Dear ESA members,

The European Society of Anaesthesiology (ESA) celebrated an unprecedented successful Euroanaesthesia meeting in the fabulous Spanish city of Barcelona (June 1-4, 2013). An all-time high more than 6100 attendees were registered and were active in the many different parts of the congress. The programme was well prepared by the Scientific Committees under the leadership of Professor Stefan De Hert, the staff of the ESA and the ESAAC’s secretariat orchestrated by our CEO Michel de Bisschop. Special thanks also go to the various organisers of workshops, pre-congress courses, special lectures, and refresher courses, as well as to the many academic volunteers from around Europe. Euroanaesthesia offered 192 sessions, 85 symposia, 44 workshops, 40 refresher courses, 6 special lectures and allowed for presentations of 901 scientific abstracts. Thanks to the dedicated work of 449 faculty members, the topics covered all areas of our discipline, namely anaesthesiology, intensive care medicine, pain medicine and emergency medicine. The responses from the attendees were very positive and encouraging, and are motivating our planning for next year’s Euroanaesthesia in Stockholm (May 31 - June 3, 2014). The venue was well chosen and offered ample space for the registration area, the programme, the industry exhibition, the national society village and for meetings and discussions outside the lecture halls. In the following I will only highlight some of the many remarkable activities.

// General Assembly

One very important issue at the General Assembly was the voting on the new By-Laws. The necessary changes of By-Laws had already been discussed at the GA in Amsterdam (2011) and Paris (2012). From there and other discussions many constructive comments were taken on board and included in the in-between meetings of the Task Force on By-Laws, the Board and the Council. As a result, improved suggestions for the changes which are necessary for strengthening and securing the ESA for the future could be presented at the GA in Barcelona. The new By-Laws were accepted by the votes of the members and will become effective after the necessary legal procedures have been carried out.

// Sir Robert Macintosh Lecture

Another highlight was the traditional Sir Robert Macintosh lecture presented by Professor Göran Hedenstierna, Sweden. Prof. Hedenstierna is a pioneer in clinical physiology relevant to anaesthesiology. His main research interest focusses on the pathophysiological effects and mechanisms of general anaesthesia on the cardiopulmonary system in the experimental and clinical setting. He demonstrated that atelectasis plays a relevant role during general anaesthesia and in the immediate postoperative periods with major clinical implications. Prof. Hedenstierna’s studies have promoted innovative clinical trials aimed to improve perioperative outcome.

// Patient Safety

Since the signing of the Helsinki Declaration on Patient Safety in Anaesthesiology by ESA and EBA during our Euroanaesthesia meeting in Helsinki (2010), this initiative has been developed further by the joint ESA/EBA Patient Safety Task Force on Patient Safety under the
chairmanship of Professor Sven Staender. To date the Helsinki Declaration bears 327 signatories from all ESA, NASC, and UEMS countries across Europe and from an additional 44 countries worldwide, as well as supporting industrial companies. This is a great success. In addition, the Patient Safety Task Force has constructed a Patient Safety Starter Kit to help raise standards in anaesthesiology across Europe. It has taken 3 years to compile this tool, working with many experts from within the ESA and from national associations of member countries. This tool brings the Helsinki Declaration to life, and was distributed amongst all attendees of Euroanaesthesia. The contents can also be downloaded from our website www.esahq.org.

// Intensive Care

One controversial issue which has to be mentioned was the presentation of a not yet official version of the “Road map to incorporate Intensive Care Medicine in the Directive 2005/36/EV of the European Parliament and of the Council on the recognition of professional qualifications as a particular medical competence in Europe in Annex 5.1.3.” In contrast to the official version the last sentence in the Road Map now reads: “We propose that ICM should develop as a separate specialty with a common training framework that can be assessed from a number of routes. It should be able to be accessed in tandem with a primary specialty.....”. Let me assure you that this “Road Map” is not in effect because it has to be approved by all nine Sections and the executive committee of UEMS, which is not the case now and will not be. The Road Map as published in the UEMS yearbook 2008 is still in effect. Nevertheless, we have to stay quite alert on this issue because other stakeholders in intensive care medicine are trying to implement the necessary qualification as a primary qualification. As expressed in my address in the spring ESA Newsletter I want to make it quite clear that this is not the stance of ESA. Quite in contrast, ESA and EBA have always insisted that the qualification in intensive care medicine has to be acquired as a “particular qualification” which is open for different disciplines. We will keep you informed about further developments in this matter.

// Clinical Trials

The concept of ESA to support European clinical trials was an overwhelming concept so far. With the help of a tremendous amount of ESA members, several tens of thousands of patients could be enrolled in different studies, some of which have already been closed, have either already published with great success or are in the publishing process under the leadership of our secretary and chairman of the research committee Professor Andreas Hoeft. Detailed information about on-going and open Clinical Trials can be retrieved from our website.

// Photo Contest

For the first time a photo contest was held. All members were invited to submit photos of their daily work covering all aspects of our discipline. The best 10 photos were selected by a group of Council and Board members and presented in a dedicated area at Euroanaesthesia. For the winner and first two runners-up, the registration fee for the congress was waived and it is possible that their photos will be published at the cover page of our journal (EJA). We will repeat this initiative for next year’s Euroanaesthesia giving every ESA member ample time to produce artistic photos of their respective working environments.
Vox populi … //

The Latin saying vox populi, vox dei (the voice of the people is the voice of God) implies that once one knows what the people want, there would be no other way than to obey and follow it. The main question is: how do you get to know people’s opinions? In other words, how could you be sure that the ideas you got by asking people are a fair representation of what people really think?

Polls and referenda are two of the many ways to investigate public opinion. A well-constructed survey, based on deep knowledge regarding the population’s social, economic, and ethnic stratification, and including pertinent and clear questions, would often bring results close to the real public wish. But everything depends on the percentage of responders. A high rate of answers represents a strong base for drawing conclusions. To the contrary, a meager rate of responses might induce wrong conclusions. In many countries, polls and surveys address a very small percentage of the population, something close to 0.2–1/1000. Apparently, this is a very insignificant percentage of individuals who are asked to deliver an opinion on a specific question, but the response rate of more than 90% would bring the results to true reality.

In our Winter 2013 issue, we published a survey regarding our readers’ opinions on the form and content of the ESA Newsletter. This survey reached the desk of more than 6000 ESA members. To encourage our readers to take part in the survey we decided to offer a free registration for the Barcelona congress to one of the responders (as a result, Dr. Beatriz Nistal Nuno from Lugo, Spain, was granted registration-free participation in our 2013 annual meeting). We expected a high rate of answers, but eventually we got back only 17 out of 6000, meaning 0.3% of our readers. So the question is: Are we entitled to draw conclusions after obtaining only 0.3% responses? Those among us who use surveys in their research activity would immediately declare that the only conclusion to be drawn from this survey would be that our readers are not interested in disclosing their opinions about the Newsletter.

As Editor, I can only agree with this conclusion. Nevertheless, I felt that we are in debt to all 17 responders who took their time and sent their opinions, and they deserve our consideration. This is why I decided to present the results (as thin as they are) of our survey and to comment in a few sentences on the ideas expressed by our readers. First of all, who are the readers who completed the survey and sent it to us? Two-thirds are anaesthesia specialists with more than 5 years since the completion of their residency track. Three-quarters work in an academic hospital and 80% are younger than 50. Very few have English as their maternal language and it seems that the responders are spread over many European countries. Looking into the responders’ ages, one could expect that they would prefer reading the Newsletter online. But no, the vast majority read it in its printed form and some 90% of them spend significant time reading the stuff and not only skimming through. Only 4 out of 17 responders usually throw away the issue after reading it, all the others keep it for longer periods of time.

Regarding our 17 readers’ opinions about the ESA Newsletter: 75% appreciated the current format and almost all thought that the content answers their expectations; 15 of the 17 responders consider the Newsletter an interesting publication and they would be ready to recommend it to their colleagues. The last part of the survey may be the most important because it refers to what the responders would like to see in our pages. Most of them would appreciate publication of material related to their daily activity: short case presentations, reviews of important articles and studies, and professional debates. They are also interested in getting more information about places for fellowships, data about anaesthesia departments in various countries, as well as details on the activities of the national societies of anaesthesiologists.

