

# Rewards and Challenges of Community Anesthesiology: An interview with Dr. Dave Riddell MD, Anesthetist at the Cornwall Hospital

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## ABSTRACT

Dr. Dave Riddell has been practicing anesthesiology at the Cornwall Hospital for thirty years. Medical learners and colleagues, fortunate to accompany him in the operating room, benefit from his vast clinical knowledge but moreover, his wisdom and candidness. In this interview, Dr. Riddell discusses his career path and identifies the rewards and challenges inherent to community practice.

## RÉSUMÉ

Dr. Dave Riddell pratique l'anesthésiologie à l'hôpital de Cornwall depuis maintenant trente ans. Les étudiants en médecine et autres collègues qui ont l'opportunité de l'accompagner en salle d'opération bénéficient non seulement de ses vastes connaissances cliniques, mais aussi de sa sagesse et de son honnêteté. Dans cette entrevue, Dr. Riddell discute de son cheminement de carrière et identifie les récompenses et les défis inhérents d'une pratique en communauté.

**B**uried in the bottom drawer of an antique anesthesia trolley, a hard copy of Katz, Benumof and Kadis's *Anesthesia and Uncommon diseases* rested precariously on layers of forgotten airway equipment. In one motion, Dr. Riddell picked up the book and turned to the chapter on intracranial pressure. Exemplifying humility and in pursuit of protecting patient safety, he occasionally consulted with this text when he encountered uncertainty.

This memory represents a theme that became apparent to me, as I completed my rural community rotation at the Cornwall Hospital. I was impressed by the resourcefulness and professionalism, demonstrated by the hospital's physicians. I was placed in the operating room, under the supervision and instruction of the hospital's glorified teacher, an anesthetist who has practiced in Cornwall for over 30 years. Dr. Dave Riddell graduated medical school from McGill University and trained in anesthesiology at Queens. Anesthesia, as a field, is intimately associated with research and rapid technological advancements. From artificial intelligence monitoring systems to the newest intubation apparatus, the specialty is dynamic, diverse and evolving rapidly. As a medical student, biased by my relative naivety and motivated by curiosity, I wondered how Dr. Riddell managed to stay up to date with pertinent evidence or how he accessed the latest and safest technologies,

in a community practice with limited resources. Additionally, the self-perceived abyss, experienced by undifferentiated medical students who question their "career choice", can be addressed by exploring the different settings in which medicine is practiced. As such, I desired to learn more from Dr. Riddell about practicing anesthesiology in the community setting. So, I asked to interview him.

Dr. Riddell chose anesthesiology after a year of locum work as a general practitioner. Amongst many thoughtful reasons, anesthesia was appealing because "It offered skills that bugged me, like starting IVs". When reflecting on the satisfaction provided to him from caring for patients, he said, "If you do your job right, people should not be uncomfortable. That is not a power many specialists have".

Following a brief stint at the Children's Hospital of Eastern Ontario, Dr. Riddell relocated to Cornwall. He explained that the decision satisfied personal and professional desires. The community setting was compatible with his preferences. Substantial research involvement was not central to the career that Dr. Riddell envisioned, "I did not suit the sideline research-oriented aspect associated with expectations at a teaching hospital". He went on to explain, "I may not be leading the cutting edge of research, but I am out here putting the miles in". His candidness enthralls students who learn from him.

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The modesty that he demonstrates is a model for students to emulate. Despite being recognized for excellence and achieving many personal goals, Dr. Riddell's focus remains the wellbeing and safety of his patients.

Dr. Riddell shared some of the challenges associated with community practice. He admits that the frequency of being on call is tough. He also explained that ancillary support is limited and that this can complicate patient care.

A member of the Canadian Anesthesiologist Society (CAS), Dr. Riddell stays up to date by participating in CME activities/events, such as attending the CAS annual conference. When I asked him to share his personal strategies for staying up to date with current evidence and best practice, his answer was quick, short and unequivocal, "read". The simplicity and directness of his answer illustrated to me that despite his vast experience, he is aware of his limitations and continues to seek improvement. Dr. Riddell added, "One of the things I realized is the correct answer is occasionally, I'm not sure I'm going to have to look that up". He referenced the library of books in his anesthesia trolley and explained that he "double checks things all the time". Dr. Riddell said that although the complicated procedures may be reserved for tertiary sites, patients with complicated medical conditions are frequent surgical patients of his. This reality requires him to be prepared to respond to an eclectic range of possible perioperative complications. Sub-specialized physicians, in teaching hospitals, may be extensively trained at managing their respective cases. However, Dr. Riddell considers the approach of a community anesthesiologist to be "let's roll up our sleeves and get on with it", since the incidence of emergencies has no predilection for place.

Dr. Riddell then shared invaluable advice for medical students. He considers students to be "very lucky to travel to the community". He encourages students to appreciate the concept of community medicine.

A report documenting the distribution and migration of physicians in Canada, published by the Canadian Institute for Health Information, demonstrates the disproportionate shortage of physicians practicing in rural communities. In the 2018 report, 8% of practicing physicians were identified as practicing in rural areas. However, a recent Canadian demographic census quoted Canada's rural population as greater than 18% of the total population. This disparity in supply

and demand was highlighted in a position paper published by the Ontario Medical Student Association, calling for increased action by medical schools to address socioeconomic status as a detriment to medical school admissions. Initiatives designed to increase exposure to community medicine in medical education, such as the University of Ottawa's mandatory community week, are commendable attempts to introduce students to community medicine. These strategies should be analyzed longitudinally for their efficacy.

Dr. Riddell shared additional advice, "I would encourage you to do electives in a smaller community for two reasons. One, to appreciate the clinical practice and secondly, to see what life may be like to live there".

I conclude by sharing a lesson I learnt from my time with Dr. Riddell. Although community anesthesiology may pose unique challenges to the practitioner, such as fewer resources and greater scope of practice, the satisfaction derived from promoting positive outcomes for patients is proportionally great.

### REFERENCES

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