Thoughts on life after postgraduation.....

Sir,

We students, after our completion of postgraduation, will be exposed to a new world with our minds full of doubts about what to do next. We feel that entering into the field as an independent practitioner is not an easy task, and we will have to face numerous challenges like building a rapport with the surgeons, independently handling them, gaining their trust, dealing with medico-legal cases and the like. We will have to gain recognition not only from the general public and media, but also from our surgical and nursing colleagues. Better communication with surgeons and good patient education will improve the image of an anaesthesiologist in the eyes of the layman.

Currently, the number of anaesthesiologists is increasing, and the job opportunities for them in tier 1 and 2 cities have decreased. Is there a good demand for upcoming anaesthesiologists? Should we then go in for doing superspecialisation? Superspecialisation can probably help one to gain social prestige and further job opportunities; however, it involves another three stressful years without much pay. Another doubt is regarding job opportunities abroad and monetary benefits. Will our anaesthesia qualifications acquired in India be accepted abroad?

Also, by the time a person finishes postgraduation, he/she would be nearing the thirties in age and it will be a high time to settle down in life. The pressure to earn money, clear educational loans if any and make savings also doubles the confusion.

In this modern era, professional career is as important as personal life and it is hard to choose one over the other. In case of a female doctor, the conflict between career and marriage always exists. That is why, a majority of female doctors prefer to marry a doctor. In a country like India, with a patriarchal society wherein many consider the females to be more family oriented, getting married to a non-medico would be like choosing personal life at the cost of professional career. It will certainly be difficult for the non-medico spouses to understand a doctor’s profession well, and they will find it difficult to cope up with their doctor wives working on holidays and at odd hours. Because of unexpected emergency works, the female anaesthesiologist may miss important social gatherings and family functions, which at times can lead to marital disharmony, stress and psychosocial breakdown. Lack of time for family can become a ground for divorce in such situations. Pursuing a superspeciality course for an anaesthesiologist girl married to a non-medico boy will definitely prove to be cumbersome as she will have to stay away from her family and divert her attention towards work and studies. The better monetary payment and social status of the medico wife may induce an inferiority complex in the non-medico partner.

Another issue is that of a female anaesthesiologist marrying a surgeon. In such a situation, both can excel in their respective careers by working together for cases. This arrangement also has a psychological benefit as the other person understands very well the professional challenges faced by an anaesthesiologist; nevertheless, both being overburdened will have little time for family and childcare. In case they want to pursue higher studies, one of them will have to give up the superspeciality aspirations for the sake of the spouse.

Also, ego clashes and fights between anaesthesiologists and surgeons in the operation theatre are not very uncommon; these quarrels can reach home and can affect their personal life. To summarise, life after postgraduation is a big question mark.

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Sir,

I remember how two years back, after a long yet exhilarating wait, it was finally my turn to enter the conference room full of postgraduate (PG) counselling faculty members and aspiring PG candidates. Like my other peers, there was not a slightest of a clue as to what a remarkable journey I was set to embark upon as I put forth my choice of discipline for residency training to be Anaesthesiology and Critical Care.

From having the most anxious and petrified patients sail through their seemingly impossible surgeries comfortably as they are transitioned in and out of anaesthesia, to having a heart restart under the palms of your hands during the strenuous and gruelling task of cardiopulmonary resuscitation, anaesthesiology training has been like being presented with a bouquet of miraculous experiences. From painless labour to awake craniotomies, from witnessing a lung go down for thoracotomy to being a beholder to the beauty of a beating heart after successful reversal of cardioplegia, from safely intubating a neonate to safely extubating an elderly patient and from awake fibreoptic intubations to sedated non-intubated surgeries, the magical art and the skilful practice of anaesthesia is an enthralling experience. Being an anaesthesiologist proffers myriad such moments where your intervention will save the patient’s life or at least buy some time till something fruitful can be achieved in the overall management of his illness. It is in those moments that you feel overwhelmed by a sense of profound gratitude to the almighty for blessing you with the opportunity to be in this glorious field.

But this priceless journey in the field of anaesthesia is also fraught with trials. The high stakes environment of an operation theatre challenges you to bring out your level best – mentally, physically as well as emotionally. It entrusts you with the challenge to act briskly while remaining balanced in your mind and composed in your emotion especially in the most nerve-racking situations. It teaches you to be steady yet swift, tranquil yet tough and grounded yet feisty. Anaesthesia being a team practice involving varied medical and paramedical personnel together with an obligation to explain procedural risks and benefits to the patients and their attendants who are absolutely lay to the medical jargon, confers you with finesse as a communicator.

It is this ingenious and intense training that put anaesthesiologists at the forefront of the battle against the COVID-19 pandemic.

While preparing to lead the war against this complex and devastating problem with no clarity as to what challenges these unprecedented times held for us, we jumped into the battlefield with a hope to put our skills to the service of mankind. As we toiled forward, we reckoned that we already possess the ability to face tough situations with dexterity by the virtue of our training. And although there are still quite a few miles to go before we can call it off, there is an unwavering hope that we will emerge with whole new perspectives, approaches and vistas not only to our field of anaesthesia but to humanity at large.

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