What could be the bottom line of this report? It seems that our average reader does not gladly cooperate in sharing his/her opinions about what we publish in our Newsletter. The explanation is not clear. It might include a multitude of reasons, but I think that we have to go on and try to get a more complete picture of what European anaesthesiologists think about what we publish every three months. This is the reason why we will try to build up in the future new surveys to be distributed to the ESA members. At the same time, from the very few responses we have gotten, one can easily understand that our Newsletter represents a useful tool of information and communication between our members and readers. We have the certainty that more diversity of our rubrics, more involvement of ESA officers in writing articles, more information about what our peers do in their own hospitals and countries, and more professional debates would improve the opinion of the average reader about our Newsletter. This would be our way to improve the quality of this publication. Needless to say, we expect the contribution of our readers in sharing with us their feelings and also bringing new information about what is happening in our profession these days.

Gabriel M. Gurman, ESA Newsletter Editor // gurman@bgu.ac.il
Non-European 29%
European 71%

* Total figure excludes over 2000 industry attendees present at the congress in Barcelona

Number of Exhibitors at Euroanaesthesia //

- Exhibitors
- National and Specialist Societies
Minutes of the General Assembly 2013 //

The General Assembly of the ESA took place in room 114 of the CCIB, in Barcelona, Spain on Sunday 2 June 2013 from 12:15 to 13:45 during the Euroanaesthesia 2013 meeting of the Society. The meeting was chaired by Professor Eberhard Kochs, ESA President.

1 Welcome and approval of the minutes of the 2012 General Assembly

The President welcomed all attendees.

The General Assembly voted and approved with 90% of 101 votes the minutes of the 2012 General Assembly held in Paris, France. (5% did not approve and 5% abstained)

2 By-Laws amendments – Prof. Eberhard Kochs

The President informed on the developments since the amalgamation and mentioned that ESA would like to have a better link with the National Societies and strengthen its relationship with EBA as well as include the ESA trainees and make them more responsible with what is going on in the association.

The President also mentioned the meetings in Amsterdam and Paris on the proposal of the By-Laws and that the final proposal had now been very well communicated to all active members on time and via various routes (e-mail, post, website, etc.).

The President explained the By-Laws voting and how the voting would be split into 5 different parts after explanation of the reasons and how the voting process would take place.

3 By-Laws amendments – Prof. Eberhard Kochs

The President explained that voting would be done digitally and that in order for the By-Laws to be approved voting would need to be at least 75% - all abstention votes would be counted as negative, therefore he encouraged everyone present to vote and not abstain.

1. Voting on article 4.1.2 in the By-Laws - New Associate Member Category

The President explained this article to be voted on - with this move ESA would strengthen relationships with National Societies and how the ESA would experience a growth in Membership. Approved by 93% of 121 votes – 4% did not approve and 3% abstained

2. Voting on article 5.2 in the By-Laws - NASC

The President explained this article to be voted on - improved integration within ESA structure, improving transparency and strengthening relationships with the National Societies. Approved by 90% of 111 votes – 7% did not approve and 3% abstained

3. Voting on articles 6.1, 6.2, 7.1, 8 and 14 for the By-Laws - Council, GA and Board

The President explained these articles to be voted on - inclusion of Trainee members in Council and GA, SC Chairperson and EBA President joining the Board, Council term of 5 years, Council voting electronically. Approved by 83% of 116 votes – 15% did not approve and 2% abstained

4. Voting on articles 7.3 and 7.8.2 of the By-Laws - Board Elections & Dismissals

The President explained these articles to be voted on - simplifying the process of board elections, 3 Board Members must have been Council Members, motion for dismissal of Board Members by Council to be submitted at the GA. Approved by 80% of 120 votes – 12% did not approve and 8% abstained

5. Voting on articles 2, 3, 4.5, 5.4.5, 10.2 and all other not mentioned yet – definition, activities committees and other changes

The President explained these articles to be voted on - update articles to the needs and objectives of the Society, definition of anaesthesiology, membership to committees, all articles not mentioned before. Approved by 83% of 125 votes – 11% did not approve and 6% abstained

After voting the President also mentioned that with this voting and the By-Laws being approved it will probably secure ESA for the next couple of years.

4 President’s Report – Prof. Eberhard Kochs

The President presented the registration of the Euroanaesthesia congresses for the period 2010-2013 as well as the structure of membership attendance.

The President then spoke about the past activities of ESA and the Society covers much more than only Euroanaesthesia. In the time between congresses various Board meetings and numerous other meetings and telephone conferences from other committees have been conducted. ESA is also: media, patient safety, research, nominations, examinations, e-learning, guidelines, industry, HVTAP, EBA, UEMS, finance, etc.
4.1 UEMS/EBA guidelines
- These are under progress – the President asked everyone present so stay tuned and to constantly visit the website for updates and actually not only for guidelines but for everything related to ESA.

4.2 Endorsement of Symposia/Conferences
- ESA has a good policy on endorsement.

4.3 EDAIC (European Diploma in Anaesthesiology and Intensive Care)
- The number of candidates and centres continues to increases every year, now we have 44 – really a success story!

4.4 What has been achieved since Paris?
- Masterclass for teaching Scientific writing integrated into ESA
- Helsinki declaration on Patient Safety brought into life
- Patient Safety Starter Kit (USB-Stick)
- European Patient Safety Foundation – the President explained here the foundation and its purpose. He also mentioned that this will hopefully become a great and huge movement and he showed some examples of the activities that we want to do within the foundation
- Optimisation of and improved collaboration with EBA as well as with WFSA, National Societies, Specialty and Subspecialty Societies
- On-going work on relationship with industry in agreement with EFPIA & EUCOMED

4.5 What has been achieved since Amsterdam?
- By-Laws review, discussion, interaction with council, revised by-laws etc.

4.6 Future Challenges & Developments
- On-going problem – European wide activities to establish Intensive Care Medicine as a first Specialty, which is not the aim of ESA
- ESA is trying to be more transparent
- Implementation improved website and communication between members
- Research & Education
  - President Elect has really done a lot to make things more transparent
  - Full integration of ISIA, now called Teach the Teacher programme into ESA – invented by Dr. Gaby Gurman
  - e-Learning Module of ESA - there will soon be a test environment

4.7 Photo Contest Winners
- Explanation of the photo contest and images of the winners were presented

4.8 Acknowledgement
- The President also thanked all the committees, the Council, the EBA, the Board, the ESA Secretariat and all the ESA members.

5 Results of Board Elections

Election at Council meeting 31 May 2013
- New Secretary
  - Jannicke Mellin-Olsen, Norway
- New Treasurer
  - Josef Wichelewski, Israel
- Non-Officer
  - Ilona Bobek, Hungary

Election at Council meeting 8 December 2012
- Non-Officer
  - Walid Habre, Switzerland
  - Andreas Sandner-Kiesling, Austria

6 Secretary’s report – Prof. Andreas Hoeft

The ESA Secretary presented the Evolution of Congress and Membership figures since 2005 and 2006 up to 2013. He also presented a report of the National Societies Membership figures by country.

The ESA Secretary presented the activities of the Research committee including the Research grants, the Research Masterclasses, and the 2 new studies of the ESA Clinical Trial Network:
- APRICOT: Anaesthesia Practice Children Observational
- POPULAR: Postoperative Pulmonary Complications after Use of Muscle Relaxants in Europe

The ESA Secretary also presented the Objectives for next year and afterwards.
Guidelines writers... must accept that there are multiple sources of clinical knowledge and must pay careful attention to trial characteristics, in order to provide advice that genuinely help clinicians. Clinicians in turn should use guidelines wisely, recognising that no single source of knowledge is sufficient to guide clinical decisions.

National Anaesthesiologists Societies Committee (NASC) // Young Teacher Recognition Award 2013

Each year NASC recognises and awards anaesthesiologists judged to have outstanding teaching qualities. Two prizes are awarded each year, one for Eastern Europe and one for Western Europe.

The winners of the 2013 YTRA are:

**Eastern Europe**
Dr. Jan Benes, Charles University Hospital, Czech Republic

**Western Europe**
Professor Peter Paal, Innsbruck Medical University, Austria

The awards were presented at the Opening Ceremony of Euroanaesthesia in Barcelona on June 1st, 2013. The winners will present their winning dissertations at Euroanaesthesia, Stockholm in 2014.

