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Based on a survey relative to the practice of simultaneous anaesthesia in Latin-America[☆]



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ABSTRACT

Introduction: Despite the development of anaesthesia worldwide, not all operating rooms follow minimum stringent safety standards. One of the violations of patient safety standards is simultaneous anaesthesia, which threatens the life of the patient and compromises medical ethics and professionalism.

Objective: To describes the frequency of the practice of simultaneous anaesthesia among a group of anaesthetists and anaesthesia residents who attended a Latin-American Anaesthesiology Congress.

Materials and methods: Cross-sectional study of a universe of 954 participants who registered to the XXXII Congress of CLASA, held in Asunción, Paraguay (September 30th to October 3rd, 2013). Participation in the study was voluntary after verbal informed consent on the part of the respondents, and the questionnaire was answered anonymously. This study was approved by the Research Committee of the Colombian Society of Anaesthesiology and Resuscitation (Sociedad Colombiana de Anestesiología y Reanimación – S.C.A.R.E.).

Results: Of the 112 anaesthetists and 29 anaesthesia residents surveyed, 30% recognized that simultaneous anaesthesia is given habitually at their place of work; 26% do not apply the checklist; 24% consider that the practice is justified; and 84% are in favour of penalizing this behaviour.

Conclusion: There are places where simultaneous anaesthesia is still practiced and where the checklist is not used. A vast majority of the respondents agree that this breach must be penalized in order to improve patient safety.

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A Propósito de una encuesta sobre la práctica habitual de anestesia simultánea en Latinoamérica

R E S U M E N

Palabras clave:

Ética
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Introducción: A pesar del desarrollo que ha tenido la anestesiología a nivel mundial, no en todos los quirófanos se cumple con un riguroso estándar la aplicación de las normas mínimas de seguridad. Una de las violaciones a la seguridad de los pacientes es la anestesia simultánea, que atenta contra la vida de los pacientes y compromete la ética y el profesionalismo médico.

Objetivo: Describir la frecuencia de uso de la anestesia simultánea en un grupo de anestesiólogos y estudiantes de posgrado de anestesiología asistentes a un Congreso Latinoamericano de Anestesiología.

Métodos y materiales: Estudio de corte transversal en un universo de 954 inscritos al XXXII Congreso de la CLASA en Asunción, Paraguay (30 de septiembre a 3 de octubre de 2013). La participación fue voluntaria, previo consentimiento informado verbal por parte de los encuestados, y el formulario de respuesta fue anónimo. Este estudio fue aprobado por el Comité de Investigaciones de la Sociedad Colombiana de Anestesiología y Reanimación (SCARE).

Resultados: De los 112 anestesiólogos y 29 estudiantes de posgrado en anestesiología encuestados, el 30% reconocieron que en los sitios donde trabajan se da anestesia simultánea de manera habitual; el 26% no aplican la lista de chequeo; el 24% consideran que se justifica esta práctica, y el 84% están a favor de sancionar esta conducta.

Conclusión: Todavía hay lugares en donde se practica la anestesia simultánea y no se utiliza la lista de chequeo. Una gran mayoría de los encuestados están de acuerdo en que se debe sancionar esta infracción en procura de la seguridad de los pacientes.

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Introduction

In the past, given little availability of medical professionals trained in the practice of anaesthesia, it was commonplace to see the risky practice of providing simultaneous anaesthesia where the patient was abandoned not only in rooms within the same institution but also between separate hospitals.¹

At the present time, this practice is considered illegal by the specialty² and considering the fact that the patient is defenceless when under anaesthesia, this practice also constitutes betrayal of the trust placed in the anaesthetist and, consequently, the surgical teams and the institutions that lend themselves to this practice are also guilty. Simultaneous anaesthesia, unlike medical error, is considered malpractice and, as such, is inexcusable.³

The current practice of simultaneous anaesthesia is unknown. In some places it is tolerated because of the little availability of specialized teams and because of the economic interests of the practitioners who want to increase their income.⁴

Considering that the rejection of the practice of simultaneous anaesthesia varies in different countries, and in order to determine what is the reality of this ethical and legal problem in Latin-America, a survey was conducted among anaesthetists of various Latin American countries who attended the XXXII Congress of the Latin-American Confederation of Anaesthesia Societies (CLASA), held between September 30th

and October 3rd, 2013, in Asunción, Paraguay ([Annex 1](#) for the form).

Methodology

Cross-sectional study of a universe of 954 participants (more than 150 anaesthesia professors of Latin-America, Europe and North America) registered at the XXXII Congress of CLASA from September 30th to October 3rd, 2013. Participation in the survey was voluntary after giving verbal informed consent, and the answers to the questionnaire were anonymous. This study was approved by the Research Committee of Sociedad Colombiana de Anestesiología y Reanimación (S.C.A.R.E).

Results

Overall, 141 participants responded: 112 anaesthetists working in hospitals and clinics in Latin-America, and 29 anaesthesia residents (14% of the attendees).

Of the respondents, 30% recognize that in the region of Latin-America where they work, simultaneous anaesthesia is given; 26% do not apply the checklist proposed by the World Health Organization (WHO) (which requires the presence of the anaesthetist throughout the entire anaesthetic procedure).⁵ Half of the anaesthetists have attended at least one anaesthesia workshop with simulators in the past

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