Australian Anaesthetist had a chat with Kris Torgeson, Lifebox’s new Global CEO.

TELL US A LITTLE ABOUT YOURSELF?

What experiences have you had with anaesthesia and anaesthetists?

First of all, thank you very much for this wonderful opportunity to greet ASA members!

The ASA has been a tremendous supporter of Lifebox’s work since our inception just over six years ago. From fundraising to advocacy, introductions to hands on education, you’ve helped us make a broad and positive impact on safe anaesthesia and surgery in the Western Pacific. Through Lifebox: Australia & New Zealand, our partnerships and Interplast, we’ve worked in 18 countries across the region and distributed more than 2000 pulse oximeters. Thanks to your incredible commitment to long-term improvement, we’ve trained several hundred anaesthesia providers in safer surgical techniques, including the WHO Checklist. I come to Lifebox not as an anaesthetist or surgeon, but as someone who has a huge respect for these professions through my own work in global health and humanitarian aid.

After pursuing an academic career in Chinese literature for many years (a story for another day!), I began working for Medecins Sans Frontieres/Doctors Without Borders (MSF) in 1998. I had the privilege to serve as Communications Director at MSF USA until 2008, when I took up the post of Secretary General of MSF International until 2012. Before joining Lifebox, I also worked as a consultant with a number of global health organisations, helping set up the US presence of the Alliance for International Medical Action (ALIMA), and returned for a stint with MSF during the Ebola outbreak in West Africa in 2014. My experience with anaesthesia and anaesthetists comes, very simply, from seeing them in action. From Liberia to Jordan, Indonesia to Nigeria, I joined MSF surgical teams providing life-saving care in conflict zones and the aftermath of natural disasters. And every time, in the most difficult conditions, I saw the essential contribution of anaesthesia.

WHY WORK WITH ORGANISATIONS LIKE LIFEBOX?

In addition to having an uncle who was a surgeon and encouraged me to take up the profession (luckily my cousin did!), I have had the opportunity to meet an incredible number of inspiring clinicians who have influenced my decision to work in global health. The Australian surgeon, Rowan Gillies, who I worked with during his time as International President of MSF, is a good friend and personal mentor and was incredibly supportive of me joining Lifebox.

WHY THE MOVE FROM MSF?

After nearly 15 years with MSF, I wanted to see if I could use what I had learned to focus on an area of global health that wasn’t receiving the attention I felt it deserved or needed. I also hoped to use my skills to help increase the impact of a small organisation with a strong mission. When the opportunity with Lifebox appeared, I saw it as a perfect fit.

Following the Lancet Commission on Global Surgery in 2015, and the World Health Assembly Resolution the following month, we are finally seeing surgery and anaesthesia on the global health agenda. Unfortunately, that has not translated into an improvement in conditions on the ground in low and middle income countries. Lifebox is one of the only non-profits in the world dedicated to working with anaesthesia and surgery providers in resource-limited settings, providing them with the tools and training needed to increase the safety of care they provide. By remaining very focused on this single mission – safe surgery and anaesthesia – and by working in an approach that joins professional societies around the world, I find Lifebox’s model compelling and impactful.

WHAT’S SURPRISED YOU MOST ABOUT THE ORGANISATION?

I think the biggest thing is how small the actual Lifebox team is, considering the breadth and depth of its impact! With just a handful of dedicated team members in London and by tapping into enthusiastic board members and volunteer supporters around the world – including many ASA members – Lifebox has been able to deliver pulse oximetry and training in more than 100 countries, and made anaesthesia and surgery safer for millions. What can ASA members do to help?

Unfortunately, many people still think that surgery and anesthesia are ‘luxuries’ that are only possible in wealthy contexts. So to me, the biggest challenge is the huge unmet need for improved safety in the perioperative care provided on a global scale. Because we know that millions of operations are taking place in low-resource conditions...
settings – when it comes to life-saving procedures like C-sections and trauma repair, healthcare workers and patients have no other choice.

The reality is, we are nowhere near the goal of ‘making it zero’ on the number of operating rooms that still do not have pulse oximetry. Surgical site infections are still one of the largest sources of mortality and morbidity in Sub-Saharan Africa and elsewhere. We don’t even know with confidence the numbers we need to reach to ensure that surgical patients are treated with the international standards of safety.

