Correspondence

Anesthesiology
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Deaths Related to Anesthesia

To the Editor:—We would like to support Dr. Hamilton's view of anesthetic-related mortality.[1] We review all deaths that occur within 48 hours of administration of an anesthetic in our teaching hospital at six-month intervals, an annual total of between 70 and 100 cases in a total anesthetic load of approximately 39,000 patients. It is recognized that this method misses a percentage of potentially anesthetic-related deaths, but a pilot study, in which all postanesthetic deaths were assessed, established that very few relevant cases are lost.

Deaths are classified as inevitable when the initial state of the patient precludes the likelihood of life-saving treatment being successful; fortuitous when appropriate use of established techniques of medical care fail to be associated with recovery of the patient; possibly preventable, which is a judgment made with the benefit of hindsight and not implying blame; and unassessable—when the chart of anesthetic record is unreadable or where inadequate detail is available with which to classify the case.[2] We then present all possibly preventable cases to a full departmental meeting with the anesthesiologists involved being given prior warning but not identified at the meeting by us.

It is our belief that very few deaths related in time to anesthesia are due to unexpected responses to drugs. Anesthesiologists at our hospital are obliged to write detailed reports of deaths occurring during administration of an anesthetic, and most write recovery room summaries of complicated cases or those in which the prognosis is poor. In these they have an opportunity to outline any unexpected drug reaction. We have not had a single one so recorded in the five years of this committee's function. We suggest, therefore, that Dr. Keats is, with respect, off the mark with his emphasis on anesthetic-related deaths being due to drugs *per se*,[3] and concur with Dr. Hamilton's suggestion that this is a relatively infrequent occurrence.

Finally, we consider that a review of all deaths related to anesthesia is an essential function of a department of anesthesia. We agree with Dr. Keats that the function of such a committee is not to attach blame, but to use these cases as teaching models for discussion of alternative methods of management.

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3. Keats AS: What do we know about anesthetic mortality? ANESTHESIOLOGY 50:387–392, 1979

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To the Editor:—The article by Keats[1] and the editorial by Hamilton[2] reveal the marked difference in thinking that exists among eminently reputable and knowledgeable anesthesiologists concerning death and serious disability associated with the administration of anesthetics. In essence, Dr. Keats believes that the cause must be sought in the nature and actions of the drugs used, and Dr. Hamilton looks for it in the nature and actions of the user.

For the last ten years I have devoted full time to defending medical malpractice suits, both as a trial attorney and as a consultant performing medical–legal reviews of files. Scores of these cases have involved anesthesiologists and instances of cardiac arrests with resultant brain damage and death. In only a handful has it been possible to determine the etiologic factor. Almost invariably, in spite of autopsies, record reviews, and personal interviews, the cause remains undis-