LETTER TO EDITOR

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Beyond AI: Why Human Compassion and Skill Matter More in Anaesthesia

Dr Jiny Chandran
Senior consultant, Baby Memorial Hospital, Kozhikode.
jinychandran@gmail.com
ORCID iD : https://orcid.org/0009-0006-8037-3182

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Sir,

Artificial Intelligence (AI) is the newest “kid on the block” in modern medicine. It is becoming an integral part of almost every aspect of our lives, from the moment we wake up to the systems that accompany us throughout our day. Medicine has also enthusiastically embraced AI, utilising large datasets to aid in diagnosis and management 1 . Anaesthesia is no exception; we are exploring various methods to incorporate AI to make our work safer, more efficient, and more accurate.
With this development, a familiar apprehension has resurfaced: “Is AI going to replace the anaesthesiologist?” As we ponder this question, it is vital to understand that anaesthesia is not merely a data-driven specialty, but one deeply rooted in compassion, timely action, and clinical judgment.

An anaesthesiologist earns the trust of a patient starting from the very first pre-anaesthesia evaluation. This is not merely a protocol-based risk stratification. Patients are often anxious and vulnerable; the anaesthesiologist recognises their unspoken concerns and offers reassurance. In this context, empathy itself becomes therapeutic—a human connection that can never be replaced by AI 2 .

The human element becomes even more critical in paediatric anaesthesia. A frightened child does not respond to algorithms. The anaesthesiologist distracts, comforts, and calmly engages the child. These simple interactions significantly shape the child’s surgical experience, which in turn influences their perception of healthcare well into adulthood.

Anaesthesia is a dynamic, high-risk practice. No two patients are alike, and no two situations in the operating room are identical. A haemodynamic emergency in the middle of surgery, a "silent chest" with severe bronchospasm and hypoxemia, an unexpected difficult airway, or anaphylaxis developing within seconds are not scenarios that occur in orderly, theoretical sequences. These are chaotic situations that require prompt diagnosis, decisive action, and management 3.

In these moments, the anaesthesiologist integrates real-time clinical data with years of experience, communicates with the surgical team, and undertakes life-saving actions with technical skill and prudence. Anaesthesia is the continuous interpretation of shifting physiological variables. Managing these variations requires not just knowledge, but nuanced clinical judgment shaped by experience. The technical expertise in our field like crisis intervention, airway management, regional anaesthesia, and vascular access all require anticipation, precision, and manual dexterity. The

anaesthesiologist's psychomotor skills and real-time cognitive processing cannot be reduced to simple decision trees.

Equally important is the ethical dimension of the role—the responsibility to communicate with patients and their families, to make difficult decisions under uncertainty, and to remain accountable for outcomes 4.

The importance of AI in anaesthesia, however, cannot be overstated. The future of our specialty lies in working alongside AI, not competing against it. Anaesthesiologists who understand and effectively use these tools can enhance patient care and safety. Applications such as drug infusion optimisation, perioperative risk stratification, and predictive analytics have already shown great promise. We should embrace these advances as valuable partners in our practice—not as replacements for the practitioner.

This brings us to an undeniable conclusion: the soul of anaesthesia is irreducibly human. It lies in the reassuring voice before consciousness fades, in the gentle, playful engagement with an anxious child, and in the steady, composed mind during moments of crisis. This essence cannot be coded or uploaded.

In short, the future of our specialty is not a choice between man or machine, but the mastery of man with machine.

DISCUSSION

1. Lanzagorta-Ortega D, Carrillo-Pérez DL, Carrillo-Esper R. Artificial intelligence in medicine: present and future. GMM. 2023 June 2;158(Supplement 1).

2. Rubin M, Li JZ, Zimmerman F, Ong DC, Goldenberg A, Perry A. Comparing the value of perceived human versus AI-generated empathy. Nat Hum Behav. 2025 June 30;9(11):2345–2359.

3. Dost B, Turan Eİ, Aydın ME, Ahıskalıoğlu A, Narayanan M, Yılmaz R, et al. Artificial Intelligence in Anaesthesiology: Current Applications, Challenges, and Future Directions. TJAR. 2025 Dec 15;53(6).

4. Porayska-Pomsta K, Rajendran G. Accountability in Human and Artificial Intelligence Decision-Making as the Basis for Diversity and Educational Inclusion. In Springer Singapore; 2019. p. 39–59.