

# PRESIDENT'S LETTER

**H**appy New Year. I hope that each and every one of you had a good Christmas and an excellent New Year. Now the hype is dying down, I think it was all great fun, just for a few days there was a marvellous sense of belonging to something bigger, something uniting all people across the globe and a sense of excitement and hope for a better future. Perhaps it's just me and my innate optimism to believe in such things and I am sure that the cynics and the non-BARNA members (see my last letter!!) will be only too eager to tell me that life isn't like that and that the whole thing was just a media hype. I won't listen to them and will continue to believe!!

Mind you I am not overwhelmed with excitement to be back at work. But the mortgage has to be paid for somehow.....

So what is he going to go on about this time I begin to hear you mutter! Enough of the introduction let's get down to the serious stuff. OK then; well its back to what's going on in recovery again. I am becoming increasingly disillusioned about the speed at which patients are being 'rushed' through Recovery. I've just received a phone call from a surgical ward nurse saying that the patient that just came back from Recovery is still in severe pain and can I authorise some further analgesia as her PCA isn't in control yet despite 20mg of morphine. Now this is certainly my fault. I gave the anaesthetic and when I went back to see her in Recovery soon after she had woken up she was not totally comfortable but I assumed the PCA would 'catch up' and so as she was awake and talking and stable, I left. After I left the pain became worse and so the staff in Recovery sent her back to the ward in pain and distress, wheeling down the corridors and lifts in a miserable state. This is all totally unacceptable. I was grateful for the call from the ward and very cross about the recovery team. They were just moving the problem on rather than acting as responsible professionals and solving it. Now I made up this scenario but I know that many ward and theatre nurses as well as many housemen and anaesthetists would recognise it as a true situation in many hospitals. We are all under pressure to move the cases through as rapidly as possible. These are not cases, they are people like us.



We must in this New Year change the philosophy of trying to get out of recovery as fast as we can so that we can do something else, have coffee or lunch or start the next case. This is true for anaesthetists as well as nurses. BARNA should publish acceptable standards of care and seek to see that members adhere to them. The Royal College of Anaesthetists or the Association of Anaesthetists should do the same. It is not the speed at which patients move through Recovery that indicates the quality of the care they receive. Patients should all leave the recovery area comfortable, warm, conscious and in control and if they are not and space and staffing are limited then lists have to stop until the situation has changed. The focus we have on speed is often totally to the detriment of patient care and we must act professionally to resist these unnatural external pressures.

Let us all make our New Year Resolution to achieve higher standards for our Recovery areas and then we can present our work at the BARNA Conference in June in Birmingham. (I am assuming that you have all booked your study leave by now and encouraged a colleague to join you!??)

All best wishes to you all again,

DJ Wilkinson

