



## Anaesthesia and Safety

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### Editorial

We work in an environment where unreliable delivery of the best care can result in fatal adverse events anaesthetists have an important role to play in the patient safety [1]. The safety is effectively implemented by the help of guidelines and emerging evidence on safe practice. The Safe Anaesthesia project (SAFE) was launched in 2010. This is a training initiative of the AAGBI (Association of Anaesthetists of Great Britain and Ireland) and WFSA (World Federation of Societies of Anesthesiologists). This was started with the main aim of delivering vigilant and competent anaesthesia by the anaesthesia providers. Year 2015 was a landmark for surgery and anaesthesia. The 68<sup>th</sup> World Health Assembly (WHA) unanimously passed a resolution on strengthening emergency and essential surgical care and anaesthesia as a part of universal health coverage. The Lancet Commission on Global Surgery (LCoGS) came out with a report "Global Surgery 2030: Evidence and Solutions for achieving Health, Welfare and Economic development" which contained five key messages relating to access to safe and affordable surgery and anaesthesia. In the present scenario there is a wide discrepancy in safe anaesthesia practice in Low and Middle Income Countries (LMICs) and that in high income states. Practical and achievable safety standards should be followed. Use of high quality medications and post-operative pain management should also be taken into consideration. Anaesthesia has come a long way since 1949 when Robert Macintosh challenged the view that deaths under anesthesia were inevitable and was usually due to anaesthetist's failure [2]. Many changes were brought about to reduce human error and the greatest milestone was the foundation of APSF (Anaesthesia Patient Safety Foundation) in 1985 [3]. It is now recognized that accidents are inevitable in systems such as healthcare, because of complexity and the latent factors that set up humans to fail [4]. Advances in technology have also played a great role in the safety of anesthesia e.g., Pin indexing of cylinders, pulse oximetry and capnography. The one error which was resistant to improvement was medication error. The APSF is addressing medication errors, based on standardization, technology, greater use of pharmacists and culture change [5]. It is mandatory to check all medications before administration and a randomized trial has shown that anaesthetists confirming with key principle of safe drug administration (including checking, using barcodes) resulted in fewer errors [6,7]. Use of WHO surgical safety check list has also resulted in reduction of errors [8]. Thus we can conclude to state that anesthesia has low specific risk, but has an important impact on perioperative risks and outcomes. Adverse events in perioperative period are present but are preventable in more than 50% cases. Future research needs to look into more high quality evidence about the effectiveness of patient safety practices, deeper insights into common patterns of preventable events and into implementation issues of surgical checklists and other practices.

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