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NEWSLETTER

PAKISTAN SOCIETY OF ANAESTHESIOLOGISTS KARACHI - CHAPTER

Volume 2:
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Pakistan Society of Anaesthesiologists 2007

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28th Annual Conference Pakistan Society of Anaesthesiologists (KHI) Evidence Based Peri-Operative Medicine - January 24 - 27, 2008

Highlights:

- **Preconference workshops January 24-25, 2007**
 - Evidence Based Anaesthesia How to critically appraise a research Paper ?
 - Scientific paper writing
 - Non-invasive ventilation when and how?
 - CRRT
- **Conference highlights**
 - State of art lectures
 - Free paper competition / poster presentation
 - Controversies in anaesthesia practice
 - Focus session
 - Recent trends in anesthesia practice
 - Problem based case discussion

Informed Consent: The Right Unclaimed, the Decision Uninformed

25 years old Sara was undergoing elective caesarean section for the delivery of her first baby. After her admission in the hospital, she was visited by her obstetrician and was told that she will receive general anesthesia. Sara had heard about some complications of general anesthesia. She was also aware of other types of anesthesia choices for caesarean section. However, her obstetrician was unable to answer her questions satisfactorily. She was informed that she will meet the anesthesiologist just before the operation. Sara was very apprehensive but seems to have no other option but to wait.

These and similar situations have been faced by majority of people in context of their own or a loved one's health care decisions. Some of the questions that arise are:

1. Does the patient have a right to question the anesthesiologist vis-à-vis health care choices?
2. What is the extent of this right and what is it called?
3. If yes, then are people in our society generally aware of this right?
4. Are the anesthesiologists in our society willing to give this right to their patients?
5. What happens if this right is not acknowledged and exercised?

Bioethics is the ethics of dealing with human beings in the profession of medicine. One of the important principles of bioethics is *Autonomy* meaning self-governance, being one's own person, without constraints either by another's actions or by psychological or physical limitations. The concept of autonomy is derived from the principle of *respect for person*. An autonomous person is an individual capable of deliberations about personal goals and of acting under the direction of such deliberations.

The concept of *well understood Informed consent* is the logical derivative of autonomy. Anesthesiologists like other health care providers are obligated to obtain consent from the patients before any diagnostic procedure, a therapeutic intervention or making them a



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UPCOMING MEETINGS:

10th BSSP and 4th SARPS Congress April 9-10, 2008, Dhaka, Bangladesh.
mili@bol_online.com

12th World Congress on pain August 17-22, 2008, Glasgow Scotland, UK.
www.iasp_pain.org
Abstract deadline: February 1, 2008

Annual Meeting, American Society of Anaesthesiologist October 18-22, 2008, Orlando, Florida
www2.asahq.org/web/index.asp

9th Annual Conference Society of Neuro-anaesthesiology and Critical Care February 8-10, 2008, Hyderabad, India
www.isnacc2008.isnacc.com

5th Annual International Symposium on Ultrasound and Regional Anaesthesia- April 24-27, 2008 www.usra.ca/ISURA

Toronto Anaesthesia Symposium, March 15-16, 2008, Toronto, Ontario, Canada.
Rusty.stewart@unh.on.ca

Clinical concerns in Anaesthesia, May 19-29, 2008 Rome, Italy

www.nwas.com

Euro-anaesthesia 2008 Annual Meeting of the European Society of Anesthesiologist. May 31-June 3, 2008, Copenhagen, Denmark
www.euroanesthesia.org

CME Calendar 2007-2008

PSA Karachi Chapter

1. March 2008 at Jinnah Postgraduate Medical Institute (Pending from 2007)

2nd CME, PSA Karachi - Anaesthesia for Emergency Situation:

