(Acta Anaesth. Belg., 2020, 71, 1-3)

Editorial – 'Safety First' : a plea for realism

D. Himpe (*), S. Carlier (**), M. Van de Velde (***), L. Foubert (****), R. Heylen (*****), G. Bergiers (******), V. Bonhomme (*******).
On behalf of the Society for *Anesthesia and Resuscitation of Belgium* (SARB) and the *Professional Association of Specialists in Anesthesia and Resuscitation* (BSAR-APSAR)

First published in 1989, the Belgian Standards for Patient Safety during Anesthesia (1) are considered to be the most strict standards as compared to the national recommendations or standards applying to anesthesia (including major regional anesthesia and sedation) in 6 countries of the European Community (2). From the beginning, however, a discrepancy existed between the 'Safety First' narrative and the work-floor reality. A five-years-later survey in 1995, published by Georges Verheecke (3), revealed that 65% of all responders did not comply at all times with the imperative of permanent attendance by an anesthesiologist during any general anesthesia. Fortunately, with the new millennium, simultaneous anesthetic procedures almost disappeared. Times and contexts changed, imposing contemporary adaptations of the standards' semantics. Therefore, in 2002, both scientific (SARB) and professional (BSAR-APSAR) communities scrutinized the earlier version, adjusting some passages to allow a more unambiguous interpretation and unquestionable applicability (4). The point of simultaneous anesthetic procedures and continuous attendance by the anesthesiologist was explicitly addressed at point 2.09 of the publication.

A recent cross-sectional analysis by the Flemish Government, based on unannounced visitations in all Flemish operating theatres in 2014, demonstrated that in 98% of cases, the principle of "one anesthetist, one patient" was met, which is a phenomenal achievement (www.zorginspectie.be - Toezicht op het zorgtraject voor de chirurgische patiënt in de algemene ziekenhuizen, page 54). Simultaneous anesthesia is far less an issue today. As a side-effect of this favorable evolution, the interpretation of the 2.09 rule changed insidiously. The focus has shifted towards a more fundamentalist reading, and a less indulgent view on the previously and generally accepted practice to leave both surveillance and monitoring of a stable patient under general anesthesia to a skilled person of the crew for a short while, and this during a stable phase of surgery. The latter allows anesthesiologists to deal with other organizational and occupational duties, inherent to their clinical performance.

Firm and straightforward, the 2.09 rule was conceived as such to be 100% sure that simultaneous anesthetic procedures would be abandoned. Somehow, it neglected the complex daily reality. Recently, intolerance for incidental crew movements increased gradually without adding an equivalent contribution to the fundamental aims of the original rule. Although violation of the essential 'Safety First' concepts has rigorously been avoided at any time, the urge slowly emerged to clarify out the actual grey zone.

Honest anesthesiologists should be comforted and protected against unjustified insults and unlaw-

Dirk Himpe, MD, PhD ; Stefaan Carlier, MD ; Marc Van de Velde, MD, PhD ; Luc Foubert, MD, PhD ; René Heylen, MD, PhD ; Guy Bergiers, MD ; Vincent Bonhomme, MD, PhD
(*) Retired, BSAR-APSAR Board member
(**) Dpt of Anesthesia and Resuscitation, AZ Groeninge, B-8500 Kortrijk
(***) Dpt of Cardiovascular Sciences, UZ Leuven, B-3000 Leuven
(****) Dpt of Anesthesia, OLV Ziekenhuis Aalst, B-9000 Aalst
(*****) Dpt of Anesthesia, Intensive Care Medicine, Emergency Medicine & Pain Therapy, Ziekenhuis Oost-Limburg, B-3000 Genk
(******) Dpt of Anesthesia, Cliniques de l'Europe, B-1180 Brussels
(*******) University Dpt of Anesthesia & ICM, CHR de la Citadelle, B-4000 Liège
Corresponding authors : *For the Society of Anesthesia and Resuscitation of Belgium (SARB)*: Vincent Bonhomme, SARB President, University Department of Anesthesia and Intensive Care Medicine, CHR Citadelle, Boulevard du 12e de Ligne, 1, 4000 Liege, Belgium.
E-mail : vincent.bonhomme@chuliege.be.
For the Professional Association of Specialists in Anesthesia and Resuscitation (BSAR-APSAR): Stefaan Carlier, BSAR-APSAR President, Department of Anesthesia and Resuscitation, Campus Kennedy laan, AZ Groeninge, President Kennedylaan 4, 8500 Kortrijk, Belgium.
E-mail : stefaan.carlier@azgroeninge.be

ful claims by different instances. Therefore, at the 2015 General Assembly of the Belgian Professional Association of Anesthesiologists (BSAR-APSAR), an amendment of the 2.09 rule was proposed. A pioneer of the Belgian Standards, Prof. Em. Bernard Gribomont (UCL), attending the meeting, intervened personally and acknowledged the need for a new description.

