Warning to doctors: Slow-release opioid risks
Lifebox a vital tool for saving lives across the globe

Every year millions of lives are put at risk because of unsafe surgery and anaesthesia. A pulse oximeter is the most important monitoring tool in modern anaesthesia yet around the world tens of thousands of operating rooms do not have access to these devices.

Lifebox was established in 2011 as a joint initiative of the World Federation of Societies of Anaesthesiologists, the Association of Anaesthetists of Great Britain and Ireland and the Harvard School of Public Health to provide life-saving pulse oximeters to operating theatres around the globe. More than 15,000 Lifebox pulse oximeters have now been distributed to more than 3000 hospitals in 13 countries and more than 5000 health workers have been trained in how to use them.

Lifebox is evolving to deliver other programs and education initiatives to make every operating room a safer place for patients and healthcare providers. In addition to donating pulse oximeters and educating staff in their use, Lifebox is working to improve surgical safety in other ways, such as helping hospitals to introduce the World Health Organization’s Surgical Safety Checklist. The Clean Cut program now being piloted in Ethiopia takes this a step further to improve peri- and post-operative practice by tackling the high rates of surgical site infections in low resource operating rooms.

Lifebox Australia and New Zealand (ANZ) was established in 2015 as a partnership between ANZCA, Interplast Australia and New Zealand, the Australian Society of Anaesthetists (ASA), the New Zealand Society of Anaesthetists (NZSA) and Lifebox Foundation to work with hospitals in the Asia Pacific to introduce pulse oximeters into clinical practice.

Anthony Wall
Senior Policy Adviser, ANZCA
www.lifebox.org

Recent Lifebox ANZ highlights

Myanmar

In 2017, the Myanmar Society of Anaesthesiologists coordinated the donation of 60 oximeters to 15 hospitals throughout Myanmar. For the first time in Myanmar, education was conducted by local instructors. An ongoing project will place a further 700 oximeters in hospitals in Myanmar to join the 190 oximeters donated to date.

Papua New Guinea

Lifebox ANZ has been very active in Papua New Guinea (PNG) and at the PNG Medical Symposium in September 2017. Thirty new oximeters were distributed to hospitals by PNG co-ordinator Dr Arvin Karu.

Pacific

In November 2016, the ASA hosted Pacific Lifebox Champions Dr Luke Nasedra (Fiji) and Dr Bata Anigafutu (Solomon Islands) at the ASA National Scientific Congress. The presence of Luke and Bata at the meeting helped raise the profile of Lifebox in the anaesthesia community and assisted the ASA in raising more than $A20,000 for Lifebox. The value of Lifebox oximeters in the Pacific is best expressed by Pacific Lifebox champion, Dr Kieni Agiomea from the Solomon Islands, who has recently been quoted as saying: “Life ain’t safe without a Lifebox oximeter.”

Bhutan

Dr Steve Kinnear, an anaesthetist and Lifebox volunteer from Adelaide introduced Lifebox to Bhutan in 2015 while assisting with anaesthesia teaching. He has returned to Bhutan each year, and has continued to teach oximeter use and support the local anaesthetists.

PNG’s ‘Text Book doctor’

Dr Hogande Kiafuli works at the Gaubin Rural Hospital on Karkar Island, Papua New Guinea where he deals with some of the challenges of providing medical care in rural and remote areas of PNG.

For two years Dr Kiafuli was the only medical officer at the hospital on Karkar – an island of 80,000 people. The hospital has only recently received a Lifebox pulse oximeter and there are no staff trained in anaesthesia apart from Dr Kiafuli and the anaesthetic training he received during his residency. Referal to the nearest hospital with an anesthetist is only possible during daylight hours (an outboard motor for boat transfers is only available during daylight hours), and is also dependent on the ability to arrange land transport on the mainland.

Without the three agents lignocaine, bupivacaine and ketamine 500 annual operations at Gaubin Hospital would not be possible. A watch, a manual sphygmomanometer and a portable finger pulse oximeter – these are all that are used to observe anaesthesised patients.

One extraordinary story in particular highlights the challenges Dr Kiafuli faces. A woman in labour was brought to the hospital. Dr Kiafuli quickly assessed complications. The patient had gone into shock from blood loss due to a ruptured uterus and the baby was lying outside the uterus and was within the abdominal area causing pain and bleeding. As it was after 6pm, transfer to a larger hospital was not possible.