Pakistan Society of Anaesthesiologists (PSA) Continuous Medical Education (CME) program was held on Sunday October 28, 2007. It was arranged in collaboration with the Department of Anaesthesia, Aga Khan University, was a wonderful learning opportunity. The theme of this program was "Anaesthesia for Emergency Situation". Four didactic lectures on topics of common interest were delivered by Dr. Sadqa Aftab (CHK), Dr. S. M. Nadeem (LNH), Dr. Abdul Monem (AKU) and Dr. Fozia Ali (JPMC). Dr. Sadiqa highlighted the issues of management of airway and ventilation in patient with Head and Neck trauma, while Dr. S.M. Nadeem presented the technical aspects of bronchoscopy and clinical

research participant. Consent is informed only when it has four components. It is given voluntarily, and is free from any coercion. Person giving the consent is a competent adult. The information provided is sufficient and includes possible risks and foreseeable benefits as well as the discussion about the alternative treatment choices. But the most essential element is patients' comprehension.

Anesthesiologists like other health care providers are morally obligated to accept the right of patients' autonomy, and hence strive for well understood informed consent. This, in return makes it mandatory to provide detailed information about the best available treatment and all the other choices of treatments that may be available for that particular procedure including possible side effects as well as foreseeable benefits. It also becomes imperative that information is given in a way that is to the patient's level of comprehension besides giving them enough time to assimilate and make informed choices. If the whole process is not followed thoroughly, it becomes a mere exercise in futility.

Generally, patients are unaware of their right to participate and make final decisions in their health care problems. Medical community itself needs more education and knowledge about the issue. Bioethics needs to be taught at all levels of medical and nursing education as well as at school and college levels to attain this goal.

Dr Robyna I Khan

Assistant Professor, Department of Anaesthesia
Aga Khan University Hospital, Karachi

Pain Management In Pakistan - Current Status and Future Challenges

Pain remains a poorly understood often neglected and inadequately managed disease complex in Pakistan, just like in many other under-developed countries of the world. An average medical student has little insight into the causation and pathophysiology of pain just like his tutors. The taboos and unfound reservations hamper proper treatment and patients continue to suffer from various pain syndromes. Even postoperative pain remains inadequately addressed, be it due to unavailability of proper analgesic drugs or be it due to lack of staff compliance. Narcotics are often withheld till the patient starts crying with unbearable pain. Quality narcotics are barred by the health department to be marketed and are usually not available in government hospitals too. The chronic pain sufferers are the worst part of the whole scenario. Poor diagnostic acumen of the most general practitioners as well as many of the specialists alike, leads to inadequate or improper treatment at a cost, which is not limited to the unnecessary financial loss but results in consequent side effect related ailments, which compound the misery of the patients. We have come across so many patients, who developed bleeding gastric ulcers due to inadvertent use of prescribed non-steroidal anti-inflammatory drugs.

It is in only recent history that this sad state of affair has been noticed in this country. Although Brig M. Salim started preaching pain medicine in the early wee years of his career, his cries remained unheard for a long time to go. He found 'Pakistan Society for the Study of Pain' as Pakistani Chapter of International Association for the Study of Pain (IASP) in 1984, but the response to it by medical community remained lukewarm. It was not until 2005, that the society was finally registered as 'Society for Treatment & Study of Pain' (STSP) by the competent authority. The branches of the society were soon opened in the big cities of the country, and meetings held at irregular intervals. Under the dynamic command of Brig M. Salim, periodical symposia/workshops from STSP platform started to be organized for Continuing education in Pain medicine.

The lack of a presentable training facility was in fact a major obstacle in persuading the CPSP authorities to start a diploma awarding examination just like other medical



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diagnosis and management of paediatric patients for bronchoscopy. Dr. Monem appraised the important issue of shifting of critically ill patients for diagnostic procedures within hospital and to other hospitals and Dr. Fozia Ali highlighted the important points of anesthetic management of patients with penetrating eye injury.

The meeting was attended by residents, postgraduates and practicing anesthetists of the city. At the end of the lectures healthy and productive discussions were generated. Practicing anesthetists shared their practical experiences the limitation of implementing the standard anaesthesia practice. At the end it was concluded that PSA should take the lead to implement the standard practices in the city and anesthetists should struggle for improving practices within their work place. High tea was served at the end of the session.