Applications for the 2014 YTRA should be submitted to the ESA secretariat by Dec 31st, 2013 //

ESA Newsletter opens a literary contest for its young readers //

There will now be an annual contest for the best short story written by a young European anaesthesiologist.

The winner will be given a free registration to next year’s Euroanaesthesia congress in Stockholm (May 31-June 3, 2014).

Conditions for participation:

- entrants must be aged 40 years or under
- the story must be related to the specialty of anaesthesiology, and can be true or fiction
- entries may only contain a maximum of 800 words

Deadline for sending the manuscript (to gurman@bgu.ac.il):
December 31st, 2013 //
DRÄGER Prize in Anaesthesia and Intensive Care Medicine // 2013

The DRÄGER Company generously sponsors a prize for the best published paper in the field of Intensive Care Medicine.

This year, the Prize was given to Dr. Jaimin Patel and the School of Clinical & Experimental Medicine University of Birmingham, UK, with the paper:

Randomized double-blind placebo controlled trial of 40 mg/day of atorvastatin in reducing the severity of sepsis in ward patients (ASEPSIS Trial)
Patel JM, Snaith C, Thickett DR, Linhartova L, Melody T, Hawkey P, Barnett AH, Jones A, Hong T, Cooke MW, Perkins GD and Gao F.
Critical Care 2012 16:R231.

Link to the abstract: http://www.ncbi.nlm.nih.gov/pubmed/23232151

The Prize was awarded during the Awards Ceremony on Saturday, 1 June 2013 at Euroanaesthesia 2013 by Andreas Hoeft, Chair of the ESA Research Committee and Michael Wilkening, Vice President, Head of Customer Area OR, Segment Hospital, DRÄGER.

For information about the DRÄGER Prize in Anaesthesia and Intensive Care Medicine 2014, please contact us at research@esahq.org. //

ESA MAQUET Anaesthesia Research Grant // 2013

The MAQUET Company generously sponsors a grant for a research project concerning respiratory muscle function.

The winner of the ESA MAQUET Anaesthesia Research Grant 2013 is Rik Carette from OLV Hospital, Aalst, Belgium with the research project title ‘Rebreathing characteristics of the Flow-i: sevoflurane and CO2 absorbent usage across the FGF spectrum’.

The Grant was awarded during the Awards Ceremony on Saturday, 1 June 2013 at Euroanaesthesia 2013 by Andreas Hoeft, Chairperson of the ESA Research Committee and Mats Wallin, Medical Director, Anaesthesia, Research, Critical Care at MAQUET Critical Care.

For information about the ESA MAQUET Anaesthesia Research Grant 2014, please contact us at research@esahq.org. //
HVTAP (Hospital Visiting and Training Accreditation Programme) //

1 Ankara // Hacettepe University

Based on a hospital visit performed on 11-12 April 2013 by Professor Eduardo De Robertis and Professor Wolfram Engelhardt, and authorised by the Hospital Visiting & Training Accreditation Programme Joint Committee of the European Society of Anaesthesiology and the European Board of Anaesthesiology of the UEMS, we are pleased to announce that the Department of Anaesthesiology and Reanimation, Hacettepe University, Ankara, Turkey fulfils the criteria required to meet the European standards of excellence and is declared to be a European Centre for training of Anaesthesiologists.

2 Gothenburg // Sahlgrenska University Hospital

Based on a hospital visit performed on 6-7 May 2013 by Professor Carmen Gomar Sancho and Professor Leon Drobnik and also authorised by the above-mentioned committee, we are pleased to announce that the Department of Anaesthesiology and Intensive Care Medicine, Sahlgrenska University Hospital, Gothenburg, Sweden fulfils the criteria required to meet the European standards of excellence and is declared to be a European Centre for training of Anaesthesiologists.

“Nothing is stronger than an idea whose time has come

(Victor Hugo, Les Miserables, 1862)
AWARDS

Research Grant //
Dr. Jurgen de Graaff, Utrecht, the Netherlands (left)
Andreas Hoeft, ESA, Secretary (right)

Meta-analysis Grant //
Prof. Peter Kranke, Würzburg Germany (left)
Andreas Hoeft, ESA, Secretary (right)

European Diploma Award //
Mrs Lisa Lundstrom (left)
Zeev Goldik (right)

John Zorab Prize //
Dr. Christian Beilstein, Zürich Switzerland (left)
Zeev Goldik (right)

Research Grant //
Dr. Niccolò Terrando, Stockholm, Sweden (left)
Andreas Hoeft, ESA, Secretary (right)

European Diploma Awards - Individual photos are available on our website www.euroanaesthesia.org
European Diploma Award //
Mrs Lisa Lundstrom (left)
Zeev Goldik (right)

European Diploma Award //
Ms Magdalini Stavrati (left)
Zeev Goldik (right)

More Euroanaesthesia 2013 photos available on our website
www.euroanaesthesia.org

Research Grant //
Dr. Robert Dickinson, London, UK (left)
Andreas Hoelt, ESA, Secretary (right)

Research Grant //
Prof. Stefan De Hert, Gent, Belgium (left)
Andreas Hoelt, ESA, Secretary (right)
Competition was fierce at this year’s Euroanaesthesia best abstract session. The six shortlisted entrants battled for first prize in front of a judging panel made up of ESA Scientific Committee Chair Professor Stefan De Hert, former Chair Professor Benedikt Pannen, and Professor Idit Matot of Israel. They were given the extremely difficult task of choosing a winner after six excellent presentations touching many spheres of anaesthesiology.

But after a short recess while the judges discussed the presentations among themselves, the audience was called back into the room to hear the winner announced as Dr. Ottokar Stunder, who presented the study: “Safety of epidural and spinal regional anaesthesia in over 100,000 consecutive lower extremity joint replacements” (abstract ESAPC1-6), which found 8 haematomas had occurred during the 10 year period (2000-2010) of the study, giving an overall incidence of 1 per 12,500 procedures, or 0.07 per 1000. Stunder told the audience future work would include a detailed risk factor analysis and other database studies. The prize for first place was 3000 Euros.

Dr. Laura Hannivoort, University Medical Center Groningen, Netherlands, took second prize of 2000 Euros with her study ‘Drug interaction models are better predictors of tolerance/response to noxious stimuli compared to individual parameters’ (abstract ESAPC1-3), while third place went to Dr. Agnesa Ozolina (Pauls Stradins Clinical University Hospital, Riga, Latvia), with her study ‘Genetic Factors contribute to enhanced fibrinolytic activity in patients undergoing cardiac surgery’ (abstract ESAPC1-5).

Professor de Hert said: “The quality of the abstracts this year was outstanding and, as in previous years, it was extremely difficult for us to choose a winner. The judging panel would like to thank all researchers who submitted abstracts at this year’s meeting and wish them well in their future research activities. Our warmest congratulations go to the winner and runners-up.”
Best Abstracts 2013 //

1411 abstracts were submitted, of which 901 were accepted for display during Euroanaesthesia 2013, giving an acceptance rate of 63.86%.

Below, please find the details of the 6 Best Abstract presentations that were made:

**ESAPC1-1**
The neuroprotective effects of oxaloacetate and puruvate in a rat model of subarachnoid hemorrhage is mediated by its blood glutamate scavenging activity

*Boyko M., Gruenbaum S.E., Gruenbaum B.F., Dubilet M., Zlotnik A.*

**ESAPC1-2**
Re-evaluation of the effectiveness of ramosetron in preventing post-operative nausea and vomiting: a meta-analysis without Fuji et al.’s RCTs

*Mihara T., Tojo K., Goto T.*

**ESAPC1-3**
Drug interaction models are better predictors of tolerance/response to noxious stimuli compared to individual measured parameters


**ESAPC1-4**
Does total intravenous anesthesia decrease postoperative behavioral changes after adenotonsillectomy in children?

