In our hospital it has been common practice to avoid the use of neuromuscular blocking drugs in uraemic patients unless there were specific indications (for example for endotracheal intubation or abdominal surgery), as both the depolarizing and non-depolarizing drugs possess recognized hazards in these patients. We would suggest that hyperventilation during anaesthesia is not mandatory in patients with renal failure, and we believe it is more important to ensure that the plasma potassium concentrations are normal before surgery.

H. W. BAULD
A. S. BUCHAN
C. P. SWAINSON

Edinburgh

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DEATH ASSOCIATED WITH ANAESTHESIA

Sir,—In 1975, the Patient Insurance Act of Sweden implemented a plan to "phase out the unnecessary and cumbersome system of involving legal processes" described by Dr Scott in your Editorial (Scott, 1977). It is a no-fault patient-injury insurance programme which provides compensation for patients receiving injuries in connection with medical treatment, without the necessity of proving negligence (Cooper, 1976). The annual cost of financing this plan is only 50 cents for each Swedish citizen (Cooper, 1976).

An inspection of the comprehensive collection of anaesthetic accidents by Gordh (1974) makes it clear that while appropriate reparation to dependants is required, this can and should by no means depend on demonstration of professional negligence such as our (U.K. and U.S.A.) tort-claim system requires.

In Sweden, allegations of malpractice by anaesthetists are judged by the Medical Responsibility Board of the National Board of Health and Welfare (Socialstyrelsens ansvarsnämnd). The jurisdiction of the Board is confined largely to levelling fines, issuing warnings, limiting the right to issue prescriptions and recalling licensing certificates. Referral to the civil courts is unlikely because professional negligence is evident in only a very small fraction of anaesthetic accidents (Gordh, 1974).

The Swedish Medical Responsibility Board consists of two lawyers, two members of Parliament and one physician, and has access to specialized medical advice from a large panel of consultants. This is a much better body to judge negligence than is a civil court. Moreover, anaesthetist defendants may seek the advice and help of the Malpractice Committee of the Swedish Medical Association. They may appeal against the decision of the Medical Responsibility Board to the Swedish Fiscal Court of Appeals. This right of appeal is given only to the accused physician and not to the complaining patient (Jonsson and Neuhauser, 1976). Although implementation of the latter provision is difficult to imagine in the U.K., the Swedish system deserves consideration for possible adoption in both the U.K. and the U.S.A. In New Zealand, a comprehensive accident-insurance system has existed since April 1974, whereby benefits are paid without regard to fault or where the injury occurred. So far, the system seems to be working well (Bernzweig, 1977).

JACOBUS W. MOSTERT

Chicago

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SIR,—Every point made by Dr Scott in his Editorial (Scott, 1977) with regard to the Coroner's system in deaths associated with anaesthesia is valid. For example, he is correct in asserting that no worthwhile lessons are learnt by the specialty as a whole, as a result of the ordeal of an individual anaesthetist (except possibly how important it is to be a financial member of one's defence organization). Likewise, the autopsy results are seldom helpful other than occasionally to exonerate the anaesthetist by revealing the unsuspected major haemorrhage, or concurrent catastrophe, such as pulmonary embolism.

It is somewhat naive, however, to suggest that because deaths associated with other specialties are not reportable, this is sufficient reason to exempt anaesthetists too. The community may well regard the matter in a quite different light, and press for the inclusion of a larger range of mortality within the Coroner's jurisdiction. In the present somewhat anti-professional climate of opinion, I cannot see a plea for the abolition of the Coroner's inquiry into anaesthetic deaths succeeding, because it is unfortunately true that a very small number of such deaths involve a degree of carelessness in the anaesthetist which is reprehensible and perhaps even actionable.