Review Article

Interdisciplinary Approach and Anesthesiology: Is There Any Role?

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Abstract

One of the most important features of interdisciplinary research is "team working"; leading to *multidisciplinary*, *interdisciplinary*, and *transdisciplinary* approaches in medical education. These approaches are applicable in research, education and service provision. There are a number of fields in anesthesiology that cope with the models that use disciplines; including novel anesthetic agents, pain clinics and pain management, pediatric anesthesia and a number of other distinct fields. Undoubtedly, other aspects of medical sciences are much involved in these areas.

Keywords: multidisciplinary; interdisciplinary; transdisciplinary; anesthesia

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Introduction

During the last years, the researchers have created new pathways to solve the unanswered questions; this new methodological pathway aims to answer the intricate questions which could not been answered separately or by one field of science; hence the term "Interdisciplinary research" has been coined for this evolving new field (1).

Though nowadays, we hear a lot about interdisciplinary research, the history goes a little far beyond this epoch; in fact it was Theodore Brown suggested first in 1980's that the "disciplinary approach of science could not solve all of our current scientific problems"; he could absorb a great grant and started work; meanwhile, the "interdisciplinary Santa Fe Institute in New Mexico" was founded about the same time (1, 2).

We know it today that if we want to solve our

problems, there is a great must: the old "disciplinary approach" is not sufficient and we need the interdisciplinary approach as a need in all branches of science (3).

Definitions

One of the most important features of interdisciplinary research is "team working". If collaboration of researchers from different disciplines is omitted, the aim of collaborative researches will not be achieved. In this setting, multidisciplinary research is more suitable definition.

We encounter three expressions which are sometimes used instead of each other incorrectly. These expressions consisted of *multidisciplinary*, *interdisciplinary*, and *transdisciplinary*; we continue the spectrum of these three fields the more comprehensive their contexts would be.

 Multidisciplinary, interdisciplinary, and transdisciplinary research are three deferent phrases that are used by some investigators substitutable. In all three types of research there is some kind of communication between different disciplines, however the level and in somehow the objective of this coordination is completely different (4-7).

Interdisciplinary research

It needs to step outside the boundaries of disciplines and conducting an active debate for solving a problem as the main goal. In other words, disciplines begin to disappear and integration initiates; since the problem is not solved, just using a specific discipline. Many of interdisciplinary researches result in creating new applicable disciplines; this process involves using different viewpoints and perspectives from many wide range disciplines; the new "product" being a new methodology, could solve the "unsolved problems" (Figure 1). Interdisciplinary team-working could be often, but not always, applicable in the following areas (4-6).

- Research
- Education
- Service provision

Although it seems that the definition is clear, there are two other phrases, multidisciplinary and transdisciplinary that sometimes may lead to misunderstanding. In multidisciplinary research,

contributors do not go beyond their disciplines. They add their opinion about the research subject without active or negotiation interaction with others. The objectives set separately by different disciplines (4-6) (Figure 2).

Transdisciplinary research

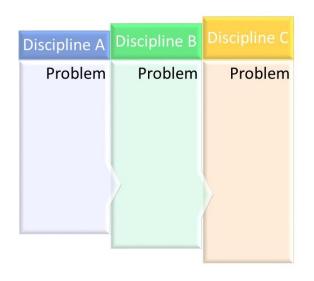
Projects have a holistic view to the problem. Different disciplines are dominated by the main research issue; in such a way that they are considered together as a whole (Figure 3) (4-6).

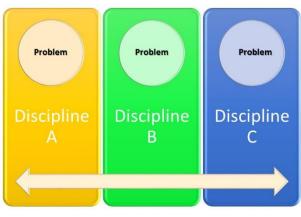
Convergence

After team working, the 2nd main feature of interdisciplinary research is convergence, which aims to focus different discipline towards a single problem; without the appropriate level of convergence, the interdisciplinary research will be deserved.

This approach has a historic background and well beyond the theory of Theodore Brown. Many great Persian and Greek scientists have used the realm of interdisciplinary methodology in their scientific fields; in old Persian science, the scientists were well known as "Hakim" which had the meaning of knowledge from a number of different disciplines (8-11).

The field of interdisciplinary research has greatly grown up now; currently, in scientific papers more than one-third of the research results are aimed at other disciplines (2).





A B

Figure 1. Interdisciplinary approach; A: sequential interdisciplinary approach; B: horizontal interdisciplinary approach

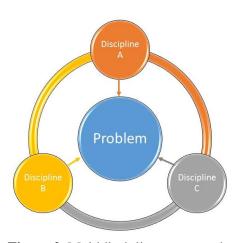


Figure 2. Multidisciplinary approach.

Interdisciplinary articles gain fewer citations through 3 years after publication but after that their citations will improve. They have great impact on economy that renders more efficacies to it.