*Stojanovic Stipic S., Kardum G., Carev M., Roje Z., Milanovic Litre D., Elezovic N.*

**ESAPC1-5**
Genetic factors contribute to enhanced fibrinolytic activity in patients undergoing cardiac surgery

*Ozolina A., Strike E., Jaunalksne I., Nikitina Zake L., Harlamovs V., Vanags I.*

**ESAPC1-6**
Safety of epidural and spinal regional anesthesia in over 100,000 consecutive major lower extremity joint replacements - a case series

*Pumberger M., Memtsoudis S.G., Stundner O., Herzog R., Boettner F., Hughes A.P.*

Euroanaesthesia 2013, Barcelona Best Abstract Prize Competition (BAPC), Sunday, 2 June 2013, 14:00 – 14:30 p.m.

Chair: Professor S. De Hert (Ghent, Belgium), JUDGES: Benedikt H. J. Pannen (Düsseldorf, Germany), Idit Matot (Tel Aviv, Israel)

Results: Winner: Ottokar Stundner (ESAPC1-6), Second Prize: Laura Hannivoort (ESAPC1-3), Third Prize: Agnese Ozolina (ESAPC1-5) //
Dear ESA Member,
Dear Autumn Meeting Participant,

After three consecutive and successful ESA Autumn Meetings, previously held in Hungary, Poland, and Czech Republic, it is with great pleasure that ESA welcomes you to its 4th ESA Autumn Meeting to be held from 8–9 November 2013 in Timisoara, Romania – the largest city in western Romania and a city famous for its architectural style as well as world-class technical, medical, and pharmacology universities.

Join us for what we trust will be another very well attended Autumn Meeting where you will not only benefit from the educational programme but you will also be able to network and exchange information with other industry colleagues from all over Europe attending the meeting.

For this year’s programme we have invited European experts to share their knowledge and expertise with you on specific topics such as: severe bleeding and bleeding in trauma, pain management, intensive care medicine, challenges in patient safety, hot topics in anaesthesia, as well as anaesthesia in low-income countries. To complement the programme, an additional Airway hands on workshop will also be held during both days of the meeting – please make sure you register on time since attendance capacity for this workshop is limited.

The ESA would also like to extend a great thank you to the Romanian Society of Anaesthesia and Intensive care for their vast support and collaboration in the organisation of this year’s meeting.

We look forward to seeing you there!

With best regards,

Prof. Eberhard Kochs // ESA President
Stefan De Hert // Scientific Committee Chairperson

Registration is now open - for further details and online registration please visit the ESA website; www.esahq.org under the section Congresses/Autumn Meeting 2013.
A special highlight of this year’s Euroanaesthesia congress in Barcelona was the announcement of the launch of the European Patient Safety Foundation (EUPSF).

After appropriate consultation with many stakeholders in patient safety, ESA has taken on the initiative to set up a global European foundation. This foundation is in line with ESA’s policies on patient safety and a logical step after the landmark Helsinki Declaration on Patient Safety in Anaesthesiology, 2010. Anaesthesiology has a long tradition in patient safety but is quite clear that patient safety is not only a mission and challenge for anaesthesiologists. Patient safety is also at the heart of everyone involved in patient treatment. It has to be addressed by many different groups, be it a medical discipline, a health care institution, a medical association, a company and even individuals including patients, all of whom have the goal of improving patient safety at different levels.

The purpose of the Foundation is the support of safety and quality of care with the underlying aspiration of raising standards of safety and quality of care for all patients. All interested and concerned parties are invited to join on a European and worldwide level.

To accomplish this goal the EUPSF has been set up as a totally independent foundation. The ESA has taken on the role of a “midwife” but the foundation will not be a subsidiary of ESA. EUPSF has to sail on its own course which will make it easier for everyone to join the foundation and to take active part in its future directions. The first activity of the foundation is to organise a European Safety Patient Summit in the autumn of 2014 in Brussels, with the participation of representatives from all fields involved in patient safety. The By-Laws can be downloaded from the website (www.EUPSF.eu) where all forthcoming information will be presented.

Eberhard Kochs // ESA President

From my point of view the terms misadventure, mishap and inadvertent anaesthetic complication ought to be deleted from our vocabulary, barring a regional power failure, an exploding bomb, an anaesthesiologist having a heart attack or the operating light falling onto the surgeon’s head!

(RG Eckenhoff, Quality of care in anaesthesia practice, 1984, pp 307)
A reception was organised on Sunday, 2 June 2013 at the Euroanaesthesia congress in Barcelona for all investigators participating or willing to participate in one or several of the ESA Clinical Trial Network studies: EuSOS, PERISCOPE, OBTAIN, euCPSP PAIN-OUT, ETPOS, LAS VEGAS, PLATA, APRICOT and POPULAR. The event was a great success.

Andreas Hoeft, Chair of the Research Committee and ESA Secretary thanked everybody for their commitment to the success of the ESA CTN Network and ESA studies. Professor Hoeft introduced Walid Habre, Chief Investigator (CI) of the newly selected APRICOT study and Manfred Blobner, CI of the POPULAR study—both of whom briefly presented their respective study.

The studies’ Chief Investigators - Rupert Pearse, Jaume Canet, Simon Howell, Dominique Fletcher, Philipp Lirk, Jens Meier, Marcus Schultz, Walid Habre and Manfred Blobner, plus each Steering Committee member as well as the ESA Secretariat staff had the chance to meet individuals taking part in the CTN studies.

The EuSOS study was published in The Lancet on 22 September 2012. The next priority for PERISCOPE study is the publication of the study while next steps for the LAS VEGAS, euCPSP PAIN-OUT and OBTAIN studies are patients follow up and data cleaning. The ETPOS and PLATA studies have started recruiting patients in centres across Europe. APRICOT and POPULAR studies are now recruiting centres.

The ‘Call for Centres’ form is online (www.esahq.org/ctnform) for the ETPOS, APRICOT and POPULAR studies. Join us! //
CTN Studies: Get Involved!

The most important and challenging clinical questions are more likely to be answered if several centres join forces!

The ESA Clinical Trials Network (CTN) has been established to facilitate, integrate and support clinical anaesthesiology research on an international level.

Multicentre studies recently selected by the ESA Research Committee:

- **APRICOT**: Anaesthesia PRactice In Children Observational Trial: European prospective multicenter observational study: Epidemiology of severe critical events
  
  **Chief Investigator**: Prof. Walid Habre (Switzerland)

- **POPULAR**: POstAnaesthesia PULmonary complications After use of muscle Relaxants in Europe: a Prospective Observational International Multi–center Cohort Study
  
  **Chief Investigator**: Prof. Manfred Blobner (Germany)

  
  **Chief Investigator**: Jens Meier (Germany)

Become an ESA CTN Centre!

Eligibility

The ESA CTN is open to all clinicians meeting study protocol criteria. Centres may participate in several studies.

Process

The ‘Call for Centres form’, available on the ESA website (www.esahq.org/ctnform), must be sent to research@esahq.org. The completion of this form will facilitate the coordination and is mandatory for participation in ESA CTN. ESA Secretariat and Study Chief Investigator will then contact Centres providing them with additional information.

More information?

Go to www.esahq.org/research or contact us at research@euroanaesthesia.org.
The "Helsinki Declaration on Patient Safety" signed at the 6th Dubai Anaesthesia Conference and Exhibition, 2013: Anaesthesiology beyond borders!! //

PAOLO PELOSI // UNIVERSITY OF GENOA // GENOA, ITALY
PHILIPPE B MACAIRE // RASHID HOSPITAL, TRAUMA CENTRE // DUBAI, UNITED ARAB EMIRATES
MOHAMED YOUSSEF NADHARI // RASHID HOSPITAL, TRAUMA CENTRE // DUBAI, UNITED ARAB EMIRATES
SVEN STAENDER // REGIONAL HOSPITAL // MAENENDEORF, SWITZERLAND
HUGO VAN AKEN // UNIVERSITY HOSPITAL OF MÜNSTER // MÜNSTER, GERMANY
JANNICKE MELLIN-OLSEN // ASKER AND BAERUM HOSPITAL // VESTRE VIKEN HA, NORWAY

Address for correspondence: Prof. Paolo Pelosi, Department of Surgical Sciences and Integrated Diagnostics, University of Genoa, email: ppelosi@hotmail.com

The Helsinki Declaration on Patient Safety in Anaesthesiology is a statement of the European Board of Anaesthesiology (EBA), Section of UEMS and the European Society of Anaesthesiology (ESA) targeting the many factors that contribute to patient safety before, during, and after surgery. It highlights the role of anaesthesiology as safeguarding the patients’ best interest whenever they are at their most vulnerable. Since its launch during the Euroanaesthesia meeting in Helsinki in 2010, it was subsequently signed by several representatives of European Anaesthesiology and other stakeholders and among those the World Federation of Societies of Anaesthesiologists (WFSA) and European Patients Federation (EPF).