Finally, in 2018, the former SARB president, Marc Van de Velde, joined the BSAR-APSAR board when they were invited at the office of the Flemish Minister of Health to motivate and legitimate this adaptation (see appendix). The new version of the 2.09 rule, however, led to weaknesses, essentially in the definition of the competencies of the person delegated to monitor the patient in the absence of the attending anesthesiologist, and in the rules applying to loco-regional anesthesia. Although the new version of the 2.09 rule is hereby published unchanged with regard to its content, these weaknesses motivated both the SARB and the BSAR-APSAR for a revision of the entire text of 'Safety First', in which the weaknesses are overcome, and some ameliorations are added. Specifically, the following points are now approached in much more details: competencies of the person to which the monitoring of the patient can be delegated by the anesthesiologist for a brief period of time, management of patients under regional anesthesia, and supervision of anesthesiologists in training. As a consequence of multiple additions to the original content, changes in the numbering of paragraphs have been made in order to respect logic in the sequence of items and make reading easier. Formulation has also been adapted accordingly, and in order to approach each specific point from all its aspects. The previously known 2.09 rule is now dealt with at point 2.07 and beyond. The new text is undoubtedly a substantial improvement in defining the minimal standards for patient safety and is probably still the strictest among international recommendations, while taking account of the reality of current anesthesia practice. It should motivate organizational changes in anesthesia departments that do not already meet these safety criteria, and be a strong argument to convince hospital managers to help departments investing in useful measures for patient safety. Of course, such recommendations should not stay frozen, and will certainly be revised again in the future, as a function of the evolution of our specialty.

References

1. Belgian standards for patient safety in anesthesia. 1989. The Belgian Anesthesia Patient Safety Steering-Committee. Acta Anaesthesiol. Belg. 40: 231-238.
2. Poll JS. 1994. Attendance of the anaesthesiologist to the patient. National recommendations for standard of anaesthetic practice. Eur. J. Anaesthesiol. 11: 489-491.
3. Verheecke G and Himpe D. 2001. Safety first – five years later. Belgian standards for patient safety in anaesthesia revisited. Acta Anaesthesiol. Belg. 52: 5-12.
4. Belgian standards for patient safety in anesthesia. 2002. An update. Acta Anaesthesiol. Belg. 53: 5-9.

Appendix

2015 amendment, text alternating in Dutch (D) and French (Fr)

Original 2.09:

(D)

Behoudens vitale noodtoestand zijn simultane anesthesieën verboden (d.w.z. het gelijktijdig onder narcose brengen van twee patiënten door één anesthesist-reanimator). De anesthesist-reanimator blijft continu aanwezig bij zijn patiënt. Indien de anesthesist-reanimator, als uitzondering op de hogervermelde algemene regel, toch verplicht is zijn patiënt tijdelijk te verlaten duidt hij een bevoegde persoon aan, die de bewakingsplicht exclusief overneemt, met uitsluiting van elke andere activiteit.

Deze bewaking valt onder de volledige verantwoordelijkheid van de anesthesist-reanimator.

(Fr)

Sauf cas d'urgences vitales, les anesthésies simultanées sont interdites (par anesthésies simultanées, on définit l'administration simultanée de narcoses à plus d'un patient). L'anesthésiste-réanimateur en charge du patient reste continuellement auprès de celui-ci. Si par exception à la règle définie ci-dessus l'anesthésiste-réanimateur est obligé de s'éloigner de son patient pendant un temps limité, il désignera une personne compétente qui assurera cette surveillance à l'exclusion de toute autre activité pendant son absence. La surveillance relève de la seule responsabilité de l'anesthésiste-réanimateur traitant.

Amendment of 2015 :

(D)

Behoudens vitale noodtoestand zijn simultane algehele anesthesieën verboden (d.w.z. het gelijktijdig onder algehele anesthesie brengen van meer dan één patiënt door één anesthesist-reanimator).

(Fr)

Sauf cas d'urgences vitales, les anesthésies générales simultanées sont interdites (par anesthésies simultanées, on définit l'administration simultanée de narcoses à plus d'un patient).

(D)

Tijdens een stabiele fase van de algehele anesthesie kan en mag de anesthesioloog-reanimator de operatiezaal voor een korte tijd verlaten op voorwaarde dat hij de bewaking van de vitale functies en de monitoring overlaat aan een persoon die naar zijn mening bevoegd is om de patiënt tijdens deze fase te bewaken en die persoon de opdracht geeft om bij iedere relevante wijziging van de vitale functies of monitoringgegevens de anesthesist-reanimator te verwittigen. Deze bevoegde persoon neemt de bewakingsplicht exclusief over met uitsluiting van elke andere activiteit.

(Fr)

Au cours d'une phase stable de l'anesthésie générale, l'anesthésiste-réanimateur peut quitter la salle d'opération pendant un temps limité à condition qu'il ait confié la surveillance des fonctions vitales et du monitoring à une personne, à son avis, compétente pour surveiller le patient durant cette phase. Cette personne sera obligée d'avertir l'anesthésiste-réanimateur lors de tout changement pertinent des fonctions vitales ou des données du monitoring et elle assurera cette surveillance à l'exclusion de toute autre activité.

(D)

De anesthesist-reanimator blijft in het operatiekwartier en in de onmiddellijke nabijheid van de operatiezaal, is steeds en onmiddellijk oproepbaar en, indien nodig, binnen enkele ogenblikken aanwezig bij zijn patiënt. Deze bewaking valt onder de volledige verantwoordelijkheid van de behandelende anesthesist-reanimator. Een 'algehele anesthesie' betekent ook een sedatie getitreerd tot het niveau 4 of 5. (zie symposium 28 01 2012 sedatie : standpunt van BSAR APSAR).

(Fr)

L'anesthésiste-réanimateur reste dans le quartier opératoire et à proximité immédiate de la salle d'opération ; il est toujours appelable immédiatement et, si nécessaire, présent en quelques instants auprès de son patient. La surveillance relève de la seule responsabilité de l'anesthésiste-réanimateur traitant. Une «anesthésie» implique également les sédations au niveau 4 ou 5.