

## Shakespeare Speaks to Anesthesiologists

*To the Editor:*—The motto chosen for this year's World Congress of Anaesthesiologists at The Hague consists of a line from Hamlet, Act III, Scene 2: "For some must watch while some must sleep." Though Shakespeare was speaking not of anesthesia but of death, the words he wrote have an extraordinary aptness for our specialty. Little known or quoted, and not previously used verbatim in reference to anesthesiology, they have been appropriated for our special use. For this reason it seems desirable to record how they were uncovered and published.

In 1965 the American University of Beirut was host to a memorable anesthesiology meeting that brought together 125 anesthesiologists from 22 countries. Although I was its principal organizer, the meeting came alive thanks to the enthusiasm of many specialty leaders in medical schools of the region who previously had been working in isolation from their neighbors. Essential financial sponsorship was generously provided by Astra, of Södertälje, Sweden.

From the outset, our plan had been to lay the foundation of a Middle East Society of Anaesthesiologists. But it was not to be. The meeting itself was a great scientific and social success, but delicate political issues derailed our progress toward a formal society. In extended discussions under the chairmanship of World Federation representative Geoffrey Organe, even the most cordial of colleagues could not find ways to circumvent certain national sensitivities in the draft documents. So we bowed to the realities of the region and voted to move forward anyway to promote the functional goals of the proposed Society despite the lack of an agreed constitution. Plans were discussed for future meetings, and I was commissioned to design, edit, and publish a regional journal, the *Middle East Journal of Anaesthesiology*.

At that time it seemed a presumptuous idea; but we did it, encouraged by continuing support from Astra. In designing the journal's cover I sought two things: a logo, for which a stylized poppy was selected, and a motto, some words from classic literature that would express the ideals and spirit of the specialty. But how do you find something like that, a *mot just* that has relevance to sleep or pain? I already knew, and had rejected, Macbeth's "Sleep that knits up the ravell'd sleeve of care." With no other ideas of my own, I searched in the Oxford Dictionary of Quotations; perhaps I could find in it some reference that would serve our purpose.

And so it turned out. In the dictionary under "sleep" was listed a line from Hamlet that I had never noticed before, but which now seemed unbelievably appropriate. I was jubilant. "For some must watch while some must sleep" was printed on the cover of the first issue of the *Middle East Journal of Anaesthesiology* in June 1966, and the motto has remained a feature of the Journal ever since.

The wider recognition now accorded his words would surely have pleased The Bard.

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## Contamination of Propofol

*To the Editor:*—The recent controversy<sup>1,2</sup> concerning the contamination of propofol has omitted a very important detail. The packaging of the product may be partially at fault. The design of the plastic tray used to protect the glass ampules makes it exceedingly difficult to remove the ampules from the pack without touching the exact point on the neck where the ampules are scored to break. This is in contrast to most other packages of ampules, which allow access to the uppermost part of the break-away top, away from the scored area of the ampule neck.

The fact that this contamination problem has been documented only to occur with propofol, and that in at least one case<sup>3</sup> the actual infectious agent was found on the hand of the anesthesia care provider would lend support to this premise. I disagree with Smith and White<sup>1</sup> that the time and expense put into wiping the neck of the propofol ampule with an alcohol wipe is unjustified until supported by clinical trials. I do not need a clinical trial to tell me that glass particles that have come in contact with unprepped human skin are not sterile. The expense of one alcohol wipe and 10 seconds of my time are a worthwhile precautionary measure until a more controlled study is conducted.

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3. Carr S, Waterman S, Rutherford G, Martin R, Francis B, Gensheimer K, Altamirano J, Hall W, Robinson B, Shah S, Wilcox R: Postsurgical infections associated with an extrinsically contaminated intravenous anesthetic agent: California, Illinois, Maine, and Michigan, 1990. *MMWR* 39:426-427, 1990

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*In Reply:*—Dunn indicates in his letter that he would prefer a different design for the plastic tray in which propofol ampules are packaged because the plastic tray configuration leads the clinician to touch the neck of the ampule and thus requires alcohol swabbing of the neck of the ampule prior to opening.

