

REFERENCES

- 1 Malby JR, Rana NB, Amarya R, Shrestha BM. Anaesthesia training in Nepal. *Can J Anaesth* 1987; 34: 51-5.
- 2 Swar BB. An alternative to conventional oxygen cylinders. *J Nepal Med Assoc* 1986; 24: XX-XXIV.

Revised Guidelines to the Practice of Anaesthesia

To the Editor:

Having read the revised Guidelines^{1,2} and noted the new standards and techniques for patient-monitoring during anaesthesia, I must express my concern for the failure of the Guidelines to address an area of practice which in my opinion must sooner or later be regulated.

The Guidelines totally ignore the issue of fatigue and stress suffered by the anaesthetist who may continue to provide service after a prolonged period of "on-call duty." All industries today specify exactly what constitutes appropriate working hours. Union bosses would be horrified to learn of the hours worked by many of our colleagues and would call for independent enquiries into the issue of public safety and anaesthesia.

Unless the profession itself undertakes an innovative approach to the most efficient utilization of its skilled manpower, administrators and bureaucrats may further dictate our future practice.

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REFERENCES

- 1 Guidelines to the Practice of Anaesthesia as recommended by the Canadian Anaesthetists' Society. 1987. Canadian Anaesthetists Society, Toronto, Ontario.
- 2 Duncan PG. Revised Guidelines to the Practice of Anaesthesia. *Can J Anaesth* 1987; 34: 107-9.

REPLY

The Standards of Practice Committee of the Canadian Anaesthetists' Society is well aware of the influence of stress and fatigue on physician performance. Unfortunately, it is not an easy area in which to make noncontentious statements. For example, not all stresses are work related, and limited workloads would by nature be generalities, ignoring nonprofessional factors. Desirable workloads are also extremely variable both between physicians and between different points in the career of the same individual. Finally, no reliable information exists as to whether case numbers, case profiles, or hours worked should best express optimal working conditions for anaesthetists. The Guidelines were therefore limited to suggesting those elements necessary for safe practice; any debility (including fatigue)

interfering with the attainment of these principles would clearly be unacceptable.

One has to wonder why any such statement should be necessary. Surely as independent professionals, anaesthetists are capable of regulating their own life styles when patient safety is the issue. No surgeon has the right to place his patient at risk by "forcing" an anaesthetist impaired by fatigue to provide elective service post-call. No anaesthetic department should be allowed to limit its membership for economic reasons if quality of care is constrained. It is time we, individually and collectively, learned to say "no" to those who would have us violate our professional ethics in this manner. We would thereby remove the need for third parties to limit our practice in the arbitrary fashion suggested by Dr. Sheffman, and elevate the image of anaesthesia by responsible action.

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Nitrous oxide is contraindicated in endoscopic surgery

To the Editor:

In their report on trans-tracheal ventilation for laser endoscopic surgery, Ravussin *et al.*¹ use 50 per cent nitrous oxide and 50 per cent oxygen during laser resection of laryngeal lesions.

The use of nitrous oxide during laser endoscopic surgery exposes patients to an unnecessary risk of fire or explosion since nitrous oxide supports combustion.² Mixtures of nitrous oxide and oxygen support the combustion of endotracheal tubes set on fire by a CO₂ laser just as readily as 100 per cent oxygen.³

It has been recommended that the minimum concentration of oxygen which is clinically appropriate should be administered along with helium or nitrogen during laser endoscopic surgery.⁴

Endotracheal explosion was the most common serious complication of CO₂ laser surgery in a recent survey.⁵ The elimination of nitrous oxide from anaesthetic gases should lessen the occurrence of these disasters.

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