Just over a year ago, at the opening ceremonies of the 2011 ASA Annual Meeting in Chicago, the audience witnessed a high-energy, powerfully inspirational audiovisual presentation entitled “Make It Zero.” The video was accompanied by an appeal from surgeon and author Atul Gawande, MD, to support the Lifebox campaign. This campaign has its origins in efforts by the World Health Organization (WHO) to raise the quality and safety of surgical care worldwide, as a vital global health imperative, principally through the use of “checklists” and oximetery. It is currently estimated that the “oximetry gap” is approximately 73,000 locations in the world where anesthesia is administered and surgery performed without what has become our single most vital physiologic monitor. Lifebox’s mission is to “Make It Zero.”

During the past year Lifebox has greatly expanded recognition of this need and, through the generous donations of individuals and organizations, has made an impressive beginning on bringing education and improved clinical care to low-resource hospitals and clinics. Last spring I had the opportunity to visit the Lifebox office, which is housed in the headquarters of the Association of Anaesthetists of Great Britain and Ireland. The modest building is a historic, four-floor, wooden walk-up in the center of London, one small room of which is devoted to the Lifebox operation. From there, a handful of dedicated staff run what must be one of the most efficient and yet far-reaching humanitarian operations anywhere. The “lifeboxes,” which are targeted and delivered to specific locations worldwide, contain not just the most durable pulse oximeters imaginable, but also educational materials (print and CD) on both respiratory and circulatory physiology and the applicability of oximetry, translated into the six languages recognized by WHO as being most accessible.

Donations to the Lifebox effort have come, not unexpectedly, from the anesthesia community, especially from those connected to volunteer work in low-resource settings. At the ASA 2011 opening ceremony, President-Elect Jerry Cohen, MD, presented Dr. Gawande, Lifebox Board Chair,
a check for $33,750 from the University of Florida (Dr. Cohen’s institution), which resulted from the efforts of anesthesiology resident Dr. Sephalie Patel’s challenge to the department to achieve 100 percent participation. More recently, UCSF resident Dr. Kirsten Rhee and her now husband, Rob Steffner, put Lifebox on their wedding registry, asking friends and family to donate on their behalf. Anesthesiology residents in the Georgia Society of Anesthesiologists raised $7,000 in a fund-raising raffle for Lifebox organized by their resident component. In addition, through the encouragement of ASA Past President Alex Hannenberg, MD, members of the ASA Board of Directors have individually donated one day’s per diem reimbursement for ASA Board activities, with the coincidental recognition that the $250/day allowance exactly equals the cost of one Lifebox oximeter!

This past October in Washington, D.C., the ASA House of Delegates adopted a recommendation from the Committee on Global Humanitarian Outreach that initiated an ASA commitment to assist the Lifebox campaign in Central America. This included a budget allocation of $40,000 to support volunteer ASA members who would engage in teaching and outcome studies in these sites over a number of years. Many CSA members have participated in medical volunteer efforts in Central America and have long-standing ties to physicians and others in those countries who have facilitated that work. CSA Past President Dr. Steve Goldfien, for example, is a member of the board of directors of a burn hospital in Managua, Nicaragua, as a result of his close friendship with its founding benefactors. These philanthropists have indicated their willingness to facilitate ASA’s Lifebox responsibilities in their country.

This is how the world is changed and the condition of humanity is made closer to our ideals: by the small and large contributions of individuals who care enough to become involved. In many of the poorest countries of the world, anesthesia, often consisting of only ketamine and local anesthesia, is given without oxygen other than that in the air the patient breathes. We may not be able to change this reality at the present time, but the first step is to make it safer. To learn more about Lifebox, view the amazing video, or donate to its mission, please visit its website: www.lifebox.org.