

**Minutes of the Meeting of the Harveian Society**

**Held on Wednesday 10 January 2018**

The President welcomed guests and reminded those present that this was a private meeting.

The Minutes of the meeting held on 8 November 2017 were read and agreed. The President signed the Minutes.

The President-Elect assumed the duties of President and the new officials took post.

The retiring President, Dr Alison Twigley, MBBS, FRCA spoke on

**TO THE BRINK OF DEATH AND BACK AGAIN**

Dr Twigley began by reviewing the basic physiological effects of anaesthesia and gave examples of what can go wrong, including anaphylaxis, airway difficulties, drug errors and arrhythmias. Mortality from General anaesthesia had decreased over the years, and was now about 1 in 1700 overall, but very low in the young and fit at 1 in 100,000. Indemnity costs had declined relative to other specialities, reflecting safer anaesthesia. In terms of claims made, the speciality was now fifth after Obstetrics and Gynaecology, Surgery, Medicine, and Emergency Medicine, accounting for about 90 claims a year against the NHS in the period 1997-2005. There were many reasons for this. Monitoring and the better equipment allowed close observation of Oxygen Saturation, and, for example, Cardiac Output by oesophageal Doppler monitoring. The availability of online analysis of electrolytes and glucose also contributed to safer anaesthesia. Airway management had also improved considerably, the Laryngeal Mask Airway (LMA) was introduced in the late 1980's, and the Igel Supraglottic Airway in about 2007. Modern anaesthetic agents – for example Propofol and Atracurium - now allowed more easily controlled and reversible anaesthesia.

Appraisal may have assisted maintain standards, but there were difficulties – it was not independent, was costly and not always effective. Some examples of where it would have missed problem doctors were given. Human factors such as encouraging good communication, team working, and the sensible use of check lists were important. Finally four Audits at a national level were organised by the College – these include audit of the major complication of neuroaxial block, perioperative anaphylaxis and the usefulness of mortality and morbidity review meetings. There were 33 cases of death as a result of airway complications occurring in theatre, ICU or the emergency department, in the UK over one year. The audience was reminded that excellent audit had been undertaken by Florence Nightingale in the 1850s but seemed to have been largely forgotten for over 100 years.

Awareness during anaesthesia was being assessed by a national audit, and about 400 were reported in a one-year period. A current concern was whether anaesthesia had a lasting effect on the ageing brain with the possibility of accelerating dementia. Anaesthetists are hedging their bets with the help of analysing depth of anaesthesia with modified ECG recordings to ensure that older patients receive the minimum anaesthesia necessary.

A vote of thanks was proposed by the Hon. Sec.

43 Members and Guests Attended

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Dr Catherine Sarraf  
President

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Dr Robin Knill-Jones  
Honorary Secretary