Children, even if they are very young and small, sometimes need surgery. This necessitates mostly general anaesthesia, sometimes regional anaesthesia, or a combination. As children are different to adults, there have been calls that only people trained and experienced in paediatric anaesthesia should provide anaesthetic services to children. Unfortunately, in South Africa there are hardly appropriately trained anaesthetists to provide adult anaesthesia services. This means that, in many cases, inexperienced practitioners anaesthetise children, even small babies. Add to that the constant shortage of personnel, drugs, equipment, beds and other facilities in hospitals where the majority of patients are managed, and it is clear that children will frequently be at unnecessary high risk when receiving anaesthesia. Possible solutions are to transfer patients to hospitals with appropriate personnel, to train more clinicians, and to provide appropriate support.

For the past 16 years, the Paediatric Anaesthesia Congress of South Africa (PACSA) has been held annually. The event is organised by a loose association of people, both specialists and other anaesthesia providers, interested in paediatric anaesthesia, and is hosted by a university department, which is appointed on an ad hoc basis. Although these meetings have contributed much to improving paediatric anaesthesia knowledge and, hopefully, practice, much more is needed to improve paediatric anaesthesia in the Southern African region. A much wider impact is possible with an organised structure. A long overdue formal group will be founded at the 2012 PACSA meeting. A constitution was circulated amongst known enthusiasts and an inaugural committee will be selected. This new society will act as special interest group of the South African Society of Anaesthesiologists (SASA). The well-branded PACSA abbreviation will be retained, and it is envisaged that it will henceforth be called The Paediatric Anaesthesia Community of South Africa. The SASA infrastructure and support will make new endeavors possible for this group.

The initial main focus of the group will still be training and knowledge enrichment. More than just congresses are needed, and the group will have to work towards having paediatric anaesthesia accepted as sub-specialty. As in other, even First World, countries, most anaesthetic procedures in children will still be provided by people without such fellowships, and a significant responsibility will be to guide and support less well-trained specialists and other doctors. Information on the scope of practice for different categories of doctors, as decided by the College of Anaesthetists of South Africa and SASA, should be distributed and enforced as far as possible. Clear guidelines and position statements on various paediatric anaesthesia issues will assist many practitioners. In this respect, members of the loose PACSA association have already contributed to the paediatric sedation guidelines adopted by SASA. More such guidance is needed. Realistic, affordable standards of equipment, drugs, and other support need to be determined, lobbied for, and enforced. Another aspect that will need support from this group is research on South African paediatric anaesthesia problems, little of which is currently available. A national network, with co-operation by the different players, should be established to enhance research. Also, a unified voice will be available to interject with similar international organisations.

Opportunities for improvement abound. This will involve hard work and enthusiasm, in a system that is subject to the international trends of fewer financial resources and lethargic political will. But, South Africans are known worldwide for their hard work, common sense, and perseverance. No doubt we are at the beginning of a new era, which will hopefully lead to improved anaesthetic services to our paediatric patients.

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**Reference**