



UPDATE IN ANAESTHESIA



A journal for anaesthetists in developing countries

WORLD ANAESTHESIA

EDITORIAL

No 10 1999
ISSN 1353-4882

The World Federation of Anaesthesiologists

The World Federation of Anaesthesiologists (WFA), founded in 1955, is a Federation of about 100 National and Regional Societies of Anaesthesia whose main aim is to improve the standards of anaesthesia around the world. It is run by the Officers and an Executive Committee supported by 4 standing committees including Finance, Statutes and Bylaws, and the very active Education and Publications Committees. There are also 6 specialist committees - Quality of practice, Safety, Equipment and Technology, Paediatrics, Obstetrics, Pain, Resuscitation and Intensive care.

One of the objectives of the Federation is to promote education and the dissemination of scientific information. A World congress is held every 4 years. The provision of continuing education for anaesthetists has been a major thrust of the Federation the past 15 – 20 years. Much of this work has been aimed at parts of the world where difficult circumstances have hindered the development of training in anaesthesia.

Between 1984 and 1988 John Zorab and Jack Moyers edited several volumes of WFA Lectures, which contained a wide range of topics written by leading anaesthesiologists. These were widely distributed. The first proactive course to be supported by the WFA in the recent era was a single day one on Paediatric anaesthesia held at the end of the East African meeting in Arusha in December 1985. Until this time the WFA's role in educational activities had mainly been supporting requests from national societies for lecturers, and sponsoring visiting educational teams to different parts of the world.

At the World Congress in Washington in 1988 the Education Committee was asked to develop post-graduate refresher courses in anaesthesia starting with English and French speaking Africa. During the next 4 years, 50 countries were visited and even more benefited, because anaesthetists from small countries, such as the Pacific

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Islands, could attend regional courses. Lecturers came from 25 countries representing a truly international effort. These were exciting times. For many anaesthetists, WFA courses provided the first educational activity they had encountered since training. Lecturers and students alike reported enthusiastically at the content and atmosphere of the courses.

In the huge area of the Pacific there are many scattered islands with small populations and only a few doctors. During the mid 1980's Anthea Hatfield from New Zealand visited several of these island hospitals, sometimes accompanied by a technician who was able to repair faulty equipment. Subsequently the Australian Society became involved, initially allocating \$3 and then \$5 of each membership subscription to help fund anaesthesia courses in Fiji with WFA support. After 4 years the Australian Government granted financial support, first for the course

and then for a resident lecturer who helped the first trainees through to a Diploma examination held in 1996 - the first post graduate medical qualification in the Pacific!

The pattern of anaesthesia training courses continues and has been added to recently by setting up Regional Training Centres. These are run in partnerships between WFSA and some of the better resourced national societies. One centre in Bangkok trains anaesthesiologists from countries such as Laos and Cambodia. After graduating they are able to return to their own country to train their own people. Training centres formerly existed in Copenhagen, Caracas and Manila supported by WHO, WFSA and the local societies.

It is well known that there is a shortage of suitable anaesthesia publications in many countries. The group, "World Anaesthesia", started "Update in Anaesthesia", which is distributed free of charge to many anaesthetists working in relatively inaccessible parts of the world. In 1992 the WFSA recognised that printed material is important and set up the Publications Committee. Since then the two groups have combined efforts in producing a joint Newsletter, "World Anaesthesia" and continuing to publish "Update". The latter is now produced in English, Spanish, Arabic, Russian and Mandarin and hopefully soon in French. It is circulated to all national societies with a total circulation of

around 13,000. Both publications are on the Web site:

<http://www.nda.ox.ac.uk/wfsa/>

The number of visitors to the Web site has doubled in 12 months reaching 11,283 from 91 countries in the past year. This makes the efforts of those producing the publications more worthwhile and must encourage anaesthetists who in the past have felt isolated. There is more to come. Distant learning on the Internet will hopefully soon come to fruition.

Much has been done to improve access to continuing education through courses and training centres in the late eighties and early nineties, while printed and electronic material is becoming increasingly available, even in relatively remote parts of the world, in the more recent years. We are grateful to those in WFSA and World Anaesthesia who have helped make this happen. There are many who should be acknowledged, and deserve our special thanks for the tremendous time, effort and enthusiasm they have put into these projects. Many of these people have first hand experience of working in less affluent countries.

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