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Helsinki Declaration on patient safety in anaesthesiology: Putting words into practice – Experience in Germany

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For years now, the German Society of Anaesthesiology and Intensive Care Medicine and the Professional Association of German Anaesthesiologists have been actively involved in efforts to improve patient safety. To this end, a whole range of activities have been initiated in recent years and, since February 2011, collected together on our home page 'PATSI' (www.patientensicherheit-ains.de). Further, the implementation of syringe labelling (ISO 26825) with additional information on drugs frequently used in intensive care was carried out. Under the item Helsinki Declaration, all decisions and recommendations so far worked out by our speciality have, in structured form, been assigned to individual points and saved as PDF files. This has made it possible for every anaesthesiological department in Germany to integrate all the relevant instructions and conditions of the Helsinki Declaration into their own individual work structures. These systematic solutions represent a major contribution towards reducing the possibility of errors at the workplace. We are certainly still in the early stages of our efforts to achieve a nationwide integration of a cultural change in the way we deal with mistakes in medicine. We have incorporated the item 'learning from mistakes' in our project 'critical incident reporting system for anaesthesia, intensive care medicine, emergency care, and pain therapy, CIRS-AINS', and have brought out a range of relevant illustrative publications. Accepting these 'mistakes' as an opportunity to critically examine ourselves and

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our work with a view to learning from them and further improving our speciality service is, we believe, a great challenge for future developments in anaesthesia.

Anaesthesiological procedures in Germany offer a high standard of patient safety. This view has almost come to be taken for granted in recent years among anaesthetists. However, to what extent is it justified? On the one hand, considerable resources have been invested in technical improvements to devices and medical products in recent years. In parallel with this, treatment standards have been developed and guidelines for important anaesthesiological therapy procedures have been compiled and adopted. At first sight, the data available so far from the literature appear to confirm that the measures taken have also clearly improved safety in anaesthesia.

In the early 1980s, the anaesthesia-associated mortality rate was in the range of 3 per 10 000 anaesthetic procedures.[1] By the end of the 1980s, in parallel with the introduction of safety standards and along with pulse oximetry and capnography, the mortality had been reduced to 0.04 per 10 000 anaesthesias.[2,3] In recent years, a global rise in the mortality associated with anaesthesia has once again been observed. When this average value is examined more closely, it is found that the anaesthesia-associated mortality for healthy individuals (American Society of Anesthesiology (ASA) grade 1) is still at 0.04 per 10 000 anaesthesias, whereas patients with relevant co-morbidities have much higher risk levels of 0.5 (ASA 2), 2.7 (ASA 3) and 5.5 (ASA 4) per 10 000 anaesthesias.[4] With the disproportionate increase in the numbers of older patients, often with multimorbidity, who were previously regarded as inoperable, and due to the introduction of larger surgical interventions that would earlier have been inconceivable, there has been an arithmetical increase in the anaesthesia-associated mortality rate during the past 10 years — but this is not the result of a decline in the quality of anaesthesiological care.

It must be noted in retrospect that, in the relevant studies and publications, poorly comparable data from different countries with completely different health care systems and structures for anaesthesiological care have often been applied to Germany.

It is not only the bare figures and results providing information about the risk level for patients in anaesthesiology that need to be discussed, however, but also anaesthesiological procedures – because this is precisely where society's expectations of low-risk procedures in the everyday treatment routine are (also) growing.

When morbidity predictions are viewed in the context of the expected population growth,[5] our discipline – like every other discipline in medicine – will, in the future, have to meet the challenge of how to continue to provide high quality while at the same time expanding its output performance due to the clear demographic growth trend and also coping with the increasingly scarce financial resources available in the German health care system.

However, it is not increasing economic pressures alone that are endangering patient safety; much more often, it is minor problems and disturbances in everyday routine work, which are fairly unimportant on their own but, in combination, can have deleterious effects for patients. In many branches of industry, and more recently in the field of medicine as well, attempts have been made since the 1950s to exclude the human factor from complex processes by investing in technology. However, this overlooked the fact that human beings have one decisive advantage over technology: human beings/physicians are the only elements in the system that are still able to respond when an unexpected critical situation occurs to which the technology cannot adequately react.

What is important, therefore, is to provide the anaesthetist with the equipment to enable him or her, as required by the 'Helsinki Declaration on Patient Safety in Anaesthesiology', to accept and carry the great "responsibility for quality and safety in anaesthesia, intensive care, emergency medicine and pain medicine, including the whole perioperative process and also … many other situations inside and outside the hospital where patients are at their most vulnerable."