



Editorial

New face of anaesthesiologist- The leader

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We create break throughs- it's in our DNA. Coronavirus Disease 2019 has certainly tested the medical profession in countless respects. Anaesthesiologists have been brought to the forefront and are also responsible for working with the most vulnerable patients. The art of anaesthesiology, however, maintains its fluidity, conveniently integrating expertise from the operating theatre, the ICU, and the medical / surgical unit. This uniquely interdisciplinary skill set has made it possible for our colleagues to continue exploring therapies and improvising equipment despite facing shortages and uncertainty. These may be extraordinary times, but the profession has had a long and reliable history of tackling and solving epidemics. Anaesthesiologists are ideally qualified to influence the resumption of routine hospital operations and the planning of potential public health risks. Anaesthesiologists are qualified general practitioners with thorough knowledge of the pathophysiology of organ systems, both under natural and stress conditions, and are trained to manipulate these systems mechanically and pharmacologically. We're expected to use the information. Likewise, inside and outside the operating rooms, we can strenuously work as perioperative physicians to treat challenging patients throughout their perioperative journey. The role of anaesthesiology in the COVID-19 answer reflects the legacy of pioneers such as Arthur Guedel (1883-1956), Bjørn Ibsen (1915-2007) and Henning Ruben (1914-2004).

Much as polio epidemics have drawn attention towards anaesthesiologists from cardiorespiratory treatment, so has the COVID-19 pandemic. The co-location of specially qualified personnel, once translated into ICUs, is now reflected in the COVID-19 floors of general medicine.

The degree and flexibility that anaesthesiologists have shown during the COVID-19 pandemic is applaudable. We have taken responsibility for the implementation of health care delivery and use our extensive expertise outside of the operating room and preparation. In that context, the COVID-19 pandemic could be a wake-up call. If we respond, we can prove ourselves like the iconic anaesthesiologists such as John Snow and Bjørn Ibsen who took on responsibilities outside the operating room during the cholera and polio pandemics to define the speciality. The pandemic has given an opportunity for anaesthesiologists to demonstrate their expertise. Anaesthesiologists' skills were used successfully in the process of distributing care in the COVID-19 pandemic, both to COVID and non COVID patients.

As leaders, anaesthesiologists have successfully lead, managed and played a vital role in overcoming problems, identifying solutions and overcoming barriers. The scale of the COVID-19 pandemic posed unexpected obstacles, including a lack of personal protective equipment. In order to limit the spread of COVID-19 infection prevention procedures for healthcare employees are of utmost importance. Anaesthesiologists are at additional risk of contamination due to their role in aerosol-generating

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processes and are creating ways to redesign, reuse ventilators (researching for possible disinfection and reuse of HME / HEPA filters, inventing remote monitoring and warning systems for ventilators, replacing N 95 with novel devices, etc. Infection control is of utmost importance in minimising viral transmission to the provider and cross-infection between patients. Anaesthesiologists have developed innovative plastic barriers (aerosol box/intubation box) to minimise droplet spray during tracheal intubation and improvised personal protective equipment from readily available components. Possible solutions to problems related to the pandemic need to be discussed, such as improving 'faulty' N 95 mask, enhancing patient isolation hoods and enhancing a universal coronavirus vaccine. Anaesthesiologists across the World are striving to developing innovations, testing strategy to conserve PPE, designing new face shields to protect health care workers from infection, developing new protecting materials, medical grade remote monitoring of vitals, low

cost portable ventilator, intubation box for COVID patients and developing bio containment units.

Leadership provide new ways to understand and optimize the potential of human collective action. Effective leaders are not only grand visionaries but are just as likely to be humble, self-effacing and emotionally stable. First time in the history of Time magazine, anaesthesiologist are on the cover page with a caption "HEROS OF THE FRONT LINES'.' The critical position of anaesthesiologists would now be better understood by both colleagues and the public, recognising that anaesthesiologists are invaluable and adaptable physicians outside the operating theatre.

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