventional conduct was not permissible due to concerns surrounding virus transmission. Healthcare professionals have suffered a high level of work-related stress as a during and even as consequence of the COVID-19 pandemic. Even in the situation of worst of the stress, anaesthesiologist have conducted their jobs with dedication (2) Healthcare personnel has performed functions inside and outside their specialty frame, when necessary, showing a great capacity for adaptation. The anaesthesiologists as specialists, faced the pandemic state from a position of particular "vulnerability", with experiences of stress and uncertainty about their role within the system and outside the system as well. (3). All over the world one of the specialties most involved and evolved in managing patients with COVID-19 was Anesthesiology and Critical Care (4)

infected 536 people in the country, a complete central lockdown was announced by the Government of India, in an attempt to break the chain of transmission, and possibly delay and decrease the spread of infections in the country.(5) A crucial objective of the lockdown was to conserve the scarce resources, buy time to equip the infrastructure, and train the medical personnel to tackle this new threat. lockdown led to reduced mobility of patients and implementation of central policies also changed how hospitals function anesthesiologists work, it also mandated a change in basic protocols, work patterns, and social and professional behaviour. perception regarding the same The coronavirus disease 2019 (COVID-19) has generated more changes in our personal and professional lives than the previous coronavirus epidemics of SARS and MERS. Healthcare providers were at the epicenter of this crisis with overworking of specialists (6) while disrupting professionals in training. COVID-19 has forced all governments of the world to modify the patterns of healthcare activity in health centers, as has been the case in Spain (7) These months together battling COVID-19 have been a "once-in-a-lifetime" event for all of us. Our hospitals have all been affected, and thousands of healthcare workers have been infected.(9) Some of us have been deeply affected personally, those who have dealt with the disease themselves and those who have supported family members in quarantine. The closing of schools, daycare facilities, and public places by way of "shelter in place" orders have placed additional strain on working parents within our anesthesiology community, and we have also had to field difficult questions from loved ones who are understandably anxious. Sheltering has had the unintended effect of social isolation through the inability to meet one another in person and placing our favorite pastimes on hold. Professionally, anesthesiologists have risen to the challenge of caring for critically ill patients with COVID-19 infection, and all of us have seen unprecedented changes in our daily practices with the elimination of scheduled elective surgery and conversion of wards and even operating rooms into intensive care units to accommodate a massive influx of patients. Even in the day peripheral centres, the call for iv access, breathing augmentation, pain relief and altogether an airway support system. Retrospectively when we see the brighter side, we reflect on current events, there has been some good in all of this darkness. People at work and in our communities have pulled together to support each other.

Physical distancing has, for the most part, been adhered to and in many parts of the world this has precipitated "flattening of the curve"(11) we have been simply amazed and incredibly grateful for our colleagues who have stepped up to contribute and put in many extra hours of work to train, change protocols and care models, and cover clinical work for colleagues while responding to an emerging pandemic generating a tidal wave of critically ill patients. Many of our anesthesiologists in our departments have risen to leadership challenges: filling roles that did not exist before COVID-19, solving problems that we have never faced before, developing clinical innovations, supporting each other, and setting up new patient care services in record times. Around the world, colleagues have reached out to each other through social media and new

In India on the 24th of March, 2020, when COVID-19 had

videoconferencing technologies to communicate, share information, and offer advices. This crisis has revealed some weaknesses in our systems, but more than anything we have seen the beauty of human relations and the power of kindness expressed in the support of colleagues, friends and neighbours. The entire community of anaesthesiologists came together. We rang our old teachers for not only clinical guidance but also for moral strength. We have extracted time to speak to old friends whom we were always avoiding under excuse of no time. We started interacting more often on the new guidelines and structure of therapeutic model. In the despair of uncertainty we started supporting more often to even the colleagues with whom we hardly get along. The challenge which nature put forth had also brought us closer beyond the concept of professionalism, more with perspective of humanly touch.