The Declaration currently has more than 300 signatories from across Europe, including ESA National Society members, individual hospital anaesthesia departments and anaesthesiologists, as well as from industrial companies. It has also received a lot of attention from beyond Europe. For instance, it has been signed by all the countries in the Latin American and the Asian South East Asian Societies of Anaesthesiology, and the South Asian countries signed a similar Bangalore Declaration. Canada, Australia and New Zealand have also supported the Declaration.

This is extremely important, as the Helsinki Declaration with its aspiration of improving patient safety in anaesthesiology bring not only major European organisations together, but also organisations worldwide. It addresses an issue of outmost importance (Patient Safety), provides vision and sets new standards. A clear strategy of implementation and monitoring of progress has also been developed.

Several initiatives have accompanied the Helsinki Declaration. The most important is the establishment of the EBA and ESA Patient safety Task Force. The Task Force provides the tools and protocols anaesthesiologists might need to help them fulfil their obligations of the Declaration. A book on Patient Safety in Anaesthesiology was published, summarising the main issues regarding human performance, safety culture, simulation, education and more. More recently, ESA has launched a patient safety starter kit containing a wide variety of essential resources to help raise safety standards in anaesthesiology across Europe. The starter kit is a collection of necessary resources to help fulfill the aims of the Helsinki Declaration and to make it readily and easily available and useful for anaesthesiologists across Europe, and indeed Worldwide.

Every year around 230 million patients worldwide undergo anaesthesia for major surgery. Anaesthesiology is the key specialty in medicine to take up responsibility for achieving the goals listed in the Helsinki Declaration which will notably improve Patient Safety during surgical procedures in Dubai. The Declaration has become a global initiative with broad support from national societies and health authorities. Patient safety is gaining the attention of the public, and the medical profession must draw on that enthusiasm and maintain the momentum from Helsinki.

The Anaesthesia Conference and Exhibition in Dubai, United Arab Emirates, is the most prominent forum in the region dedicated for health care professionals and specialists and attracts participants from all corners of the world. The Conference is under the patronage of H.H. Sheikh Hamdan Bin Rashid Al Maktoum, Deputy Ruler of Dubai, Minister of Finance and President of the Dubai Health Authority, H.E. Engr. Essa Al Haj Al Maidoor. The delegates assemble to discuss and learn the latest developments in our specialty through a number of intensive scientific sessions. Dubai Anaesthesia brings together over 800 regional & international anaesthesiologists, surgeons and other specialists, nurses & students in addition to healthcare specialists.

The opening session of this year’s Conference also included signing the “Helsinki Declaration on Patient Safety in Anaesthesiology”. The declaration was signed by H.E. Eng. Essa Al Maidoor, Director-General of Dubai Health Authority, Prof. Dr. Paolo Pelosi, Past President of ESA and Prof. Dr. Najib Al Khaja, Secretary General of Sheikh Hamdan Award for Medical Sciences.

H.E. Eng. Essa Al Maidoor, Director General of the Dubai Health Authority said: “We are very delighted that we were able to announce the signing of the ‘Helsinki Declaration on Patient Safety in Anaesthesiology’ during Dubai Anaesthesia 2013 which is one of the
Preparation for the EDA // Multiple Choice Questions for Part I

The following are the answers to the MCQ questions set in the previous issue of this newsletter. Explanations are given below each question.

1. Cardiac output is decreased by
   a. a fall in core temperature to 30 °C (T)
   b. increasing arterial PCO₂ (F)
   c. a change from sinus to nodal rhythm (T)
   d. a decrease in afterload (F)
   e. panhypopituitarism (T)

Cardiac output (CO) is the product of stroke-volume and heart rate, a reduction in either one alone will reduce CO. Bradycardia accompanies hypothermia and myocardial contractility is also reduced. Increasing PaCO₂ increases sympathetic drive and CO increases. Loss of the atrial contribution to stroke volume reduces stroke volume. A reduction in afterload increases stroke volume and CO. Panhypopituitarism is associated with reduced growth hormone, which reduces ventricular muscle mass with a reduction in stroke volume.

2. The following increase peristalsis of the small intestine
   a. vagal blockade (F)
   b. food intake distending the intestine (T)
   c. stimulation of the splanchnic nerves (F)
   d. adrenaline (F)
   e. hypokalaemia (F)

Peristalsis is controlled by the enteric nervous system and gastrointestinal hormones. Acetylcholine (ACh) is excitatory and adrenaline inhibitory. Blocking the vagus reduces ACh release and reduces peristalsis; splanchnic nerve stimulation inhibits peristalsis. Hypokalaemia reduces smooth muscle contractility and so reduces peristalsis.

3. Lidocaine
   a. is an ester (F)
   b. is of use in the treatment of supraventricular tachyarrhythmias (F)
   c. does not cross the normal blood-brain barrier (F)
   d. increases myocardial contractility in the normal heart (F)
   e. commonly cause methaemoglobinemia (F)

Lidocaine is an amide local anaesthetic that is used in the management of ventricular ectopics, particularly following myocardial infarction. It can cross the blood-brain barrier as it is a weak base that is only partly ionised at plasma pH. It reduces myocardial contractility like other amides. It is metabolised in the liver but does not cause methaemoglobinemia, which is associated with procaine and benzocaine.

4. Pancuronium bromide
   a. action is potentiated by volatile anaesthetics (T)
   b. has pre-junctional effects (T)
   c. readily crosses the placental barrier (F)
   d. is biotransformed in the liver (T)
   e. is more than 90% bound to plasma protein (F)

Volatile agents reduce calcium release in skeletal muscle and potentiate the action of non-depolarising muscle relaxants. Fade is thought to be produced by a pre-synaptic effect of non-depolarising muscle relaxants. Pancuronium, like all non-depolarising muscle relaxants, is permanently changed and cannot cross lipid barriers such as the BBB and placenta. Pancuronium is mainly excreted unchanged by the kidney but is also metabolised in the liver by de-acetylation. Plasma protein binding of muscle relaxants is generally low compared with lipid-soluble drugs, that of pancuronium is around 30%.

5. The standard deviation (S.D.) of normally distributed data
   a. is the square root of the variance (T)
   b. is the square of the standard error of the mean (F)
   c. 68% of observations lie between 1 S.D. below and 1 S.D above the mean (T)
   d. 20% of observations lie outside 2 S.D. either side of the mean (F)
   e. is proportional to the mean value (F)

The standard deviation is the square root of the variance; the standard error of the mean is the standard deviation divided by the number of observations in the sample from which the mean was calculated. 68% of observations lie between +/- 1 S.D. on either side the mean, 5% of observations lie outside +/- 2 S.D. either side of the mean; 0.3% of observations lie outside +/- 3 S.D. of the mean. In a normal distribution, the mean and variance are independent of each other.

Dr. Sue Hill // Chairman Part I EDA subcommittee
My name is Catarina Luís, and I’m a 4th year resident from Hospital Pedro Hispano – Matosinhos in Portugal. When I applied for the ESA Trainee Exchange Programme in September 2011, I was eager to try something extraordinary! I wanted to know a different culture, practice another language and most of all, to gain expertise and confidence in a field of anaesthesia that I have been interested since my 1st year of residency. In fact, improving my skills and knowledge in Regional Anaesthesia has been my personal objective for a long time. I perceived the confirmation of this scholarship as both success and commitment. A small dream was about to become true and I had only 3 months to take the most benefit of this great opportunity!

// Cork University Hospital
Cork University Hospital (CUH) is the largest university teaching hospital in Ireland and is the only Level 1 Trauma centre in the country due to the presence of over 40 different medical and surgical specialties. It provides anaesthesia services for general surgery, orthopaedic, obstetrics, gynaecology, neurosurgery, cardio and thoracic surgery, ophthalmologic surgery, has an acute and chronic pain service and provides sedation for diagnostic procedures in radiology. The hospital has 851 beds, 20 theatres and 2 Intensive Care Units – general and cardiac. The Anaesthesia Department takes an important role in academic teaching: research, training in anaesthesiology and education of medical students of the University College Cork (UCC).