Dr Kiafuli decided to perform a hysterectomy to save the patient’s life, despite never having undertaken this operation before. Having performed a blood transfusion with blood donated from the patient’s family and clinic staff, Dr Kiafuli then removed the blood that had clotted in the abdomen – itself a challenge in the absence of electric suction or foot pumps. Next, the source of the bleeding was located and clamped and the ruptured uterus removed. As Dr Kiafuli explained: “I didn’t know how to do the hysterectomy so I told my MO to hold the open medical text book while I read what was in the book and applied it. I had no time to feel undecided or worry because two lives were at stake. I read how to do the operation and physically did it at the same time.” Since word of the story spread, Dr Kiafuli has become known as the “text book doctor.”

How you can help

One Lifebox oximeter complete with training materials and warranty costs about $US250. There are lots of ways the ANZCA community can help by individual donations, bequests or requesting guests consider a donation in lieu of gifts at an upcoming special occasion such as a wedding or birthday.

At the ANZCA Annual Scientific Meeting in May last year, speakers generously donated to Lifebox ANZ in lieu of receiving speakers’ gifts – a simple act which led to a $A10,000 donation for Lifebox. Donations to Lifebox ANZ are now tax deductible and can be made online at: www.interplast.org.au/learn-more/our-work/lifebox-australia-newzealand/.

“Lifebox is evolving to deliver other programs and education initiatives to make every operating room a safer place for patients and healthcare providers.”

Credit: Lifebox Foundation, Lauren Anders Brown.
Website redesign

Technology is changing at such as rapid rate that one “website year” is now estimated to be the equivalent of up to 18 human ones. Which makes the ANZCA website a truly geriatric 120! Despite being rated “very good” or “excellent” by more than 70 per cent of trainees and “good” or “very good” by nearly 80 per cent of fellows in recent surveys, our current website can no longer meet the needs of our key stakeholders. And with more and more core college services – including subscriptions and elections – going online, it will come as no surprise that a complete overhaul is a core priority for us in 2018.

Redeveloping a website of this size is no mean feat. For starters, there are more than 2000 pages and 3000 PDFs. But it’s also incredibly exciting.

What’s new?
The new site will allow us to deliver an increasingly personalised experience for every user. This means that a final year anaesthesia trainee in New Zealand will effectively see a completely different website to, say, a pain medicine fellow in Tasmania. You’ll be able to bookmark your favourite pages and choose what you see in your newsfeed. And if we think you’d be interested in an event; a safety alert; a news story; or something in the ANZCA Library, we’ll tag it so you see it next time you log in.

Content will be far more streamlined. And you’ll be able to share anything you like on your social networks at the click of a button. Looking for a “prof doc” or research grant? Searching the site will be a whole lot easier too. And over time, we plan to introduce “single sign on”; making it easier for you to access your continuing professional development (CPD) or training portfolio system (TPS); Networks; and ANZCA Library without having to re-enter your credentials.

The website in numbers
- Age in website years: Seven
- Age in human years: c120
- Number of unique visits in 2017: 285,000
- Number of page views in 2017: 3,500,000
- 2141 pages
- 3406 PDFs

The redevelopment is also a great opportunity to cement ANZCA’s position as the pre-eminent authority on anaesthesia and pain medicine in Australia and New Zealand. We’re developing a range of new patient information resources, including animated videos and fact sheets. And we’ll be doing a lot more to showcase the achievements of our fellows in fields such as research, education, and community development.

Where are we at?
We’ve already completed the first round of consultation, and would like to thank all the fellows, trainees, specialist international medical graduates, and staff who have provided input into the “feel” and functionality of the site. Over the next few months, we’ll be inviting feedback on the prototype, and working closely with our various business units to tighten up the content and streamline the user experience.

Alan Dicks
Digital Communications Manager, ANZCA

Teach with results

• Learn about the practical application of educational theory.
• Engage trainees in learning.
• Create positive learning experiences.

Create your personalised learning program
Dates and registration: www.anzca.edu.au/AEPcalendar
Available to ANZCA fellows, specialist international medical graduates, provisional fellows and advanced trainees; and to FPM fellows and trainees.

“People assume that when we finish our training as doctors we automatically know how to teach. In fact the majority of anaesthetists feel very uncomfortable with the subject.”
Dr Linda Sung, Queensland

“People that have been most useful to me are those that give me the best feedback.”
Dr Kara Allen, Victoria

Strengthening WBAs as assessments for learning

Workplace-based assessments (WBAs) are in integral part of the ANZCA training curriculum. They ensure that relevant skills and techniques have been learned to ensure that the practice of anaesthesia performed by trainees is appropriate and safe. The WBAs are designed to enhance trainee learning by providing a structure for teaching, critical thinking, reflection and feedback.

