IN REPLY

In reply: Encouraging a bare minimum while striving for the gold standard: a response to the updated WHO-WFSA guidelines

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To the Editor,

We are thankful for the opportunity to respond to the letter from Dr. Hendel *et al.*¹ addressing the World Health Organization-World Federation of Societies of Anaesthesiologists (WHO-WFSA) International Standards for a Safe Practice of Anesthesia^{2,3} reiterating their previously stated concern that such standards set the bar too high.⁴

The WHO-WFSA workgroup was globally representative and was balanced for sex, geography, and high-, middle-, and low-income country membership. Thus, the advice of representatives from low-income countries in different parts of the world was sought and included. This is in contrast to the authorship group of

Hendel *et al.* where only a part of Africa was represented among low-income countries.

Hendel *et al.* seem to have missed the distinction made in our *Standards* document between emergency surgery to save life or limb and purely elective or semi-elective surgery. Their disconcerting statement “We do a disservice to those who rely on a bare minimum by implying that they should have oxygen, safety monitors, and essential medicines at all times”¹ is difficult to reconcile with the setting of standards. Their statement serves to sanction all surgery independent of urgency in the absence of basic requirements. The WHO-WFSA workgroup strongly disagrees with such a sanction. The *Standards* document accommodates the need for anesthesia in the absence of these minimum standards in exceptional circumstances with an explicit statement that “In some resource-poor settings, even HIGHLY RECOMMENDED (i.e., minimum expected standards) may not currently be met. In these settings, the provision of anesthesia should be restricted to procedures that are absolutely essential for the immediate (emergency) saving of life or limb. If HIGHLY RECOMMENDED standards are not met, provision of anesthesia for elective surgical procedures is unsafe and unacceptable.”³

Standards are by definition “A required or agreed level of quality or attainment; something used as a measure, norm, or model in comparative evaluations”.⁵ They are not intended to “imply” what that level is—they state it explicitly. How they are implemented depends on decisions made locally at a hospital, regional, or national level. We have previously pointed out that the failure of local political processes does not represent the failure of appropriate standards.⁶ Standards are a tool to be used in the political process of establishing best practices in the interests of patient safety and wellbeing.

We wish to assure Hendel *et al.* that the WFSA is playing a very active role, together with national societies, in ensuring that anesthesia is an integral part of national

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surgery-obstetric-anesthesia planning. The *WHO-WFSA International Standards for a Safe Practice of Anesthesia* are proving to be an invaluable resource during those planning processes. We are concerned that the explicit bare minimum step-wise approach previously promulgated by these authors,⁴ and now reiterated once again,¹ will be interpreted as a de facto alternate set of lower standards by those in a position of power and used to endorse the current inadequacies in anesthesia services in many parts of the world. This would maintain the status quo in many low- and middle-income countries.⁶

Conflicts of interest None declared.

Editorial responsibility This submission was handled by Dr. Hilary P. Grocott, Editor-in-Chief, *Canadian Journal of Anesthesia*.

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