



Editorial



The year 2005 brings with it a variety of challenges in the health care industry, which will affect all of us in our practice of anaesthesia. These include the single exit pricing of drugs, and the potential legislature dictating where we may practice our specialty.

We have numerous limited resources in our practice of anaesthesia. These include manpower (both doctors and nurses), drugs (particularly in the public sector), and of course human blood and blood products. Not only are many blood products scarce, but they are costly and not without considerable risk. Profs Andre and Jeff Coetzee have looked at this problem in the context of cardiac surgery and cardiopulmonary bypass. They suggest a simple calculation of predicted haematocrit during cardiopulmonary bypass, in order to determine whether it is necessary to have blood immediately available in theatre. The national blood transfusion service has looked at various methods of decreasing the ongoing problem of blood wastage. A “hamper” system has been devised and trialled, whereby banked blood is issued in thermostatically controlled sealed containers. These may be returned to blood bank, providing the seal has not been broken. This has enormous potential from the point of view of decreasing blood wastage, but obviously does not address the problem of risks associated with transfusion.

Our national congress takes place in the fairest Cape this year. This has inspired our registrars to submit a number of entries, both for the Research and for the Communications prizes. We have published all of the abstracts in this journal, and as you will see, the range of topics is vast. Nevertheless, all of these are relevant to our practice of anaesthesia in 2005.

Finally our UK colleague, Alfred Lake, looks at the complex problem of acute postoperative pain and the potential for it to develop into a chronic pain syndrome, and also whether our newer methods of balanced anaesthesia (to achieve rapid recovery) have exacerbated this.

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Editor-in-Chief