A dedicated site for all WBA-related information has been launched with new resources dedicated to trainees, supervisors of training and WBA assessors.

Trainees – gain tips on how to get the most out of WBAs.

Supervisors – gain tips for using WBAs to support trainees experiencing difficulties or to inform the clinical placement reviews and core unit reviews.

WBA assessors – access checklists for feedback conversations on WBAs.

An extensive list of frequently asked questions and tutorial videos on using the training portfolio system (TPS) is also available.

Access the WBA support resources at: anzca.edu.au/WBA

Only ANZCA Fellows can be FANZCAs

FANZCA – recognised worldwide that you are a specialist of the highest professional standing.

All Fellows of ANZCA are entitled to use the FANZCA logo – on stationery, email signatures and slides.

For further information: www.anzca.edu.au/fellows

ANZCA Educators Program

Learn about the ANZCA Educators Program – a range of flexible learning opportunities.

• Planning effective teaching and learning
• Teaching in the clinical setting
• Interactive teaching and learning
• Teaching practical skills
• Clinical supervision
• Doctor as educator
• Feedback to enhance learning
• Authentic assessment

Part 1
Part 2
Part 3
Part 4
Part 5

ANZCA Library

Create your personalised learning program

ANZCA Fellows can access the ANZCA Library, which includes online and downloadable resources. This includes access to journals, books, and other educational materials.

ANZCA Library

You can access the ANZCA Library by visiting the ANZCA website and selecting the “Library” option from the top menu.

The ANZCA Educators Program is of an extremely high standard, with content similar to graduate certificates. It is highly practical and focussed on application.”
Dr Kara Allen, Victoria
Throughout the 19th century, women slowly emerged from their private and domestic lives. Many began to look to professions such as medicine to enable them to perform public roles. Georgina Dagmar Berne was the first woman to study medicine in Australia in 1885. Difficulties at the University of Sydney forced her to complete her qualifications abroad.

When the University of Otago admitted its first woman medical student there was little resistance and her studies, graduation and residency appear to have been without controversy. A young Emily Siedeberg wrote directly to the University Chancellor, seeking admission to medicine. The university sought advice from the Dunedin Hospital, who gave assurances they would enable her to complete her qualifications with hospital based training. Years later, Dr Emily Siedeberg revealed the male students had thrown body parts at her during anatomy classes. Siedeberg was appointed anaesthetist at the Dunedin Dental School from 1921-1931.

Small numbers of women followed Siedeberg’s example. Three graduated from medicine in 1904, and only one in each of 1902, 1903, 1906, 1910 and 1911. The decline in women studying medicine in New Zealand, led newspapers of the day to incorrectly announce that “…the craze for women studying medicine had gone”. Instead, many New Zealand women travelled to the UK to study medicine at the London School of Medicine for Women.

The School of Medicine at the University of Melbourne opened in 1862 and it took 25 years to admit women. These women displayed great academic ability but were then publicly condemned for trying to complete their qualifications with hospital residencies. Dr Janet Greig graduated in the top six of her year at the University of Melbourne in 1896. Traditionally, the top six graduates automatically qualified for a residency at Melbourne General Hospital. The idea of women residents met with much opposition, playing out in the newspapers of the day. Eventually, hospital management voted 13 to six in favour of taking on the “lady graduates”.

In 1900, Greig was appointed to the position of honorary anaesthetist at the newly formed Queen Victoria Hospital. She was the first woman in Australia appointed to such a position. And, with perhaps a touch of poetic justice, she was also appointed honorary assistant anaesthetist at the Melbourne General Hospital in 1903.

Professor Tess Cramond (Brophy), often referred to the practice of medicine as a rare privilege. No other profession was afforded so much insight into the human condition, or could offer such crucial help at critical times. She was also a specialist anaesthetist and, in 1972, was elected dean of the Faculty of Anaesthetists. Yet, even she probably couldn’t have imagined that some 45 years later 32 per cent of fellows and 45 per cent of trainees would be women.

The rare privilege of medicine: Women anaesthetists in Australia and New Zealand looks at the professional lives of some early women anaesthetists in Australia and New Zealand. It explores the difficulties they faced as they tried to make their mark in a male dominated field. It also reveals their many triumphs.

Material for this exhibition will be rolled out across the year, with the launch of the online exhibition coinciding with International Women’s Day, March 8.

Keep an eye on the museum’s blog (www.geoffreykayemuseum.org.au/) and Twitter feed (@GKMuseum) for more information.

Monica Cronin
Curator, Geoffrey Kaye Museum of Anaesthetic History, ANZCA