Training course in local anaesthesia of the airway and fibreoptic intubation using course delegates as subjects

Editor—This paper, while being interesting, and, I am sure, demonstrating a good way of training fibreoptic intubation skills, left me with one major concern: the absence of any mention of ethics committee involvement. Whilst I have no doubt that the consent form is very thorough and that the trust’s solicitors were happy, the role of the ethics committee would be to protect the interests of the subjects (not the course organizers or the trust). Although this may sound paternalistic, ethics committees have been set up with good reason. One of the potential problems with courses like these (there are others around the country) is that of coercion: anaesthetists want to learn fibreoptics and are told they can if they let themselves be intubated in return. I am not saying that I believe this course is unethical, it is likely that an ethics committee would approve such a course (if it met the relevant criteria), but I feel that the ethical problems should be addressed in more depth than a single sentence in the opening paragraph saying that ethical considerations are one of the things that makes training difficult. I am also surprised that the British Journal of Anaesthesia has published a paper using the experiences of human volunteers, without an overt statement that ethical approval had been obtained.

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Editor—Thank you for the opportunity to reply to Dr Frerk’s letter. He raises some issues that were omitted from our original paper in the interests of brevity.

The role of local research ethics committees (LREC), as their name implies, is to examine research. Contrary to Dr Frerk’s implication, these committees were not created to deal with all ethical problems. Ethical dilemmas exist in many areas of medical practice, and although it is not uncommon for local ethical committees to be approached to advise on these issues, the trust solicitor, Medical Defence Societies, specialty advisory groups, and the General Medical Council should also be considered. Before establishing this training course, we approached the chairman of the LREC, the trust solicitors, and our Medical Defence Union in order to insure that all our obligations had been met.

The local research ethics committee chairman offered us useful advice, but took the view that LREC approval was not needed to run training courses. However, in addition to our teaching activities, we do conduct investigations on course delegates during training. For these research activities we, of course, obtained prior local research ethics committee approval. The issue of ethical approval was explored by reviewers on behalf of the British Journal of Anaesthesia before this paper was accepted for publication.

Dr Frerk has specific concerns about coercion and states ‘anaesthetists want to learn fibreoptics and are told they can if they let themselves be intubated in return’. Coercion implies an element of compulsion. There are alternative ways of securing training in fibreoptic intubation that do not require delegates to undergo intubation. These include other training courses and clinical training programmes in anaesthesia. Compulsion might be said to exist if this were the only way to achieve training.

We gave consideration to the issue of compulsion before setting up the course. We felt it was essential to offer an alternative to undergoing endoscopy, in order that unsuitable delegates would not feel compelled to withhold information from us to gain access to training. For this reason, we introduced observers, who participate in practical aspects of the course where possible, but do not undergo endoscopy or intubation. We make it abundantly clear in our documentation that two levels of entry are available, as a participant or as an observer; application forms are clearly marked and are even of different colours.

Dr Frerk’s letter is a useful reminder that the responsibilities of training should not be undertaken lightly. Just as in clinical practise, if trainers act in a reckless or dangerous manner, the trust’s solicitors will not be able to protect them.

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2 http://www.corec.org.uk/RoleofRECS.htm  

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