20 November 2017

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Dear Andrew

***Re:* Proposed bulk fluids listings for DHB Hospitals**
The New Zealand Society of Anaesthetists (NZSA) welcomes the opportunity to make a submission on the above PHARMAC consultation.

About the New Zealand Society of Anaesthetists
The NZSA is a professional medical education society which represents almost 600 medical anaesthetists in New Zealand. Our members include specialist anaesthetists in public and private practice, and trainee anaesthetists. We facilitate and promote education and research into anaesthesia and advocate on behalf of our members, representing and championing their professional interests and the safety of their patients. As an advocacy organisation we develop submissions on government policy and legislation, work collaboratively with key stakeholders, and foster networks of anaesthetists nationwide. The NZSA, established in 1948, also has strong global connections, and is a Member Society of the World Federation of Societies of Anaesthesiologists (WFSA).

Comments
In response to the proposal to withdraw funding to colloid based intravenous fluids (referred to as colloid) versus the balanced salt based or crystalloid, the NZSA acknowledges that this is a confusing topic, and unfortunately there is no easy answer. The literature base is gigantic but for a concise summary of the current conundrum would refer you to an editorial written in 2014. (1) Most older anaesthetists have witnessed the arguments for one or other fluid change several times during their careers and would not be surprised for opinion to change again in the future.

To briefly summarise our concerns:

- The current climate does not favour the synthetic colloids. This is primarily due to adverse press in the critical care literature coming from two trials,1 and 2 as referenced below.

- However as pointed out in the editorial (3) there are a number of faults within these trials and this data cannot be transferred to the entire anaesthetic population, in particular the elective surgical population.
- As a result of these publications, the use of colloid has diminished dramatically. Somewhat paradoxically we concede that this is not an altogether negative development. However, the jury is still out on this topic and complete withdrawal is premature, as argued in reference (4). Reference 5 is supplied for completeness.
- Synthetic colloids would remain useful in the JW population and in private hospitals in which access to blood products and albumin is more difficult.
- A potential consequence of withdrawing funding would be an increase in albumin use. Albumin is significantly more expensive than colloid and although now the colloid of choice, at one time it was not.
- Interestingly, there is a resurgence of literature around the pitfalls of even transient hypotension in at risk groups, so it may in fact be that there is a resurgence in colloid use.
- Regarding supply:
    - Private Hospitals do not have the ready access to blood products that public hospitals do, so may well use colloid as an interim step.
    - Albumin: The use of this may increase if other colloids are unavailable.
- Jehovah's Witnesses: If synthetic colloid is not available, the only option is crystalloid. We have traditionally used a lot of colloid in this group and indeed they advocate for it.

The NZSA therefore does not support the complete withdrawal of funding for colloid and would argue that continued access to this therapeutic group would be in the best interest of New Zealanders.

The NZSA strongly endorses the submission of the Australian and New Zealand College of Anaesthetist's (ANZCA) National Committee.

Thank you for the opportunity to make a written submission on this consultation.

I am happy to discuss this submission and can be contacted at president@anaesthesia.org.nz.

Yours sincerely

David Kibblewhite

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President

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