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ASK THE REASON FOR THE CHOICE: Who/What Chooses Anesthesia Type: Procedure, Patient, Provider, Proceduralist, Place, Phase, Payer, Player? It's Just Time

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My opinion

There is always an egoÂ which is the cooperative nuanceÂ evolving from the negotiation betweenÂ the all-survivalist idÂ and the all-altruist superego [1]. One of that ego is to choose the type of anesthesia. Now theÂ question arises who chooses the type of anesthesia. Is it the patient?Â Is it the provider providing anesthesia?Â Is it the provider supervising the anesthesia? Is it the proceduralist who is performing the procedure?Â Is it the payer who is paying for anesthesia? Is it player who is socioeconomically regulating the practice of anesthesia?Â Or is it what that chooses the type of anesthesia? Is itÂ the place or facilityÂ where the procedure is being performed? Is itÂ the procedure itself? Or is it the phase of life in patient/provider/proceduralist, period of era among payer/player or even the time of the day in the facility where procedure is being performed?

The universal answerÂ has been that procedure itself determines the type of anesthesia [2]. That is the ideal answer but procedure doesÂ NOT happen in a silo [3]. For certain procedures, there is only one option irrespective of what patient, anesthesia provider, anesthesiologist, proceduralist orÂ facility environmentÂ wants. But, when there is no alternative to the one and only option for the feasible type of anesthesia, such proceduresÂ do notÂ brew the egoistic conflicts while deciding the type of anesthesia. ForÂ all the remaining procedures, theÂ types of anesthesia can be decided based onÂ whatever patient wants, whatever anesthesia provider wants, whatever anesthesiologist wants, whatever proceduralist wants, and whatever facility environment wants. Herein, the egoistic conflicts arise especially when the reasonsÂ underlying the personal choices of anesthesia type do not come acrossÂ clearlyÂ to the teamÂ because often thoseÂ choices evolve over the time and the reasons being personal often getting buried in the subconscious of thoseÂ making the choicesÂ areÂ immediately inaccessibleÂ to the retrievable memoryÂ thus inexpressibleÂ in a professional voice by those making the choices.Â Â Â Â Â

Sometimes we do not realize how many types of anesthesia there are to choose from. Following areÂ just few examples of non-emergent elective choices:

- General endotracheal tube inhalational anesthesia with neuromuscular blocking drugs
- General endotracheal tube inhalational anesthesia without neuromuscular blocking drugs
- General endotracheal tubeÂ intravenous anesthesia with neuromuscular blocking drugs
- General endotracheal tubeÂ intravenous anesthesia without neuromuscular blocking drugs
- GeneralÂ supraglottic airwayÂ inhalational anesthesia with neuromuscular blocking drugs
- General supraglottic airway inhalational anesthesia without neuromuscular blocking drugs
- GeneralÂ supraglottic airwayÂ intravenous anesthesia with neuromuscular blocking drugs
- General supraglottic airway intravenous anesthesia without neuromuscular blocking drugsÂ
- GeneralÂ anesthesia maskÂ inhalational anesthesia with neuromuscular blocking drugs
- General anesthesia mask inhalational anesthesia without neuromuscular blocking drugs
- GeneralÂ anesthesia maskÂ intravenous anesthesia with neuromuscular blocking drugs
- General anesthesia mask intravenous anesthesia without neuromuscular blocking drugsÂ
- Spinal anesthesia with intravenous anesthesia without neuromuscular blocking drugsÂ
- Spinal anesthesia with anesthesia mask inhalational anesthesia without neuromuscular blocking drugs
- EpiduralÂ anesthesia with intravenous anesthesia without neuromuscular blocking drugsÂ
- Epidural anesthesia with anesthesia mask inhalational anesthesia without neuromuscular blocking drugs
- Combined spinal-epiduralÂ anesthesia with intravenous anesthesia without neuromuscular blocking drugsÂ
- Combined spinal-epidural anesthesia with anesthesia mask inhalational anesthesia without neuromuscular blocking drugs
- RegionalÂ plexusÂ anesthesia with intravenous anesthesia without neuromuscular blocking drugsÂ
- RegionalÂ plexus anesthesia with anesthesia mask

inhalational anesthesia without neuromuscular blocking drugs
- Peripheral nerveÂ anesthesia with intravenous anesthesia without neuromuscular blocking drugsÂ
- PeripheralÂ nerveÂ anesthesia with anesthesia mask inhalational anesthesia without neuromuscular blocking drugs
- LocalÂ anesthesia with intravenous anesthesia without neuromuscular blocking drugsÂ
- LocalÂ anesthesia with anesthesia mask inhalational anesthesia without neuromuscular blocking drugs
- Intravenous anesthesia onlyÂ
- Spinal anesthesia only
- Epidural anesthesia only
- Combined spinal-epidural anesthesia only
- Regional plexusÂ anesthesia only
- Peripheral nerveÂ anesthesiaÂ only
- Local anesthesia only

The simple solution to avoid egoistic conflicts while choosing the type of anesthesia is just recollectingÂ the reason for the choice, voicingÂ that reason for the choice professionally, and negotiating within the team toÂ finalize theÂ agreeable choiceÂ for the type of anesthesia. No reason for the chosen typeÂ of anesthesia isÂ unsavory as long as itÂ neitherÂ undermines the safetyÂ nor exaggerates the overall cost exorbitantly. There may be reasons which may raise eyebrows and yet overrule any other reasoning for choosing the type of anesthesia.

- Patient'sÂ unshakeableÂ fearÂ againstÂ the safest type of anesthesia due to what they have heard about that type of anesthesia from others based on others' experiences.
- Anesthesia provider's orÂ their supervising anesthesiologist's insufficient expertise inÂ particular type of anesthesia precluding its use in the absence of alternate personnel availability.
- Multitasking proceduralist'sÂ schedule constraints denouncing certain types of anesthesia due to inherent delays therein during induction and emergence from such types of anesthesia.
- Payer's/Regulator's/Facility Administrator'sÂ guidelines precluding certain types of anesthesiaÂ especially ifÂ those types of anesthesia inducedÂ delays become unmanageably costly.

The bottom-line is that just likeÂ the choice ofÂ music genre being played in the procedure room [4], the choice of anesthesia type is a collaborative decision because a lot many procedures can be performedÂ underÂ aÂ lot many anesthesia types and the egoistic conflict over the choice of anesthesia type should notÂ disharmonize the musical environmentÂ inside the procedure room. Ultimately, itÂ may beÂ the time that has the final say in deciding the anesthesia type depending on whichÂ phase of lifeÂ patient/provider/proceduralist is in, and/or whichÂ eraÂ payer/player has stakes in, and/orÂ what time of the day it isÂ when theÂ procedure is being performed at a certain facility.Â Â Â

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