
Letter to the Editor: Anesthesiology Residencies: Myths, Folklore and Facts

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Citation

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Abstract

Dear Sir:

The rumors about the death of anesthesiology as a residency of choice are slightly exaggerated. The myth often repeated by primary care residents to impressive medical students about there being a job shortage in the field of anesthesiology is as nonexistent as likable managed care executives. As I come in on the home stretch of my residency, last 200 days, I am glad I was not influenced by the naysayers and other prophets of doom and gloom that insisted that anesthesiology was the worst possible residency choice.

Jobs and fellowships have been offered to most of my classmates and all of last years graduates are smiling smugly as they reap the financial rewards of their training. Those that are on the group practice ladder are secure in the belief that in a few years their monetary compensation will match any specialty choice, and probably exceed most by far. The rumors of plummeting anesthesiology salaries are just that, median income of anesthesiologists have stayed in the top 4 or 5 specialties for many years and continue to do so. Median incomes in the range of a quarter-of-a-million dollars are hardly something to ignore.

One of the original attractions of anesthesiology was the life style. This generally continues to be so, and if you are so inclined, you can be teeing off at 4:30pm on most days. Your work continues to stay in the hospital and rarely, if ever, follows you home. You directly deliver hands on care, which is satisfying by itself, and the patients and your

surgical colleagues marvel at your skills and knowledge, (or at least they should!).

Medical students are continually exposed to denigrating aspect of anesthesiology, perhaps by people in primary care specialties. These specialists had suffered continually for more than a decade from lack of attention of these same medical students, and are now in a recruiting frenzy using scare tactics to keep students away from non primary care career choices. Unfortunately not many avenues have been made available to anesthesiologists to make their pitch to the medical students early in their training.

The blame for the bad rap taken by anesthesiology has also to be shouldered by the field itself. Instead of continuing to elaborate positive aspects of the specialty to medical students, they expected the cream of the crop to seek them out. The rapid expansion of anesthesiology residency positions in the 80's, and the resulting relative overpopulation of the care providers in a rather finite market went a long way to creating some of these problems. Smugness bred from overconfidence led to apathy and declining numbers of applicants and the recent state of affairs. Fortunately the wheel seems to have turned full circle and things are looking up again.

Sincerely yours,

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References

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