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Editorial

Does Colombia need more anesthetists?☆



¿Se requieren más anestesiólogos en Colombia?

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The leadership of a professional association depends on two essential factors, the leader's willingness to work and the commitment of all the associates to their support to the leader in order to form one single force that is able to "advance with its eyes on the horizon", as Ortega y Gasset once said.

After having attended the European Society of Anaesthesiology (ESA) Congress in Stockholm-Sweden from May 31st to June 3rd, 2014 with professors Alberto Vanegas, pioneer of Total Intravenous Anesthesia (TIVA) in Colombia and the world; Gustavo Reyes, Scientific Subdirector at the Colombian Society of Anesthesiology and Resuscitation (S.C.A.R.E.); and the S.C.A.R.E.'s Executive Director, Diego Peláez, several statistics stand out. In Europe there is, on average, 14 anesthetologists per 100 000 inhabitants, Sweden being the country with the highest coverage (more than 20) and Poland with the lowest coverage with nearly 7.

In Europe, there is an average of 15 anaesthetists for every 100,000 inhabitants, Sweden being the country with the largest coverage with more than 20, and Poland being the country with the lowest, with approximately 7.¹

Colombia has at least 5 anaesthetists for every 100,000 inhabitants. Sedation procedures are still a subject of debate in terms of who should perform them, considering that it is the general agreement that the safety of anaesthesia should not be left to inexperienced hands. Given the huge number of sedation procedures required in dentistry, endoscopy, radiology,

etc., and the low coverage or availability of anaesthetists, many countries now have anaesthesia technicians, including well-trained nursing staff. However, during the congress, this practice was challenged as a result of more than 90 cases reported of paediatric deaths in European countries.

The world-wide proposal is oriented towards training more anesthesiologists, at the university level because big solutions are needed for big problems. Allow us to clarify this reference to universities; in Colombia, unsurprisingly, it has even been proposed that hospitals should train specialists, out of their own pockets and at their own risk, without support from universities. This tendency is directed more towards business and to the vices of unbridled capitalism than towards the quality of education and patient safety.

The visit to Europe has brought important alliances to Colombia, like the agreement with the University of Nottingham whose chief and director of Anesthesia, professor Ravi Prakash Mahajan, recently signed a mutual support alliance with the S.C.A.R.E. to strengthen the Centro de Desarrollo Tecnológico (Technological Development Center, TDC).

Dr. Ravi was the pioneer of the Safe Surgery Checklists in England, which were embraced by the World Health Organization (WHO). His workplace, the university hospital Queen's Medical Center in Nottingham, with more than 2000 beds, has established perioperative briefing and debriefing, and the application of checklists (with the participation of

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anesthesiologists and other surgical team professionals) in all elective surgeries. This has led to an evident reduction in adverse events.

Countries like Norway with professor Johan Raeder, in pediatric anesthesia, the Netherlands with professor Frank Enbers, Scotland with professor Stephan Schraag, and others are willing to receive post-graduate students in Anesthesiology from Colombia for TIVA training. The S.C.A.R.E. would run a competition so that each post-graduate school could send at least one of its students using soft loans. In this way, post-graduate schools would be strengthened and there would be more opportunities for specialist training.

The S.C.A.R.E. should favor international internships. Just as the National University of Colombia offers soft loans of 1 billion pesos (approx. USD \$500 000) which are handed over to an external entity for administration (ICETEX), the S.C.A.R.E. is in the process of implementing this policy for post-graduate students in our country with excellent results. Anesthesiology is a specialty with the great advantage that the financial risk assumed with this kind of loan is low, given the high rate of return after the graduate is employed.

In France, 25% of anesthesiologists were trained in the U.S.A. In the same way, this mechanism can be encouraged in Colombia, despite the latent risk that "brain drain" will increase.

The S.C.A.R.E. warmly embraces all measures that favor the social development of the country and that include central themes: the training of specialists that do practicums in welcoming and high-quality clinics and hospitals, procedures

that increase patient safety and that avoid their abandonment (which occurs in simultaneous anesthetics)², and the stimulation of our hotbed of post-graduate students that must be "multimodal". These measures must aim for a complete education with professionalism, a sense of belonging within the health needs of the country, adherence, ethics, regulation and self-regulation.

As professor Alberto Vanegas says, "leadership is guiding with passion and humanism, and instead of personalizing power, it should work to consolidate secure institutional projects". With this in mind, the S.C.A.R.E. has been strengthening its intention to better patient safety, the country's health and the quality of life of its members whose commitment is fundamental in this endeavor.

Conflicts of interest

The authors have no conflicts of interest to declare.

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