This is where the ASA can really help Lifebox – by insisting that safe surgery and anaesthesia are not luxuries, but an essential part of any healthcare system. And that by providing simple tools and techniques, we can help our colleagues in resource-limited settings provide improved care. The ASA has an incredibly important role to play in raising awareness and resources in Australia (donations made through Lifebox are tax-deductible) – but also linking with organisations like anaesthesia provider societies in other countries where you have connections, to help support them close the safety gap once and for all.

**PLANNING TO CARRY ON ANY STRATEGIES FROM MSF & ALIMA?**

Shake things up a little?

Ha! That is a great question. I don’t think Lifebox needs a lot of shaking up. They are a pretty dynamic bunch already! What I do hope to do is to use my background in non-profit programme management and growth to build on Lifebox’s success to date and scale up its impact. I believe working with professional societies is critical to that – and one of the keys to Lifebox’s impact.

I also hope to look at ways we can increase our efficiency in providing low-cost and environment-appropriate adapted medical tools, like the Lifebox pulse oximeter – ones that don’t contribute to the ‘instrument graveyard’ we see in so many low-resource country surgical wards.

**WHAT DO YOU WISH NON-ANAESTHETISTS KNEW ABOUT LIFEBOX?**

I wish they knew how immediately, by providing the basic tools and training, the safety and outcomes of surgery and anaesthesia can be enormously improved – even in settings where conditions are minimal compared to standards we are used to in Australia or the US. A pulse oximeter, adequate lighting during surgery, training on the WHO Safe Surgery Checklist, techniques for reducing surgical site infection – these are all simple actions that can be taken at low cost and dramatically improve the conditions for life-saving treatment.

**WHO HAVE YOU MET SINCE STARTING WITH LIFEBOX?**

That is a tough question. I guess one of the most impressive is a nurse anaesthetist I met in Zambia last month named Catherine. When I arrived at Kafue District Hospital, she had her Lifebox pulse oximeter in hand and was using it to monitor a young patient in the recovery room of the operating theatre. She immediately showed me how “handy” the instrument was, and then rushed off to prepare for the next surgery. She gathered her colleagues and a copy of the WHO Safe Surgery Checklist to show me how she led the team through the Checklist during each operation. I was impressed not only with her energy and spirit, but how this little pulse oximeter she could carry around in her pocket, not just in the theatre but in recovery and, when necessary, the wards, helped her provide better care for her patients. It also helped her take the lead in her surgical team, to improve the safety of perioperative care in their very limited resource hospital.

**WHAT’S YOUR PERSONAL PHILOSOPHY ... on addressing unsafe surgery and anaesthesia worldwide?**

My personal philosophy comes from my grounding in the humanitarian belief that assisting a single human being during a tough period in their life is of great value. Providing safe surgical care is the ultimate humanitarian act, as it can only be done one patient at a time, and only by a team working together. By reaching across time zones and borders, individual anaesthesia and surgical providers can help others by supporting training, equipment, and the advocacy needed to ensure that a team is not working entirely alone.

**WHERE’S LIFEBOX 5 YEARS FROM NOW?**

To put it simply, I hope that over the next five years we see safe surgery and anaesthesia climb much higher on the global health agenda – dedicated resources that bring us to the point that non-profits like Lifebox, and professional organisations like the ASA, can have a much greater impact working with partners for the benefit of entire populations.

I hope that we will see real improvement in lowering the numbers of patients treated in unsafe conditions. And I believe that in turn will increase access to life-saving care for millions of people around the world, who look around right now and can’t see a fair chance for their own health, their families and their communities.

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**CONTACT**

For more information about Lifebox, visit www.lifebox.org or follow them on Twitter @SaferSurgery.

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To make a tax-efficient donation via the Australia & New Zealand project, visit: http://ow.ly/metP30bCEzS
AUSTRALIAN SOCIETY OF ANAESTHETISTS

ADVANTAGE PROGRAM

To take advantage of the range of services and benefits, log in to the members section of the ASA website.