I started my training with a BST Foundation Course in Regional Anaesthesia by the Irish Society of Regional Anaesthesia, divided in 2 parts: theoretical part, where we discussed indications, complications, anatomy and technical execution of peripheral blocks with ultrasound (US), and a practical part where we could scan live human models. What a great way to start! I couldn’t have asked for more!! Considering my interest in regional anaesthesia, I tried to stay as much as possible in the operating room, in the orthopaedic and trauma theatre, so that I could make the most of the opportunity to watch and execute peripheral blockades guided by US and have the most experience possible. We work under constant supervision, but discreet and nonintrusive; the degree of autonomy that trainees have is remarkable - this enables us to gain professional experience and to develop skills, not jeopardising the patient’s safety.

My daily activities consisted of preoperative evaluation of the patient, explanation of the planned anaesthetic procedure, intraoperative management and follow up of the patients in recovery room. Every day we discussed our patients, comorbid disease and anaesthetic management.

// Education / Research
The Department holds daily morning sessions (which begin at 7:30 am) about recent publications in Journal Club, new technologies, daily case complications and management and also lectures in the different fields of anaesthesia. I was always welcome to participate in all educational activities and I can say that it helped to broaden my knowledge. During my fellowship, I attended to teaching courses to prepare for the part I and part II of the Ireland FRCA exam and the PROMPT course – Practical Obstetric Multi Professional

Our department was delighted to receive Catarina. She was simply the ideal exchange trainee. Her knowledge, skills and attitude towards patients were truly impressive. Exchange trainees have the opportunity to fulfill their training and professional development needs in a range of subspecialties of anaesthesia, intensive care medicine and pain management. They get unrestricted access to our postgraduate training programme as well as ample opportunities to partake in audit and research activities. Catarina took special interest in ultrasound guided peripheral nerve blockade which she embraced with enthusiasm and mastered by the end of the three-month period. On a personal level, there is something refreshing and fulfilling about hosting an overseas trainee. We welcome this initiative and are looking forward to a fruitful collaboration with the ESA Trainee Exchange Programme.

Dr. Gabriella Iohom // gabriella.iharom@hse.ie
Consultant Anaesthetist // Senior Lecturer
Cork University Hospital // University College Cork
Training – in the Cork University Maternity Hospital - giving me insights on management of obstetrical emergencies. Research in the Department is well established. Areas of research are both experimental and clinical. During my stay I had the opportunity to be involved in an investigation project: “Effects of a single dose of dexamethasone in patients undergoing operative fixation of proximal femur fracture” with Dr. Szilard Szucs and Dr. Gabriella Iohom.

// Thank you!!

I have learned so much in these 3 months! I can say at this moment that I have earned quite some knowledge and experience in US guided blocks, although I know that I am only at the beginning of my journey! US guided blocks need dedication, time, persistence and practice.

I highly recommend residents from all corners of Europe to apply! I’m forever thankful to ESA for this unique opportunity and I think this kind of initiatives must be appraised as truly contributing for the development of high standards of care in anaesthesia throughout all of Europe.

To my supervisor Dr. Gabriella Iohom, thank you so much for all the time spent with me, teaching, for all the opportunities that you offered me to learn more, for your kindness and support. Thanks also to all the guidance, advice and friendship offered by all the consultants, staff, and other trainees that I worked with and learned from.

Last but not least, I would like to thank the European Society of Anaesthesia (ESA) who gave me this great opportunity, and ESA secretariat’s Anny Lam for her dedication. //

EDAIC Paper B Questions //

1. Bilateral recurrent laryngeal nerve section
   a. causes complete airway obstruction
   b. causes respiratory difficulty
   c. causes tetany
   d. allows adduction of the vocal cords on inspiration
   e. causes dysphagia

2. Early sequelae of near-drowning in sea water include
   a. cardiac dysrhythmias
   b. haemolysis
   c. hypotension
   d. atelectasis
   e. seizures

3. The use of regional anaesthesia for Caesarian section is appropriate in patients with
   a. placenta praevia
   b. pre-eclampsia
   c. HELLP syndrome
   d. mitral valve disease
   e. Christmas disease

4. Ventricular fibrillation is likely to be initiated by an electrical stimulus during the
   a. PQ interval
   b. ascending limb of QRS
   c. peak of QRS
   d. peak of the T wave
   e. interval between the S and T wave

5. In a patient suffering from a thyroid crisis, suitable treatment includes
   a. beta adrenergic blockade
   b. digoxin
   c. corticosteroids
   d. intravenous paracetamol
   e. intravenous carbimazole

Cork, Ireland //
ESA Grants and Programmes 2014 //
Do not miss the deadlines!

2014 ESA Research Grants Programme

The ESA Grants Programme comprises
1. Project grants
2. Research support grants
3. Meta-Analysis Grant
4. Young investigator start-up Grant

<table>
<thead>
<tr>
<th>Type</th>
<th>Title</th>
<th>Aim</th>
<th>Field/Area</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESA Grants</td>
<td>1. Project grants</td>
<td>• To promote anaesthesia–related research in Europe</td>
<td>• Clinical/translational research</td>
<td>Up to €60,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• To encourage anaesthesiologists to extend the frontiers of their practice</td>
<td>• Experimental research</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• To support individual projects of up to two years duration</td>
<td>• Patient safety</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Priority given to topics that have no alternative sources of funding</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Research on education or training of anaesthesiologists</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Research support grants</td>
<td>• To promote anaesthesia–related research in Europe</td>
<td>• Clinical/translational research</td>
<td>Up to €15,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• To encourage anaesthesiologists to extend the frontiers of their practice</td>
<td>• Experimental research</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• To assist work in progress or pilot studies</td>
<td>• Patient safety</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Priority given to topics that have no alternative sources of funding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Meta-Analysis Grant</td>
<td>• To support the Meta-Analysis plan of highest interest and importance in the field of Anaesthesia</td>
<td>See 1. above</td>
<td>Up to €20,000</td>
</tr>
<tr>
<td></td>
<td>4. Young investigator start-up Grant</td>
<td>• To encourage a young investigator up to 35 years old in Research in the field of Anaesthesia</td>
<td>See 1. above</td>
<td>Up to €30,000</td>
</tr>
</tbody>
</table>

These grants will be awarded to start on or after 1 January 2014.

Grants applications must be received by e-mail (research@esahq.org) no later than Friday, 4 September 2013.

For more information and guidelines for grant application please visit www.esahq.org/research.

// Trainee Exchange Programme

The ESA Trainee Exchange Programme aims to select the best trainees and allow them to visit, for a period of 3-months training, the best training centres that Europe can offer. Criteria have been established to allow us to identify the best and most promising trainees, and the centres which can offer the best teaching and experience in Europe. The grants are sufficient to cover living expenses and learning in these centres. The ESA seeks to mix together the two ingredients, for the primary benefit of the trainees.

The programme allows for eight awards of up to €10,000 each to be allocated in 2013, to cover travel, living expenses and accommodation, each for 3 months.

Applications must be received by e-mail tep@esahq.org no later than Sunday, 15 September 2013

Applications from previously awarded trainees will not be considered. For more information, visit the Education/Trainee Exchange Programme section on the ESA website.

// Young Teaching Recognition Award

The purpose of this Award is to discover an individual with outstanding teaching skills.

The award winner will be required to give two lectures. One lecture must be presented at the annual Euroanaesthesia Congress. The other lecture must be given at a meeting organised by his/her own national society. The award winner will receive a travel reimbursement for each lecture according to the ESA policy. The remaining travel expenses will be paid for by the host departments or congress organisers, if necessary.

Applicant Criteria
• Applicants should be younger than 40 years of age at the time of application
• Applicant and National Society must be a member of the European Society of Anaesthesiology (ESA)
• Applicant must be a member of his/her National Society
• Applicants must submit their Curriculum Vitae and an outline of their lecture
• Each application must be accompanied by a reference letter from the applicant’s Head of Department / Chairperson

One award is given for applicants from Central-Eastern Europe and one award is given for applicants from Western Europe.

