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MEDICAL PRACTICE

NEWS AND NOTES

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CORRESPONDENCE

Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Paediatric anaesthesia

SIR,—Readers will sympathise with Dr Adrian While, whose 3½ year old daughter had an unfortunate experience while in hospital. The anaesthetic management of the preschool child requiring surgery can be difficult, but much of the little girl's distress and her parents' worry would probably have been avoided if the anaesthetist had spoken to them before surgery. At this important preoperative visit reassurance could have been given, the method of anaesthesia explained, and the child told that she would awaken in her own bed in the recovery room.

The article raises several rather contentious issues but the main point made is that if a parent so wishes he or she should be allowed to be with the child during the induction of anaesthesia. This is an understandable request, especially if the child is distressed, and it is probable that whenever possible nursing and medical staff of most hospitals would endeavour to be of help. In making such a decision, however, the anaesthetist must take into account considerations other than the wishes of the parents. Although the presence of a sensible parent may be of value in the anaesthetic room, an apprehensive mother or father could well prove a hindrance. If the anaesthetist, for whatever reason, feels that having a parent present might interfere with the overall conduct of anaesthesia and the safety of the child then this viewpoint should prevail. Theatre facilities in many hospitals may be unsuited to cope with a substantial demand by parents to accompany children to the operating theatre. New day care centres should, however, be better equipped to deal with the requirements of parents.

The writer comments, "I began to empathise strongly only when it happened to my own child but I now see that it happens all the time; countless children are subjected to quite needless suffering every day." We feel it is unfair to make such an unsubstantiated generalisation which may cause unnecessary concern to parents. To our knowledge it is not a widespread practice physically to restrain children during induction of anaesthesia, and in childrens' surgical centres with which we are familiar every effort is made to ensure that the process is as agreeable and atraumatic as possible.

We are not sure exactly what the author has in mind when he writes, "it is time we . . . changed our widespread methods of paediatric anaesthesia." Over the years increasing knowledge of psychological preparation, physiology, and pharmacology in infants and children has led to continual improvements in clinical practice.

Finally, we would emphasise that bodies such as the Joint Committee for Higher Professional Training of Anaesthetists and the Association of Paediatric Anaesthetists give the highest priority to ensuring that trainees receive appropriate teaching and experience in all aspects of the anaesthetic management of children undergoing surgery.

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SIR,—The horrifying experience Dr Adrian While and his daughter, Jenny May, were subjected to has prompted me to reply to his article (3 August, p 343). I think it is perfectly justified that the anaesthetic procedure is explained in detail to parents and children, and there is no excuse for an aneasthetist not making a preoperative visit. Parents can be under great stress and are often more anxious than the child. Children are sensitive and can pick up parental fear.

During my short experience of three years I have developed a simple technique. I meet the child and parents on a preoperative visit to the children's ward and answer any questions they put. I then familiarise the child with the anaesthetic tubing and ask him to try to blow a reservoir bag into a large balloon. He is given a facemask to play with, and on trying it on his face he is told he resembles characters from Star Wars and space invaders, which pleases him immensely. The child is told he is going to be given the same equipment in the sleeping room, and I have known children to look forward to this.

The parents are assured that they will accompany the child to the operating theatre and be with him during induction of anaesthesia. I do not think children should be abandoned by their parents at a time of extreme stress and fear. Also, during the few hours before the child goes to theatre the parents, who should be less anxious by this time, are able mentally to prepare and reassure the child.

When they arrive at the anaesthetic room I meet the child and parents. The same sequence of events is carried out only this time with a gentle flow of anaesthetic gases. The parents do not at any time break contact with the child until he is asleep. For the older children in whom gas induction can be a long unpleasant experience induction by an intravenous technique is preferred.

I must admit, however, that every now and again this method proves to be a total failure when that "impossible child" is encountered. I agree with Dr While that the parent can become an essential assistant at this most difficult time.

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