We have seen and participated in webinars, moderated Twitter chats, professional forums, livestreaming events, podcasts, and other forms of social media engagement through posts, replies, and comments.

It was thus inevitable, that the COVID-19 pandemic has had a significant impact on anesthesiology as a science and has forced a change in practices and attitudes among anesthesiologists and the discipline has proven its vital worth in circumstances of complete breakdown

Albert Einstein is quoted as saying, "In the midst of every crisis, lies great opportunity." The crisis of COVID-19 has and will continue to bring further opportunities to demonstrate the outcome benefits of discipline of anesthesia, the critical role of anesthesiologists across the spectrum of patient care, and the leadership potential of anesthesiologists locally, nationally, and globally. The discipline of anaesthesiology has always been full of incredibly creative and supportive people and the past few months, have seen members stepping forward with innovative ideas to support the Society and each other. Although the COVID-19 pandemic has changed all of our lives in immeasurable ways, the world will always need us to fulfill those skillful tasks from the domain of acknowledging the real critical ones, treating them, to stabilizing them, to anticipating and addressing the challenges from low to highest of the magnitude.

REFERENCES

1. Zweig D *Invisibles: the power of anonymous work in an age of relentless self-promotion*. London, United Kingdom: Portolio—Penguin Group USA, 2014.
2. General Subdirectorato of Healthcare Quality and Innovation Center for the Coordination of Health Alerts and Emergencies General Directorate of Public Health Quality and Innovation. Recommendations for scheduling surgery in safe conditions during the transition period of the COVID-19 pandemic. Ministry of Health; 2020. Available from: https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCovChina/documentos/200517-DOCUMENTO_CIRUGIA-FINAL_%282%29.pdf. [Google Scholar doi: 10.1016/j.ijoa.2020.04.002. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
3. Malhotra N, Joshi M, Datta R, Bajwa S, Mehdiratta L. Indian society of anaesthesiologists (ISA national) advisory and position statement regarding COVID-19 Indian J Anaesth. 2020;64:259–63
4. Pergolizzi JJ, Magnusson P, LeQuang JA, Breve F, Paladini A, Reksatsina M, et al. The current clinically relevant findings on COVID-19 pandemic. *Anesth Pain Med*. 2020;10(2):e103819. doi: 10.5812/aapm.103819. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
5. Ali H, Ismail AA, Abdalwahab A. Mental stress in anesthesia and intensive care physicians during COVID-19 outbreak. *Anesth Pain Med*. 2020;10(5):e106623. doi: 10.5812/aapm.106623. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
6. Ministry of Health. Order SND/232/2020, of March 15, which adopts measures in the matter of human resources and means for the management of the health crisis situation caused by COVID-19. Government of Spain; 2020. 4 p [Google Scholar] a. 9)Joint Statement Recommending a Surgical Review Committee for COVID-19-Related Surgical Triage Decision Making, American Society of Anesthesiologists Newsroom, 2020. Available: <https://www.asahq.org/about-asa/newsroom/news-releases/2020/03/joint-statement-recommending-a-surgical-review-committee-for-covid-19-related-surgical-triage-decision-making>. b. 10)Guy Bosco JA ,Savoie FH AAOS Guidelines for Elective Surgery During the COVID-19 Pandemic, American Academy of Orthopaedic Surgeons COVID-19: Information for Our Members, 2020. Available: <https://www.aaos.org/about/covid-19-information-for-our-members/aaos-guidelines-for-elective-surgery/>Google Scholar

- 11) Spektor B Coronavirus: What is 'flattening the curve,' and will it work?, Live Science, 2020. Available: <https://www.livescience.com/coronavirus-flatten-the-curve.html> Google Scholar
- 12) Schwenk ES ,Chu LF , Gupta RK , et al. How social media is changing the practice of regional anesthesiology. *Curr Anesthesiol Rep* 2017;7:238–45