Please submit applications to the ESA Secretariat ytaward@esahq.org no later than 31 December.2013 //
An Argentinian perspective of the ISIA course //

GUILLERMO GALEOTTI // PAEDIATRIC ANAESTHESIOLOGIST // HOSPITAL PRIVADO DE CORDOBA, ARGENTINA // ggaleotti@gmail.com

Education is one of the anaesthesia’s “four key activities”, together with clinical care, research and practice administration¹. For the anaesthesia faculty, clinical care is a prime activity for obvious reasons; and the other functions, especially teaching, are often relegated to a lower level of priority, as time and resources permit.

Teaching is part of the medical activity and life-long learning is essential for maintaining safe anaesthesia practice and for personal career development. Good teaching leads to good clinical practice and ultimately to better patient care².

Although anaesthesiologists have had extensive training in our profession, few of us have had any formal training in how to teach. Many physicians enter academic anaesthesiology with no formal training in how to teach, you are expected to “teach as you were taught”, and that is what most of us do.

Argentina is not an exception to this lack of adequate training in our educators and, although the FAAAAR (Argentinean Federation of Societies of Anaesthesia, Analgesia and Reanimation) has gained a world reputation in regards to its power as a professional society, its educational activities are lagging behind. There is an uneven quality of the academic and competence training of the future specialists in our field across the different provinces in our country. I am one of the anaesthesiologists in my country with a special interest in education and I learned about the International School for Instructors in Anaesthesiology (ISIA) courses back in September 2010. From that moment, I set the goal of implementing a course like the “ISIA” or “Training the Trainers” in my own country.

We have in Argentina some university courses on teaching, but as a matter of fact, they are not good enough and most of the anaesthesia teachers are not acquainted with modern teaching methods, so we lack a proper training in how to teach. I have to thank this newsletter’s Editor Dr. Gabriel Gurman for allowing me to participate in the third week of the ISIA course in Crete in October 2012. So what did I take from my experiences on this course?

As far I know, the ISIA course is one of the most complete courses about anaesthesia education around the world, covering the entire subject matter of anaesthesia: skills, knowledge, education and organisational aspects of our profession. The aim of the course is to introduce modern pedagogic methods to a core of young anaesthesiologists, who will become, after graduation, future teachers in their places. One of the main points of the project is that the graduates are supposed to organise similar courses in their own countries; which in turn, will lead to a multiplication of the achieved educational competence. It has been an honour and privilege for me to attend the ISIA course; I had the opportunity to meet a group of people seriously committed to improve education, I found the enthusiasm for excellence in teaching contagious and it gave new excitement about my teaching responsibilities back at home.

I found camaraderie and willingness to share ideas inspiring, and I have learned a great deal about the behind-the-scenes workings of the ISIA course. ISIA intends to create a “snowball effect” by multiplying its experiences in different parts of the world and not to create just an elite of lectures. I was grateful that I had the chance to meet future leaders in education who will set the pace in the years to come. Upon returning home I would like to implement (after having the approval of the FAAAAR, which is still in process) a similar project in Argentina, in order to improve our teaching skills as educators in anaesthesiology. //

¹ Schwartz AJ. Education: an essential leg for anaesthesiology’s four-legged stool! Anesthesiology, 2010; 112:3-5
The first one to be mentioned is lived in the second part of the 18th century. Most of them were contemporaries and "Anaesthesiology" and how they did it. Now let us see who were those who put patients and lastly succeeded. To do something for their initiative of trying to do something for their but of these barber-surgeons, who had the main contribution. For our specialty it colleges in France, England and elsewhere specialty of barber-surgeon and the royal versa. In this course the development of the earth was circling the sun and not vice. We are in the epoch of "Illumination" and as a consequence of medical thinking. The apert this line of development important changes occurred in general thinking as we are in the epoch of "Illumination" and as a consequence of medical thinking. The mind was freed from dogmatic thinking and realise in medicine like in astronomy that the earth was circling the sun and not vice versa. In this course the development of the specialty of barber-surgeon and the royal colleges in France, England and elsewhere had a main contribution. For our specialty it was the surgeons, descendants not of doctors but of these barber-surgeons, who had the initiative of trying to do something for their patients and lastly succeeded.

Now let us see who were those who put the cornerstones to this new building "Anaesthesiology" and how they did it. Most of them were contemporary's and lived in the second part of the 18th century.

The first one to be mentioned is Joseph Black (1728-1799), born in France at Bordeaux from Irish and Scottish parents, studied medicine, physics and chemistry in Edinburgh. He is important for medicine by his discovery of CO₂ and producing by heating limestone with an acid. He also discovered that CO₂ which he named "Fixed air" was produced during the process of fermentation of barley in breweries and resulted from animal respiration. He also constructed the first analytical balance and the first ice calorimeter defining along with Lavoisier and Laplace the notion of "Latent melting heat " by observing that if ice was melt by heating the temperature does not change until all of the ice is transformed to water.

Henry Cavendish (1731-1799) was a British scientist, chemist, physician and philosopher born in France at Nice. He was the discoverer of Hydrogen called by him "inflammable air". Lavoisier reproduced his experiments and gave the name of "Hydrogen" to this gas meaning "generator of water" which it produces by combustion.

Antoine Laurent de Lavoisier (1743-1794) was a French nobleman considered today as being one of the greatest scientists in general. His contributions to science were numerous: fist of all he is considered along with Priestley and Scheele one of the discoverers of Oxygen. He proved that respiration of plants and animals was in fact a slow combustion of organic material using inhaled oxygen. This fact contradicted the "Phlogiston" theory which pretended that during combustion a substance named "Phlogiston" was released. He postulated in chemistry the law of "Mass conservation" by demonstrating that in chemical reactions the matter changes its state but not its mass. This idea of him was also postulated by Lomonosof, J. Rey, Joseph Black and Cavendish. Unfortunately his researches were interrupted by the French revolution when he was arrested as a nobleman involved in the taxation system, judged and guillotined. In 1794. At his process the judge expressed himself "La Republique n'a pas besoin de savants et de chimistes, le cours de la justice ne peut etre interrompu" (The republic does not need scientists and chemists, the course of justice can not be interrupted).

Along with Lavoisier and Scheele another polyvalent scientist of this period was Joseph Priestley (1733-1804). He was a remarkable personality, most of his life he was a minister, preoccupied by many problems of theology, society and science. Born in Yorkshire near Leeds in a modest and religious family, as a youngster he learned a lot of foreign languages preparing to become a tradesman but was simultaneously interested in philosophy, mathematics, natural sciences. He was in fact a precursor of the conception of unity between science and theology called by some "heterodoxy". He later became a minister in a small parish. When he could not reach a real contact with local people being forced to move to Washington academy and after 7 years to Leeds becoming again a minister in a "Dissenting" parish church. He was a very fervent defender of his religious conception and wrote numerous pamphlets and books on the subject. He later changed his residency seven times until in Birmingham he was aggressed and his property destroyed by a furious mob aware of his sympathy for the French revolution. Later he preferred to emigrate to the US where he died. His contribution to science was multiple and in various fields like electricity, optics, chemistry, but most important for us chemistry of gases he called "airs". He believed in "Phlogiston" as a product of all types of combustion but was also the discoverer, for us most important, of NO nitric oxide "Nitrous air", Nitrous Oxide (N₂O), HCl "Acid Air", NH₃ "Dephlogisticated Nitrous Air", O₂ "Dephlogisticated Air" an CO₂ "Fixed Air" by watching and catching bubbles arising during the process of fermentation of barley in the local brewery for miners.
PIERRE VIARS // A European pioneer in academic anaesthesiology

PIERRE CORIAT // pierre.coriat@psl.ap-hop-paris.fr
ANDRE LIENHART // andre.lienhart@sat.AP-HOP-PARIS.FR
PHILIPPE SCHERPEREEL // philippe.scherpereel@chru-lille.fr

Pierre Viars (1930-1998), Professor, University Pierre et Marie Curie, Paris, was head of the Pitié-Salpêtrière Hospital Department of Anaesthesiology and Critical Care from 1972 to 1995. He was very proud of his origins from Auvergne, of which he claimed both stubbornness and good sense. His high, mighty and colourful tone belonged to a passionate and good-hearted man. Nobody was indifferent, arousing a deep affection as well persistent grudges. You were a friend or an enemy, and his lapidary judgment categorised you rapidly. He was blessed with a cheerful mood, a devastating humour and his rages were Homeric. He was a man of extremes, colourful and terribly captivating. His faithfulness in friendship was demanding. With close friends, such as Georges de Castro, he was one of the promoters of the intravenous anaesthesia, or Luc Lecron, at the origin of the regional anaesthesia development in France and in Europe. Trained as a pharmacologist, he applied to anaesthesiology the scientific rigour, refusing the vagueness and the approximation. A strenuous worker, he was demanding as well for himself as for other people. Outside stupidity he abhorred laziness. Thanks to his perceptiveness, based upon knowledge of past and a prospective vision of the future, Pierre Viars succeeded to make anaesthesiology a full-fledged medical specialty based on a research as well clinical and scientific.