Impact on anesthesia

There are a number of fields in anesthesiology that cope with the models that use disciplines; including multidisciplinary, interdisciplinary, and transdisciplinary approaches. Though all these approaches do not have the same effect on anesthesia practice in its different branches; there are currently many aspects which well fit with these models.

Novel anesthetic agents

There are always concerns regarding the effects of anesthetics on different organs; including the apoptotic effects of volatile agents on brain, liver or other organs or the neuro-apoptotic effects of intravenous anesthetics on the developing brain especially in neonates and children (12-17); in addition to, the effects of local anesthetics and their potential neurotoxicity which mandates safer agents. These are yet unresolved and their solution will pass through emerging techniques which could yield to

less potentially harmful anesthetics and related pharmaceuticals (18-25). In fact, safety in anesthesia is highly dependent on availability of safer drugs; no alternative except for choosing transdisciplinary approaches for risk reduction in this field; currently, studies on propofol, fentanyl, local anesthetics, and volatile agents have been published using these methods to improve current anesthetics; novel safer agents would emerge not necessarily with "animal proof of drug safety" based on these novel methods (26-31). Meanwhile, future education in anesthesia is undoubtedly dependent on such interdisciplinary aspects of anesthesia.

Pain clinics and pain management

Pain management, both acute and chronic pain, could be considered as one of the prototypic manifestations of both interdisciplinary clinical practice and interdisciplinary teaching in anesthesia. The outcome of the patients is often improved when an interdisciplinary bio-psycho-social approach is used. In such teams, anesthesiologists, psychiatrists, neurosurgeons, neurologists, physiatrists, orthopedic surgeons, other surgeons, palliative care specialists, clinical pharmacists, and podiatrists as well as the relevant paramedical professionals are all involved with defined roles for each of them (32-40). Meanwhile, footprints of cellular and molecular aspects of medicine could be well tracked in pain management; including, but not limited to immunology, molecular medicine and molecular biology; in addition, new findings show the application of emerging branches like microfluidics, lab-on-a-chip, biologic Micro Electromechanical systems (bioMEMS) and biologic nano electromechanical systems (bioNEMS) in pain management (31, 41-44). These aspects are either among the modern trend of education in anesthesia or are emerging fields that should be seriously considered in education of anesthesia in the near future.

Vol1, No 3, Summer2016 ______131

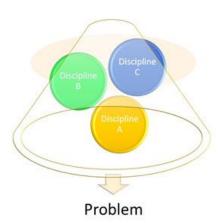


Figure 3. Transdisciplinary approach; Groups A, B and C have a holistic approach to the problem.

Pediatric anesthesia

During the recent years, there have been concerns regarding the possible role of anesthetic agents in neonatal and pediatric patient groups; however, there is still no proof because all the available studies of anesthetic agents on the neurodevelopmental aspects of life are related to animal studies and still no human study has proved any role for anesthetics in neurodevelopmental aspects of growth and development. Meanwhile, interdisciplinary studies could help find the facts, whether the neurodevelopmental aspects of growth and development in human being are directly affected by the anesthetics or not. Techniques like microfluidics and are bioMEMS could be of great help (21, 22, 25, 44-50).

Conclusion

Teamworking is part of medicine practice nowadays; with their integrative approaches as a method for increasing the efficiency of care and education. Other aspects of medical sciences are much involved in areas like pain management, novel pharmaceuticals, pediatric anesthesia and so on.

