

Correspondence

Liability and changing patterns of anaesthetic practice in Canada

To the Editor:

The survey of the "Effects of Liability on the Provision of Anaesthetic Care in Canada," published in the January issue of the *Canadian Journal of Anaesthesia*,¹ was an analysis of a questionnaire sent to anaesthetists in Canada as part of a Federal/Provincial/Territorial Review on Liability and Compensation Issues in Health Care. Because of the inherent nature of the study, it may have been more likely to lead to the conclusion that medico-legal liability had a profound influence on the provision of anaesthetic care in Canada than a survey examining other factors influencing the provision of care. This assumption of cause and effect, as it relates to liability, is an oversimplification of the issue and makes no mention of the multiple factors that changed the practice of anaesthesia and contributed so significantly to patient safety.

Anaesthesia is the practice of medicine based on a thorough understanding of physiology and the effects of the disease processes on system function, an understanding of pharmacology and the effects of many drugs on system function, and the stresses of surgery and their destabilizing effects. The ability to measure many system functions and to maintain or restore physiological stability to these systems in the operative and perioperative period, in a timely fashion, is a very important part of an anaesthetist's daily responsibility. The knowledge base, the measurement capability, the treatment modalities available, the equipment improvements, newer drugs, and the training and continuing education of anaesthetists have, in my view, produced the "profound" change.

Motivation for change in the practice of anaesthesia has always been present at its highest level when practitioners have observed complications which they attributed, at least in part, if not wholly, to their anaesthetic. This awareness and search for improvement is a particular obligation assumed by the anaesthetist, since the anaesthetic does not directly treat the disease and should not contribute further to patient illness. The anaesthesia literature is constantly reporting complications and suggested solutions to be shared with colleagues. We have come to accept this as the norm, but it is not nearly so common in the literature of other disciplines. Our concern

for patient welfare during anaesthesia and our careful examination of untoward events has been the greatest stimulus to change in our practice.

Some of the important factors leading to change are: the increased understanding of physiology and pharmacology at both the undergraduate and post-graduate level; the more formal preparation of both the family practitioner and the specialist in the provision of safe anaesthesia; the improvements in equipment, anaesthetic machines, and ventilators through the work of our colleagues in anaesthesia and the manufacturers through the Canadian Standards Association; the development of new agents for the provision of anaesthesia and new drugs at our disposal to treat instability; new monitors with real time indicators of life-threatening changes; guidelines for standards of practice agreed to by the specialty; quality assurance programs in hospital with peer review for adherence to standards; and increased commitment to continuing education. All of these factors for change were developed out of our concern for improvement in patient care.

External factors such as regionalization of high-risk surgery, trauma, children's surgery, and obstetrics, as well as increased complexity of procedures, has produced subspecialization within anaesthesia and has encouraged the restriction of practice of some anaesthetists to these areas and has discouraged others from attempting to be complete generalists. Subspecialization within surgery, the development of critical care medicine, and the recognition of the need for involvement in the management of chronic pain, have also contributed to shifts in the scope of practice for many anaesthetists.

In summary, although litigation is an important reality of life in our speciality, the real motivation for change has been the genuine desire to provide the very best care for each patient that we encounter. A serious assessment of every complication and near miss for preventable factors is of primary concern; only secondarily is the concern of lawsuit thrust upon us.

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REFERENCE

- 1 Cohen MM, Wade J, Woodward C. Medical-legal concerns among Canadian anaesthetists. *Can J Anaes* 1990; 37: 102-11.