

CORRESPONDENCE

9. Fairlie FM, Kirkwood I, Lang GD, Sheldon CD: Umbilical artery flow velocity waveforms during spinal anesthesia. *Eur J Obstet Gynecol Reprod Biol* 38:3-7, 1990

10. Kenepp NB, Shelley WC, Gabbe SG, Kumar S, Stanley CA,

Gutsche BB: Fetal and neonatal hazards of maternal hydration with 5% dextrose before caesarean section. *Lancet* 1:1150-1152, 1982

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Substance Abuse among Anesthesiologists: I

To the Editor:—In a recent review article in *ANESTHESIOLOGY*, Silverstein *et al.*¹ state that opioid addiction is the most common form of chemical dependence in our profession. To investigate the role of substance abuse in anesthesia liability, we reviewed the American Society of Anesthesiologists Closed Claims database for claims involving substance abuse among anesthesiologists. The database consisted of 2,715 closed anesthesia malpractice claims, 89% of which had occurred between 1977 and 1987. The methods for this study have been described previously.² In brief, closed anesthesia claims from 29 insurance organizations throughout the United States were reviewed in a standardized format by practicing anesthesiologists.

Of the 2,715 closed anesthesia claims, in only 7 was substance abuse or chemical dependence noted by the anesthesiologist-reviewer in the claim summary. In 2 of the 7 cases, anesthesia care had been delivered by a substance-abusing nurse anesthetist under the supervision of an anesthesiologist who was not present in the room at the time of the incident. Three of the 5 claims in which a substance-abusing anesthesiologist had delivered anesthesia care involved death or brain damage attributed to lack of vigilance or judgment during anesthesia. Two of these 3 claims involved anesthesiologists who were alcoholics, and the third claim involved an anesthesiologist's leaving an anesthetized patient unattended to smoke a cigarette. In the remaining 2 of the 5 claims involving substance-abusing anesthesiologists, the practitioners had been unavailable to provide care. In one of these, an anesthesiologist had not responded to an emergency call because of acute alcohol intoxication. In the other, an anesthesiologist going on leave for alcohol rehabilitation had failed to arrange follow-up care for a chronic pain patient.

In summary, 4 of the 5 claims involving substance-abusing anesthesiologists in the database of 2,715 anesthesia claims had been made against anesthesiologists who were alcoholics, and 1 had been made against an anesthesiologist addicted to nicotine.

Substance abuse is a deceptive behavior that remains concealed in most instances until there is advanced dependence or deterioration. It is possible that in some of the claims in the American Society of Anesthesiologists Closed Claims database, substance abuse was successfully concealed, omitted from the claim file, or not included in the anesthesiologist-reviewer's claim summary. This makes it difficult to estimate the role of substance abuse in anesthesia liability.

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References

1. Silverstein JH, Silva DA, Iberti RJ: Opioid addiction in anesthesiology. *ANESTHESIOLOGY* 79:354-375, 1993
2. Cheney FW, Posner K, Caplan RA, Ward RJ: Standard of care and anesthesia liability. *JAMA* 261:1599-1603, 1989

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