NZSA President's Blog

October-November 2019

Imagine your healthy six-year-old son going to the dentist for a small amount of dental work under 'light sedation.' Maybe you haven't thought too hard about it, after all the dental professional, who may well call themselves a doctor, knows what they're doing, right? Or you may have read a bit about dental sedation, and feel fairly comfortable that there will be trained assistants who know what they're doing. Your son is super healthy and this is a minor procedure in the dentist's office – how dangerous can it be? The authorities wouldn't let people practice in a way that would put your son's life at risk, would they? The last thing you would expect is that the procedure didn't go to plan and that your son stopped breathing and won't be coming home with you.

I know that this is a very emotive story, but for more than one set of parents in the US, this has been their reality. Case like these have led the American Society of Anesthesiologists to produce minimum standards for office based dental work. Alongside the Society for Pediatric Anesthesia, the American Society of Dentist Anesthesiologists and the Society for Pediatric Sedation, they have produced position statements on what constitutes safe sedation practice (although, there is one large player in the office procedure market who refuses to buy-in to this model of safety and that is the American Society of Oral and Maxillofacial Surgeons).

Sedation for dental procedures was one of many issues discussed at the Common Issues Group meeting, held in Sydney in September, prior to the Australian Society's National Scientific Congress. This annual get-to-together of CEOs and Presidents of the six English speaking anaesthesia societies is an invaluable event where issues are outlined, debated, examined and where sometimes, the genesis of great collaborations begins. The work of the American Society, alongside their dental associations, aligns well with our College's work on PS09 with the relevant stakeholders in Australasia.

It seems straightforward to anaesthesiologists in NZ that the provision of safe procedural sedation requires a minimum of two trained personnel. How any sane person could argue that sedation can be safely administered, monitored, titrated and reversed if necessary, by the practitioner performing the procedure is just beyond my comprehension. No one person, in this 'single operator' model can simultaneously draw up drugs, hold an airway, place an OPA or LMA, give sux or reversal, prepare an ET tube, connect further monitoring and successfully manage a child's laryngospasm. It's simply not possible.

At the CIG meeting we shared resources, particularly on work each of our member societies are doing to improve physician wellbeing. All our Societys recognise that the health of physicians and others in the perioperative care team is fundamental to improving patient safety and satisfaction. The Australian Society was able to share the *Long Lives Healthy Workplaces* toolkit prepared by the Wellbeing Special Interest Group. The South Africans, despite their physical separation and relatively poor resourcing, have a distress 'hotline' for clinicians to contact when needed. Immediate Past President Dr David Kibblewhite brought to my attention the 'Crisis Debriefing' service that Dr Nina Civil has pioneered and which is available in Waikato for team members who have been part of a crisis event at work.

Another topic that dominated the CIG agenda, was the environmental impact of anaesthesia, and associated drives to bring sustainable practices to our profession. The Association of Anaesthetists (UK and Ireland, rebranded from AABGI) explained their progress in many areas including:

- Reducing the carbon footprint of their office in London.
- Employing a sustainabilty fellow who is able to institute and measure the environmental effects of initiatives.
- Challenging their industry partners at their conferences to reduce their waste and carbon footprints, e.g. abandoning free pens that end up in the rubbish bin. They also award a prize to the industry group with the biggest reduction, who then receive a reduced rate on their next conference event.
- An entire issue of their Anaesthesia newsletter was dedicated to the environment and can be read here https://anaesthetists.org/Home/Resources-publications/Environment

Other issues discussed were drug shortages; there have been fewer of these in the last 12 months across the globe – except in South Africa where drug shortages are commonplace. The precariousness of having only about four large players in the worldwide drug market has meant that incidents or issues affecting one factory or supplier can have enormous ramifications around the globe. In the US, there has been a push to reintroduce pharmaceutical manufacturing within the US, as it is recognised that depending on supply chains out of China can have potential negative consequences. Companies such as Civica Rx (https://civicarx.org/) are being created with mission statements outlining their drive to "Ensure that essential generic medications are available and affordable to everyone."

Dr Daniel Bainbridge, Canadian Society President, reported on experiences with the Canadian version of Webairs incident reporting (CAIRS). They are having similar issues to NZ and Australia, encouraging people to upload their incident data. This was a feature of the many business meetings that I attended at the Australian Society Congress as well. Webairs has now been gathering data for 10 years and is the only portal for the collection of binational data on morbidity and near misses, as across Australasia, only anaesthesia related mortality is uniformly collected. With the re-instatement of Qualified Privilege for Webairs, I encourage all of you to contribute to this system whenever a near miss, morbidity or mortality affects your team. As a member of ANZTADC (Australian and New Zealand Tripartite Anaesthetic Data Collection), the NZSA makes an annual financial contribution to the running of Webairs in the hope that it will lead to the collection of relevant anaesthesia events, including those that are too rare to be picked up by other means.

It was a long week with the CIG meeting flowing into the Australian National Congress. As always, there were excellent presentations – Professor Alan Merry shone again with a tribute to Dr Ross Holland on how safe anaesthesia has become and how professionalism plays a significant role in this. Other standout speakers included Dr Iain Moppett from Nottingham on the need to standardise some aspects of anaesthesia practice, and Dr Liz Evererd's presentation on Frailty and Cognitive Dysfunction. We hope that Dr Evered will present her work on the ASA's (US) Brain Health Initiative at the annual Auckland City Symposium on Saturday 28 March 2020.

Wishing you all a safe journey in the last few months of 2019. As always, I welcome your comments and feedback on topics raised in my blog, or any other issues you'd like to bring to the Society's attention president@anaesthesia.nz

Ka kite ano,
Kathryn Hagen