He forged in the Pitié-Salpêtrière Hospital the most potent anaesthetic department of France, recognised by his peers, as well in the specialty as among surgeons, as well in Europe as in the United States, witnessed by the special issue of Anesthesiology on December 2012, completely devoted to the publications from the Department of Anaesthesiology and Critical Care in Pitié-Salpêtrière in Paris. The vast modern department, decorated by a lot of contemporary works of art, witnesses the Pierre Viars humanism who considered the introduction of artists’ works in the hospital as a comfort for the patients and their families, and for the care providers, an incentive to an ethical approach. He recovered from a compromised situation by dint of courage and tenacity, his fighting spirit, his boiling character, and his enthusiasm made him a charismatic leader, always in wait of new ideas and creations. Illness had broken suddenly his impulse but not his dynamism. He recovered from a much compromised situation by dint of courage and tenacity, even deprived of his legendary shouts. When he retired, he went to live in Corse, of which he was found of the superb landscapes, where his rages were Homeric. He was a man of extremes, colourful and terribly captivating. His faithfulness in friendship was demanding. With close friends, such as Georges de Castro, he was one of the promoters of the intravenous anaesthesia, or Luc Lecron, at the origin of the regional anaesthesia development in France and in Europe. Trained as a pharmacologist, he applied to anaesthesiology the scientific rigour, refusing the vagueness and the approximation. A strenuous worker, he was demanding as well for himself as for other people. Outside stupidity he abhorred laziness. Thanks to his perceptiveness, based upon knowledge of past and a prospective vision of the future, Pierre Viars succeeded to make anaesthesiology a full-fledged medical specialty based on a research as well clinical and scientific.

Convinced of the natural complementarity between anaesthesia and critical care, he was persuaded that critical care was an essential component of our specialty and the anaesthesiologists were the best designed by their competencies and their availability to take in charge the critical care units. He brought the demonstration of this essential symbiosis to his own department, making the specialty, considered sometimes as a “necessary evil”, as indispensable in the care offer of a modern medical structure. He was convinced that each stage of the management of a patient by the anaesthesiologist must be guided by solid medical references, established by the specialty, based upon physiology, pharmacology and physiopathology. Pierre Viars was the first in France to recognise the necessary contribution of the clinical and experimental research in the specialty. The research must be brought by anaesthesiologists, reason why he created an experimental research laboratory, within his own department. He required from his assistants they had solid medical knowledge, obtained by the internat and the clinicat, as well a scientific training, acquired in a laboratory practice, confirmed by diploma and publications in the best international journals. He succeeded to obtain the adoption of the same criteria for the selection of the academic teachers of the specialty, extending to all France his willingness of excellence.

PIERRE CORIAT
André LIENHART
Philippe SCHERPEREEL
Masterclass in Clinical Epidemiology // design and analysis of clinical studies

Masterclass in Clinical Epidemiology is an advanced scientific workshop dedicated to refresh knowledge on design and analysis of clinical studies and to update on important latest developments in design and analysis.

Target audience:
Anaesthesiologists, intensivists and residents in anaesthesia and intensive care medicine with interest in clinical research. The course is open to all ESA members who speak and write English fluently.

Learn by doing:
The Masterclass aims to create interaction. The following teaching elements will therefore be used for every topic: brief lectures by anaesthesiologists, epidemiologists, example of studies from the field and practice in small groups.

When?
31 October-2 November 2013
New deadline for applications: 1 September 2013

Venue?
Enjoy a friendly and professional environment in Utrecht, The Netherlands

Masterclass 2013 in Scientific Writing //

Masterclass in Scientific Writing is an advanced scientific workshop dedicated to learn how to write critically and appraise scientific articles and abstracts.

Target audience:
Young anaesthesiologists who already have some experience in the clinical research field and are clearly motivated in their choice of an academic path for their medical career in the future. The course is open to all active ESA members who speak and write English fluently, already have some publications in their native language and are making recognised efforts to develop their scientific writing skills.

Learn by doing:
The programme contains a series of lectures and workshops during which participants will apply the knowledge learned during lectures through practical exercises. The faculty will consist of international experts in scientific medical writing who received outstanding evaluation by attendees of the previous course.

When?
19-21 November 2013
Deadline for applications: 15 September 2013

Venue?
ESA Headquarters, Brussels, Belgium

Programmes, applications and practical information:
www.esahq.org/masterclasses or research@esahq.org
2013

August, 5-8
Hawaii Anesthesiology Update 2013
www.hawaiianesthesia.com I Koloa, Kauai, Hawaii USA

August, 26-29
32nd Congress The Scandinavian Society of Anaesthesiology and Intensive Care medicine
www.congress.uhu.fi/eea2013 I Turku, Finland

August, 28 – September, 1
11th WFSICCM Congress
www.criticalcare2013.com I Durban, South Africa

September, 5-7
European Congress on Paediatric Anaesthesia
Contact: espa2013@symporg.ch I www.euroespa.org I Geneva, Switzerland

September, 7-9
2nd annual Acute Pain Symposium
Contact: pgulur@partners.org I www.massgeneral.org I Boston, MA, USA

September, 9-15
Panarab Anaesthesia Congress
Contact: info@panarabanesthesia2013.org I www.panarabanesthesia2013.org I Beirut, Lebanon

September, 18-20
Annual Congress of the Association of Anaesthetists of Great Britain and Ireland (AAGBI)
www.aagbi.org I Dublin, Ireland

October, 1
Anaesthesia for Major Surgery - What’s New?
Contact: henry.coleman@rmh.nhs.uk I www.royalmarsden.nhs.uk/anaesthesia I London, UK

October, 31-November 2
ESA Masterclass on Clinical Trials and Clinical Epidemiology
Contact: masterclass@esahq.org I www.euroanaesthesia.org I Utrecht, The Netherlands

November, 6-9
New Zealand Anaesthesia Annual Scientific Meeting
www.nzadunedin2013.com I Dunedin, New Zealand

November, 8-9
ESA Autumn Meeting 4
Contact: secretariat@euroanaesthesia.org I www.euroanaesthesia.org I Utrecht, Timisoara, Romania

November, 19-21
ESA Masterclass on Scientific Writing
Contact: masterclass@esahq.org I www.euroanaesthesia.org I Brussels, Belgium

December, 13-17
67th PostGraduate Assembly in Anesthesiology (PGA)
Contact: HQ@nyssa-pga.org I www.nyssa-pga.org I New York, USA

2014

March, 28-29
SIMPAR
Contact: info@fedracongressi.com I www.simpar.eu I Rome, Italy

May, 31-June, 3
Euroanaesthesia 2014
Contact: secretariat@euroanaesthesia.org I www.euroanaesthesia.org I Stockholm, Sweden
MAY 31 - JUNE 3
STOCKHOLM, SWEDEN

Euroanaesthesia 2014
The European Anaesthesiology Congress

Symposia
Refresher Courses
Workshops
Industrial Symposia & Exhibition
Abstract Presentations

CME Accreditation
EACCME - UEMS

Registration
P +32 (0)2 743 32 90
F +32 (0)2 743 32 98
E registration@euroanaesthesia.org
www.euroanaesthesia.org

Abstract submission from
Friday 1 November to
Sunday 15 December 2013