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Conflicts of Interest

None

References

- 1. Ledford H. How to solve the world's biggest problems. Nature. 2015;525(7569):308-11.
- 2. Van Noorden R. Interdisciplinary research by the numbers. Nature. 2015;525(7569):306-7.
- 3. Why interdisciplinary research matters. Nature. 2015;525(7569):305.
- 4. Choi BC, Pak AW. Multidisciplinarity, interdisciplinarity and transdisciplinarity in health research, services, education and policy: 1. Definitions, objectives, and evidence of effectiveness. Clinical and investigative medicine Medecine clinique et experimentale. 2006;29(6):351-64.
- 5. Choi BC, Pak AW. Multidisciplinarity, interdisciplinarity, and transdisciplinarity in health research, services, education and policy: 2. Promotors, barriers, and strategies of enhancement. Clinical and investigative medicine Medecine clinique et experimentale. 2007;30(6):E224-32.
- Choi BC, Pak AW. Multidisciplinarity, interdisciplinarity, and transdisciplinarity in health research, services, education and policy:
 Discipline, inter-discipline distance, and selection of discipline. Clinical and investigative medicine Medecine clinique et experimentale. 2008;31(1):E41-8.
- 7. Klein JT. Evaluation of interdisciplinary and transdisciplinary research: a literature review. American journal of preventive medicine. 2008;35(2 Suppl):S116-23.
- 8. Dabbagh A, Elyasi H, Rajaei S. Anesthesia in ancient Iran. Anesth Analg. 2010;111(2):584.
- 9. Dabbagh A, Rajaei S, Golzari SE. History of anesthesia and pain in old Iranian texts. Anesth Pain Med. 2014;4(3):e15363.
- 10. Golzari SE, Khan ZH, Ghabili K, Hosseinzadeh H, Soleimanpour H, Azarfarin R, et al. Contributions of Medieval Islamic physicians to the history of tracheostomy. Anesth Analg. 2013;116(5):1123-32.
- 11. Modanlou HD. Medical care of children during the golden age of Islamic medicine. Arch Iran Med. 2015;18(4):263-5.
- 12. Istaphanous GK, Loepke AW. General anesthetics and the developing brain. Curr Opin Anaesthesiol. 2009;22(3):368-73.
- 13. McCann ME, Soriano SG. General anesthetics in pediatric anesthesia: influences on the developing brain. Current drug targets. 2012;13(7):944-51
- 14. Reddy SV. Effect of general anesthetics on the developing brain. Journal of anaesthesiology, clinical pharmacology. 2012;28(1):6-10.
- 15. Vontell R, Supramaniam V, Wyatt-Ashmead J, Gressens P, Rutherford M, Hagberg H, et al. Cellular mechanisms of toll-like receptor-3 activation in the thalamus are associated with white matter injury in the developing brain. Journal of neuropathology and experimental neurology. 2015;74(3):273-85.
- 16. Vutskits L. Anesthetic-related neurotoxicity and the developing brain: shall we change practice? Paediatr Drugs. 2012;14(1):13-21.
- 17. Yudkowitz FS. Anesthetics and the developing brain. Semin Cardiothorac Vasc Anesth. 2010;14(1):44-5.
- 18. Dabbagh A, Rajaei S. Halothane: Is there still any place for using the gas as an anesthetic? Hepat Mon. 2011;11(7):511-2.
- 19. Habibollahi P, Mahboobi N, Esmaeili S, Safari S, Dabbagh A, Alavian SM. Halothane-induced hepatitis: A forgotten issue in developing countries: Halothane-induced hepatitis. Hepat Mon. 2011;11(1):3-6.
- 20. Mahboobi N, Esmaeili S, Safari S, Habibollahi P, Dabbagh A, Alavian SM. Halothane: how should it be used in a developing country? East Mediterr Health J. 2012;18(2):159-64.

- 21. Bai X, Yan Y, Canfield S, Muravyeva MY, Kikuchi C, Zaja I, et al. Ketamine Enhances Human Neural Stem Cell Proliferation and Induces Neuronal Apoptosis via Reactive Oxygen Species-Mediated Mitochondrial Pathway. Anesth Analg. 2013;116(4):869-80.
- 22. Bajic D, Commons KG, Soriano SG. Morphine-enhanced apoptosis in selective brain regions of neonatal rats. Int J Dev Neurosci. 2013;31(4):258-66.
- 23. Chen G, Gong M, Yan M, Zhang X. Sevoflurane induces endoplasmic reticulum stress mediated apoptosis in hippocampal neurons of aging rats. PLoS One. 2013;8(2):e57870.
- 24. Manaenko A, Sun X, Kim CH, Yan J, Ma Q, Zhang JH. PAR-1 antagonist SCH79797 ameliorates apoptosis following surgical brain injury through inhibition of ASK1-JNK in rats. Neurobiol Dis. 2013;50:13-20.
- 25. Yu D, Jiang Y, Gao J, Liu B, Chen P. Repeated exposure to propofol potentiates neuroapoptosis and long-term behavioral deficits in neonatal rats. Neuroscience letters. 2013;534:41-6.
- 26. Roth R, Gillespie D, Nonner W, Eisenberg RE. Bubbles, gating, and anesthetics in ion channels. Biophys J. 2008;94(11):4282-98.
- 27. Kanne U. Digital sensor chips for agent dosing and metering. Medical device technology. 2005;16(1):17-9.
- 28. Geng Y, Magleby KL. Single-channel kinetics of BK (Slo1) channels. Front Physiol. 2014;5:532.
- 29. Tirella A, Marano M, Vozzi F, Ahluwalia A. A microfluidic gradient maker for toxicity testing of bupivacaine and lidocaine. Toxicology in vitro: an international journal published in association with BIBRA. 2008;22(8):1957-64.
- 30. Hong CC, Chang PH, Lin CC, Hong CL. A disposable microfluidic biochip with on-chip molecularly imprinted biosensors for optical detection of anesthetic propofol. Biosensors & bioelectronics. 2010;25(9):2058-64.
- 31. Ashraf MW, Tayyaba S, Afzulpurkar N. Micro Electromechanical Systems (MEMS) Based Microfluidic Devices for Biomedical Applications. International journal of molecular sciences. 2011;12(6):3648-704.
- 32. Wiederhold BK, Soomro A, Riva G, Wiederhold MD. Future directions: advances and implications of virtual environments designed for pain management. Cyberpsychology, behavior and social networking. 2014;17(6):414-22.
- 33. Clark TS. Interdisciplinary treatment for chronic pain: is it worth the money? Proc (Bayl Univ Med Cent). 2000;13(3):240-3.
- 34. Pergolizzi J, Ahlbeck K, Aldington D, Alon E, Coluzzi F, Dahan A, et al. The development of chronic pain: physiological CHANGE necessitates a multidisciplinary approach to treatment. Current medical research and opinion. 2013;29(9):1127-35.
- 35. Bruno RR, Donner-Banzhoff N, Sollner W, Frieling T, Muller C, Christ M. The Interdisciplinary Management of Acute Chest Pain. Deutsches Arzteblatt international. 2015;112(45):768-79; quiz 80.
- 36. Ushida T. Burdensome problems of chronic musculoskeletal pain and future prospects. Journal of orthopaedic science: official journal of the Japanese Orthopaedic Association. 2015;20(6):958-66.
- 37. Gordon DB, de Leon-Casasola OA, Wu CL, Sluka KA, Brennan
- TJ, Chou R. Research Gaps in Practice Guidelines for Acute