Dr Mueenullah Khan,
Associate Professor,
Dept. of Anaesthesia, AKU

3rd CME Program - Co-morbid and anaesthesia

Department of Anesthesiology, Surgical Intensive Care Unit and Pain Management Liaquat National Hospital in collaboration with PSA Karachi organized a CME Program on 18th November 2007 at main Auditorium Convention Centre. Theme of the CME was Co-morbid and Anaesthesia.

The program was started with the welcome address by Dr. Ghulam Murtaza, Consultant Anesthetist LNH. There were four informative talks, mainly highlighted common problems of anesthesia with patients having different comorbid.

Dr. Nighat Abbas, Head of Department of Anaesthesia at LNH delivered her talk on hypertensive patients for surgery and their anesthetic implications. The other speakers Dr. Hameed.ullah, Associate Professor, AKUH, Dr Safia Zafar, Assistant Professor, DMUH and Dr Muhammad Sirajuddin, Consultant Anesthetist, LNH were delivered their talks on liver disease and anaesthesia, hyperthyroid patients and anaesthesia, and peri-operative management of diabetes mellitus respectively.

These talks were followed by question and answer session in which healthy interaction took place among residents/trainees and other anaesthesia colleagues.

specialties. Here, Riphah International University came to rescue the deadlock. After lengthy and exhaustive deliberations, it agreed to start M. Sc (Pain Medicine) program. In 2007, first ten or so candidates qualified for the diploma. The attraction for the medical community has been tremendous. The fresh batch of candidates comprises of 22 pain enthusiasts. The success story is not over yet. It is hoped that soon other reputable medical institutions will follow the suite, and will provide more and more training opportunities for the interested candidates. With these, will inevitably come fully equipped pain clinics and later on pain centers.

The existing pain facilities are few and far in-between, but some notable examples are Pain department of Aga Khan University Hospital, Karachi. The Aga Khan is at the fore front of pain academics and has the credit of holding regular pain symposia and workshops. It also provides quality training in pain management.

Nevertheless, the awareness about pain medicine is rapidly spreading and hopefully with more and more foreign as well as local trained pain specialists will be in practice in the near future. With this will come the necessary part of it recognition at government level of this very important specialty. The future for pain medicine is bright in Pakistan beyond any doubt.

Col Tariq Hayat Khan
Editor, Anaesthesia, Pain and Intensive Care

Continuing Medical Education (CME) - How to implement it in Pakistan

CME is defined as a process of life long continuing education in the field of medical practice. It consists of educational activities that maintain, develop and enhance the medical knowledge and clinical skills that physicians use in order to provide services. CME has now been replaced by the term Continuous Professional Development (CPD) which includes CME in addition to improvement of professional skills and competences including leadership, communication and social skills. The demands of modern medicine make CPD an absolute necessity.

There are several international models available in anaesthesia e.g. in UK, the College of Anesthetists generally advises on how much CPD activities an anesthetist is required to do annually, what activities are appropriate, and relative value of each. In USA the American Medical Association has a central role in providing and overseeing this information.

In Pakistan there are no national guidelines or policies. A consensus document on CME national policy and strategic guidelines was produced by the College of Physicians and Surgeons (CPSP) of Pakistan, for the ministry of health in 2005. No further progress has taken place and currently it is left to individuals, or institutions to quantify the activity on a voluntary basis.

I would recommend the following steps in implementing CME standards in Pakistan:

- Step 1: Identify CME activities at institutional level until some national guidelines are available
- Step 2: Documentation of activities at individual level
- Step 3: Agreement on a national policy for CME
- Step 4: Identify who will be responsible for CME accreditation, the CPSP, PMDC or a new national CME body

A variety of activities can be included in CPD. These are professional conferences, courses, workshops, journal based CME, hospital based formal lectures and meetings and attaining a higher degree or diploma. In addition self learning by preparation of lecture or



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Professor Tipu Sultan from SIUT concluded the session by giving encouraging comment for LNH Anaesthesia Department to organize such CME activities

It was well attended by anesthetists representing from both the private and public sector hospitals of Karachi and Hyderabad.

