LETTERS TO THE EDITOR

SIR:

An article entitled "Canadian Hospital Bans Flammable Anaesthetics for Safety's Sake" appeared in the July 16, 1969 issue of the Journal of the American Hospital Association. As this journal makes no allowance for letters to the editor, I am taking the liberty of submitting a few remarks on the above article to the Canadian Anaesthetists' Society Journal.

The author of the said article is Mr. Robert D. Rosser, the Assistant Executive Director of the Royal Alexandra Hospital, Edmonton, Alberta. As the title suggests, the subject is somewhat controversial and will, I am sure, have a significant influence on Canadian hospital administrators. I feel it is in order to inform our colleagues of this matter and invite further comments.

Specifically, flammable anaesthetics have been banned from the above hospital for a number of stated reasons. These apparently include such things as (1) patient safety; (2) conclusions after a six-month trial ban of the use of flammable anaesthetics; (3) a decision that the teaching of the use of flammable agents should be abandoned; and (4) the belief that, by removing the necessity of maintaining adequate precautions, the reduction in maintenance and equipment costs would be significant.

It is realized that to use or not to use flammable anaesthetics is indeed controversial, and it is known that other hospitals in this country have also banned their use. However, I would point out that fires and explosions have been unknown in North American operating rooms for at least twenty years. When considering the patient's safety there are still many specialists in anaesthesia who feel that in certain circumstances the use of flammable agents is desirable. Their conclusions are based on sound clinical practice and experience. It is interesting to note that, at a formal debate on this subject held at the December 1968 meeting of the Post-graduate Assembly of Anesthesiology in New York, the vast majority of attending physicians were in favour of maintaining the right to use flammable agents where indicated. It is true that one can argue that non-flammable agents can provide equally good conditions for the patient. However, surely practising anaesthetists of today must be aware of the increasing controversy and of recent warnings from government sources over the use of one of our most familiar non-flammable agents. Although this question is far from settled, I would suggest that it is essential for us to maintain as much flexibility in the use of anaesthetic agents as possible, both now and in the future. If the popularity of banning flammable agents spreads throughout our hospitals, particularly the teaching institutions, in the absence of supporting data, then we are unconsciously condemning these agents to oblivion. The same fate may well overtake some or all of the non-flammable anaesthetics, through somewhat the same process.

As an aside, one must point out that as far as cost is concerned, what may be

saved on equipment and maintenance is in turn being spent on the considerably higher costs of the non-flammable agents.

I must close this letter by voicing my deep concern over this subject and protesting the ill-advised decision of the Royal Alexandra Hospital and the publication of this decision by an Assistant Executive Director, whose paper is without foundation in logic or fact.

STUART L. VANDEWATER, M.D.
Department of Anaesthesiology
Queen's University
Kingston, Ontario

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