However, we are convinced that aseptic technique should *always* be utilized when handling ampules, because the exterior of an ampule is not sterile and is not expected to be sterile, unless it is part of a sterilized package such as a spinal tray.

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\* Recommendations for infection control for the practice of anesthesiology. Park Ridge, IL, American Society of Anesthesiologists publication, 1992, p. 5.

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77:834, 1992

### Mechanisms for Effective Dissemination of Critical Information

*To the Editor:*—Kleinman<sup>1</sup> recommended recently that patients in whom difficulty in airway management has been experienced be provided detailed information and a possible medical alert bracelet describing the airway problem encountered. I am pleased to make you aware of the following mechanisms for effective dissemination of critical information we have developed to address this issue.

The *Hopkins Anesthesiology Consultant Report (ACR)*\*† is a one- or two-page document generated by the anesthesiologist to summarize perioperative management and techniques. Patient safety issues are highlighted with recommendations made for future anesthetics or long-term medical management. The *ACR* accompanies the operative anesthesia record and is entered into the patient's permanent medical record to be distributed to medical and surgical colleagues. In a case of a difficult airway/intubation (and in all cases in which the patient would benefit from immediate access to critical information), the patient is given a copy of their *ACR*.

It is important to the patient to make information such as that included in the *ACR* readily available beyond the confines of any single medical institution. To date in the United States, anesthesiologists do not have a readily accessible, computerized, standardized, national medical information system. We decided to use an existing nonprofit, tax-exempt foundation, computerized medical information system—Medic Alert Foundation International—to maximally protect selected patients.†

Medic Alert Foundation International is a three-part life-protecting system that consists of a 24-hour-a-day emergency response center that provides detailed data to emergency personnel via a collect telephone call from anywhere in the world, a metal identification emblem worn as a bracelet or necklace with highlighted medical information, and a

A handling procedure that includes swabbing the neck of the ampule with alcohol is consistent with both the new American Society of Anesthesiologists recommendations for infection control and the Diprivan product information brochure.\* We believe that the packaging of ampules can not obviate the need for subsequent safe handling procedures.

We agree with Dunn that the expense of one alcohol wipe and the ten seconds of time taken to wipe the ampule is a necessary measure that helps ensure patient safety.

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wallet card with personal and medical information. Patient informed consent is required, and there is a one-time lifetime membership fee (\$35.00). If the patient is unable to pay, Medic Alert will absorb the cost.

The newly developed "Alert" is now readily available.<sup>2</sup> We have prepared a special brochure to explain to medical personnel and patients the concept of difficult airway/intubation. This brochure is the mechanism for patient entry into the Medic Alert Foundation. Enrollment is encouraged for any patient with anticipated or unanticipated airway/intubation difficulties that, with conventionally employed techniques, "challenged you." It must be anticipated that in urgent/emergency situations, medical personnel with less daily airway experience than you may be the first person to manage this patient's airway. Give your patient the benefit of an "Alert." For additional information and specialty brochures, contact me or Joyce Drake at Medic Alert Foundation International, 840 North Lakeshore Drive, 6 East, Chicago, Illinois 60611; or telephone 312-280-6366.

We encourage interested individuals to visit our Scientific Exhibits at the October 1992 meeting of the American Society of Anesthesiologists in New Orleans. We will be pleased to address questions or concerns and hope to facilitate the incorporation of these new mechanisms for effective dissemination of critical information into practice.

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\* Mark L, Beattie C, Fisher Q: The Consultant Anesthesiologist: A New Profile for the Profession of Anesthesiology. Baltimore, Foundation for Anesthesia Education and Research, Educational Research Grant, 1991-92.

† Mark L, Beattie C, Fisher Q, Hoehner P, Schauble J, Christopherson R, Pedroni AT, Rogers, MC: Hopkins Anesthesiology Consultant Report: A Prototype Document for Effective Dissemination of Critical Information. (In press)

‡ Medic Alert Foundation International: Difficult Airway/Intubation Alert. Turlock, 1992.