Dr. Nighat Abbas,
Head, Dept. of Anaesthesia, LNH

Game of Numbers

Superpower imposes restrictions
on the number of breaths we take
and the amount of cash we make,

the cotton and grain we grow,
the mills we have, the looms we
use,
the cloth we wear and produce,

barrels of oil that we import,
the number of wells we explore,
what we can or cannot export,

the number of guns we have,
the bombs, tanks, rockets, planes,
the ammunition we can purchase,

the size of turban, beard and scarf,
the books and papers we should
read,
religion we practice or preach,

the amount of food we eat,
number of hours we sleep,
the friends or enemies we keep,

number of lovers we have,
number of picnics and parties,
number of lipsticks and panties,

He won't give us F-16's,
no more visas to our public,
because some of us are Fedayeens,

He won't let us visit the States,
but he has bases in our land
to keep us under his iron hand.

He wants oil and gas from Iraq,
from Kabul pista and badam,
he wants Osama after Saddam,

the Superpower is in control
of the world from end to end,
but he has no real friend.

Khalid Khan
Consultant
Liaquat National Hospital

poster in local, national or international setting, publications and teaching of juniors are activities that can be quantified. An agreed method of measurement and validation needs to be devised for these events. Activities need to be capped in order to ensure a mix.

It is important that records are kept either as a personal portfolio or within the department or institution. CPD is now used in many countries as one of the method for revalidating doctors and to ensure standards within the profession. As a general rule one hour of a physician's participation in a certified learning activity equals one credit. In the UK model 50 credits are required annually.

In Pakistan the medical universities and professional societies should come forward and take up a more active role in setting up CPD guidelines until national guidelines are available.

Dr. Fauzia Khan, Tajdin H Jaffer,
Professor and Chairperson, Department of Anaesthesia
Aga Khan University, Karachi, Pakistan

Educational Courses for Anaesthesia Postgraduates

Anesthesiology as a specialty has been a role model in producing post-graduates. Pakistan needed specialists. College of Physicians & Surgeons, Pakistan realizing this, took the challenge of producing specialists in all fields and various institutes took upon themselves to teach & train these doctors.

The terminology of CME and CPD was still in its introductory stage. It was then that the Department of Anesthesiology, Surgical Intensive Care & Pain Management, Dow Medical College and Civil Hospital Karachi pioneered the concept of starting post graduate courses, the first course having been held in 1985.

This concept of holding pre-exam courses was introduced by Prof. S. Tipu Sultan, a known visionary in the field of Anesthesiology. This academic activity gave an opportunity to the teachers in the field to teach and the students to learn as well as interact with their teachers. Senior members of Pakistan Society of Anaesthesiologists, were the back bone of this course as teachers. It promoted a feeling of participation by other institutions and inculcated brotherhood & harmony amongst fellow Anaesthesiologists, as tutors were invited from all over the country. Prof. McCarthy and Prof. Hogon were amongst the first few tutors who visited from Ireland.

Formal lectures, Interactive sessions, tutorials and workshops make the main body of this course today. Where practice sessions in OSCE, TOACS, Mock viva and long case presentation help postgraduates develop their examination and presentation skills. MCQ and SEQ tests are conducted at the end to evaluate the knowledge base.

This academic activity, in its very initial stage took the form of biannual, 2 weeks course and 45 of these have been held till now. In 2000, another post graduate activity was started by this department in which anesthesiology related basic medical sciences are dealt with prior to FCPS-I exam. This is held once a year and helps both the teachers and trainees to refresh their basics.

More and more CME activities from the platform of Pakistan Society of Anaesthesiologists as well as other institutions like AKUH have started in the last decade and over the years these academic pursuits have become the order of the day.

Dr Sadqa Aftab / Prof Saeeda Haider
Dow Medical University and Health Sciences