



**ANZCA**  
AUSTRALIAN AND NEW ZEALAND  
COLLEGE OF ANAESTHETISTS

**MEDIA RELEASE**

**EMBARGOED UNTIL MIDNIGHT THURSDAY, 30 JULY 2009**

## **ANAESTHESIA REMAINS VERY SAFE**

MELBOURNE, 31 July, 2009: Anaesthesia in Australia and New Zealand remains extremely safe according to the latest statistics released today.

According to the report "*Safety of Anaesthesia: a review of anaesthesia-related mortality in Australia and New Zealand 2003-2005*" published by the Australian and New Zealand College of Anaesthetists (ANZCA), there was a decrease in all categories of anaesthesia-related mortality compared to the previous triennium.

There was also a decrease in the number of cases in which a correctable factor could be identified.

This major safety report is compiled by ANZCA every three years, using data provided from State and Territory Anaesthesia Mortality Committees.

Mortality reporting is a long recognised method of monitoring the quality of health care. This is the seventh triennial anaesthesia mortality report published in Australia, the first being for the 1985-1987 triennium.

All these reports have demonstrated very low anaesthesia-related mortality, both in absolute terms, and in comparison to other developed countries.

For the 2003-2005 triennium, data was received only from New South Wales, Victoria and Western Australia which together make up two thirds of Australia's population. Unfortunately, unlike previous reports, no data was received from South Australia, the Northern Territory, Tasmania or Queensland.

The Australian Capital Territory and New Zealand have not contributed data to reports so far, but it is hoped that they will be in a position to contribute data in future reports. While Tasmania did not contribute to this report, its mortality committee is now functioning well and will be in a position to contribute data in the next report. New Zealand has indicated it is willing to reestablish mortality reporting and South Australia has also indicated that it will participate in future reports with assistance from ANZCA to establish its mortality committee.

The number of anaesthesia-related deaths reported from the three states which supplied data was 112. Of these, 24 cases were classified as category 1 (where it was considered “reasonably certain” that death was caused by anaesthesia factors alone). In 33 cases there was “some doubt” (category 2), and the remaining 55 cases, “both anaesthetic and surgical” factors were implicated (category 3).

The overall anaesthesia-related mortality rate for these three states was 1 for every 53, 426 anaesthetics.

In terms of population, there were about 2.73 deaths per million population per annum. If anaesthesia as a “sole cause” for death is considered, the rate is about one death in every 250,000 anaesthetics.

The majority of anaesthesia-related deaths (75%) occurred in older patients (age 60+ years). A small proportion (16%) continues to occur in patients considered low risk. As in previous years, orthopaedic and abdominal surgical procedures were the most common. The majority of deaths occurred in an intensive care unit, high dependency unit, or operating theatre.

Releasing the report, the President of ANZCA and Chair of the ANZCA Mortality Working Group, Dr Leona Wilson said that the long established practice of collection and analysis of anaesthesia-related mortality data has helped ensure the high quality and safety of anaesthesia in Australia and New Zealand.

“Australian and New Zealand anaesthetists are leaders in their field; their commitment is shown by the high rate of reporting despite this being in most cases voluntary. This report provides a rich source of information for anaesthetists, anaesthesia trainees and their supervisors”.

Dr Wilson, however, said that the absence of data from New Zealand, Queensland, South Australia, Tasmania and the Northern Territory was of “major concern”.

“While Tasmania has commenced mortality reporting and there has been progress towards the establishment of anaesthesia mortality reporting in the Australian Capital Territory and re-establishment in South Australia and New Zealand, there is no anticipated re-institution of the Queensland Mortality Committee.

“ANZCA believes that a return to full function of the anaesthetic mortality committees in New Zealand, Queensland and South Australia should be encouraged as a matter of urgency. It is pleasing that South Australia has recently indicated its willingness to provide funding for an anaesthetic mortality committee”.

The report found that even though anaesthesia-related death “is exceptionally rare, it is clear that the risk remains ever present, even in low risk patients. Therefore, anaesthesia-related care should be provided or supervised by specialist anaesthetists wherever possible”.

Dr Wilson said there was a continuing need for research and continuing education to improve Australia and New Zealand's record of patient safety to eliminate anaesthesia-related deaths.

**Dr Leona Wilson**, President of ANZCA and Chair of the ANZCA Mortality Working Group and the author of the report, **Dr Neville Gibbs** (Chair, Anaesthetic Mortality Committee of Western Australia), are available for interview.

Dr Wilson : [Leona.Wilson@ccdhb.org.nz](mailto:Leona.Wilson@ccdhb.org.nz) (001164 4 385 5920//0116421475355)

Dr Gibbs : [nmg@cyllene.uwa.edu.au](mailto:nmg@cyllene.uwa.edu.au) (0893464333 // 0419903325)

For further information: Nigel Henham, Director of Communications, ANZCA  
(03) 85175303 or 0407 873 149