

Update in Anaesthesia

WFSA Position Statement on Anaesthesiology and Universal Health Coverage

In May 2017 the General Assembly of the WFSA approved the WFSA Position Statement on Anaesthesiology and Universal Health Coverage by unanimous resolution. Eighty-five Member Societies, representing 80% of total delegate numbers, took part in the vote.

The Position Statement together with the International Standards for a Safe Practice of Anaesthesia¹ and the Workforce Survey² provide a framework for the work of the WFSA over the coming years as we seek to ensure improved patient care and access to safe anaesthesia worldwide.

The text of the statement is reproduced in full below.

The World Federation of Societies of Anaesthesiologists (WFSA) is a non-profit organisation representing anaesthesiologists in 150 countries. It exists to improve patient care and access to safe anaesthesia worldwide; this mission directly contributes to the United Nations' Sustainable Development Goal 3 which aims to achieve Universal Health Coverage by 2030.

Anaesthesiology is the medical science and practice of anaesthesia. It includes anaesthesia for surgical, obstetric and trauma care, and areas of practice such as perioperative medicine, pain medicine, resuscitation, and intensive care medicine.

An *anaesthesiologist* is a qualified physician who has completed a nationally recognized specialist training programme in anaesthesiology. In some countries, the term *anaesthetist* is used instead of *anaesthesiologist*.

There is an urgent need to address deficiencies in access to safe anaesthesia care.³ An additional 1.27 million surgical, obstetric and anaesthesia providers will be required by 2030 to achieve Universal Health Coverage.⁴ In many countries, particularly those with limited resources, anaesthesia is associated with unacceptably high mortality rates. Training and ongoing maintenance of standards are essential for increasing the number of providers and increasing the safety of anaesthesia for patients worldwide.

In some countries, the anaesthesia need will be met by training anaesthesiologists. In other countries,

especially those with limited resources, the need may, in part, be met by training non-anaesthesiologist providers.

Anaesthesia is complex and potentially hazardous, and optimal patient care depends on anaesthesia being provided, led or overseen by an anaesthesiologist. The WFSA recognises that effective teamwork is a vital component of patient safety.

The WFSA, representing anaesthesiologists worldwide, and in official relations with the World Health Organisation, is well positioned to lead the development of standards and implementation of safe, universal anaesthesia coverage. Effective development and oversight of safe anaesthesia services will require anaesthesiologist leadership at governmental, organisational, academic, teaching and clinical levels.

The WFSA is committed to working with governments and non-governmental organisations to improve patient care and access to safe anaesthesia worldwide. Anaesthesiologist-led development of anaesthesia services is vital if we are to achieve Universal Health Coverage by 2030.

WFSA Board and Council

REFERENCES

1. Merry AF, Cooper JB, Soyannwo O, Wilson IH, Eichhorn JH. International standards for a safe practice of anaesthesia. *Can J Anaesth* 2010; **57**: 1027–34.
2. WFSA online workforce map. Available at <http://www.wfsahq.org/workforce-map>.
3. Global Surgery 2030: evidence and solutions for achieving health, welfare, and economic development. *Lancet* 2015. Available at <http://www.lancetglobalsurgery.org/>.
4. WHA Resolution 68.15. Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage. May 2015. Available at http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_R15-en.pdf.