Response to “Sedation: is it getting easier?”

The recent review article on sedation by Dr Beeton in the August issue refers.1

In an article in TIME magazine, September 11 2006, entitled Guess who’s putting you under; Dr Orin Guidry, president of the ASA, is quoted as saying that up to 45% of sedation is handled by practitioners other than anaesthetists, often in non-hospital settings. So-called “outside the operating room anaesthesia” is exploding, with little or no control or certification requirements. The situation in South Africa is analogous to this. Furthermore, the term “sedation” is applied to a wide range of depressed consciousness, which is inappropriate and out of line with current teaching.

Indeed, there is a very clear difference between monitored anaesthesia care (MAC) and sedation, as reviewed by us in the SAMJ (in press), which was not totally clear in the article by Dr Beeton.1 MAC requires an anaesthetist to be present and to control patient care throughout the case. In essence, MAC is a much deeper form of depressed consciousness that borders on a state of general anaesthesia and, at times, may indeed drift into a state of general anaesthesia without a mechanically secured airway. Pure ‘sedation’ must stop well short of this, but this is often not the case – especially when the difference between MAC and sedation is poorly defined.

We would like to point out that Dr Beeton fails to address this controversy regarding sedation. While the article is well researched, it is unfortunately only aimed at the converted anaesthetists who are indeed trained to manage airway and cardiovascular compromise. The reality is that the rather innocuous-sounding “twilight sedation” is generally delivered by non-anaesthetists in non-anaesthetic environments. A 2003 study by Vila et al. showed 10 times the risk of death and permanent injury in surgery performed in doctors’ rooms rather than in surgery centres.2 The morbidity and mortality were attributed largely to lax anaesthetic monitoring and practice.

Thus, sedation by non-anaesthetists is here to stay. It is our responsibility primarily to formulate guidelines to differentiate the clear differences between simple sedation and the anaesthetic-driven monitored anaesthesia care or MAC and to establish a credentialing process for non-anaesthetists who wish to provide sedation to prevent the drift of sedation into a state of MAC.

Yours sincerely

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References