

Letter to the Editor: comment on “Preoperative readiness: the patient is ready-but is the anesthesiologist?”

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Dear Editor,

Preoperative preparation primarily focuses on patient optimization, comorbidity management, and informed consent.¹ Professional societies such as the European Society of Anaesthesiology and Intensive Care (ESAIC) and the American Society of Anesthesiologists (ASA) have also highlighted the importance of clinician fatigue and well-being.^{2,3} Despite these developments, readiness is still defined almost entirely from the patient's perspective. While the patient's physiological status is routinely assessed, the anesthesiologist's own physical and mental condition is rarely taken into account. However, perioperative safety relies on the preparedness of both the patient and the anesthesiologist.

Anesthesia requires constant attention and quick decision-making under pressure. Fatigue, sleep loss, and circadian disruption reduce psychomotor performance and slow reaction time.⁴ Analyses of electronic health records show that documentation workload often exceeds billed activity, creating an additional cognitive load that can reduce situational awareness.⁵ Mental and emotional factors also affect clinical performance. Furthermore, burnout among anesthesiologists has been linked to reduced attention and impaired decision-making.⁶ Working in unfamiliar settings increases stress and cognitive load.⁷ Early identification of these factors, followed by appropriate management, is necessary to maintain readiness.

Ergonomics is another important factor. The design of monitors, alarms, and information displays influences attention. User-centered interface design can reduce workload and improve task performance, thereby making ergonomic adjustments a practical component of maintaining readiness.⁸

In conclusion, although ASA and ESAIC provide recommendations on fatigue management, practice does not always follow these guidelines. Reducing this gap requires measures such as protected rest periods and structured fatigue monitoring. In Türkiye, there is no national policy on the physical and mental readiness of anesthesiologists, which

leads to differences in workload, rest policies, and ergonomic conditions across institutions. Developing national guidance based on international standards could improve consistency, support clinicians, and increase patient safety.

ETHICAL DECLARATIONS

Informed Consent

Written informed consent was obtained from the patient for the publication of this correspondence and any related clinical details.

Peer Review Process

This letter was externally peer-reviewed.

Conflict of Interest

The authors declare no conflicts of interest.

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Author Contributions

All authors contributed to the conceptualization and drafting of this correspondence and approved the final version for publication.

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