- Postoperative Pain Management in Adults: Findings From a Review of the Evidence for an American Pain Society Clinical Practice Guideline. The journal of pain: official journal of the American Pain Society. 2016;17(2):158-66.
- 38. Grandhe R, Souzdalnitski D, Gritsenko K. New Chronic Pain Treatments in the Outpatient Setting: Review Article. Current pain and headache reports. 2016;20(5):33.
- 39. Guzman J, Esmail R, Karjalainen K, Malmivaara A, Irvin E, Bombardier C. Multidisciplinary bio-psycho-social rehabilitation for chronic low back pain. Cochrane Database Syst Rev. 2002(1):Cd000963.
- 40. Chou R, Gordon DB, de Leon-Casasola OA, Rosenberg JM, Bickler S, Brennan T, et al. Management of Postoperative Pain: A Clinical Practice Guideline From the American Pain Society, the American Society of Regional Anesthesia and Pain Medicine, and the American Society of Anesthesiologists' Committee on Regional Anesthesia, Executive Committee, and Administrative Council. The journal of pain: official journal of the American Pain Society. 2016;17(2):131-57.
- 41. Meng E, Hoang T. Micro- and nano-fabricated implantable drug-delivery systems. Therapeutic delivery. 2012;3(12):1457-67.
- 42. Meng E, Sheybani R. Micro- and nano-fabricated implantable drug-delivery systems: current state and future perspectives. Therapeutic delivery. 2014;5(11):1167-70.
- 43. Tsantoulas C, Farmer C, Machado P, Baba K, McMahon SB, Raouf R. Probing functional properties of nociceptive axons using a microfluidic culture system. PLoS One. 2013;8(11):e80722.
- 44. Neudecker V, Brodsky KS, Kreth S, Ginde AA, Eltzschig HK. Emerging Roles for MicroRNAs in Perioperative Medicine. Anesthesiology. 2016;124(2):489-506.
- 45. Schubert H, Eiselt M, Walter B, Fritz H, Brodhun M, Bauer R. Isoflurane/nitrous oxide anesthesia and stress-induced procedures enhance neuroapoptosis in intrauterine growth-restricted piglets. Intensive Care Med. 2012;38(7):1205-14.
- 46. Yuede CM, Wozniak DF, Creeley CE, Taylor GT, Olney JW, Farber NB. Behavioral consequences of NMDA antagonist-induced neuroapoptosis in the infant mouse brain. PLoS One. 2010;5(6):e11374.
- 47. Zhou ZW, Shu Y, Li M, Guo X, Pac-Soo C, Maze M, et al. The glutaminergic, GABAergic, dopaminergic but not cholinergic neurons are susceptible to anaesthesia-induced cell death in the rat developing brain. Neuroscience. 2011;174:64-70.
- 48. Chidambaran V, Costandi A, D'Mello A. Propofol: a review of its role in pediatric anesthesia and sedation. CNS drugs. 2015;29(7):543-63.
- 49. Xiong M, Zhang L, Li J, Eloy J, Ye JH, Bekker A. Propofol-Induced Neurotoxicity in the Fetal Animal Brain and Developments in Modifying These Effects-An Updated Review of Propofol Fetal Exposure in Laboratory Animal Studies. Brain sciences. 2016;6(2).
- 50. Woloszczuk-Gebicka B. WHY IS NEONATAL ANAESTHESIA SUCH A CHALLENGE? Developmental period medicine. 2015;19(3 Pt 1):319-23.

Vol1, No 3, Summer2016 _______133