

**Standard of care provided by anaesthetist  
(04HDC11777, 10 March 2006)**

*Anaesthetist ~ Private hospital ~ General anaesthetic ~ Airways management ~  
Intubation ~ Monitoring ~ Standard of care ~ Patient responsibility ~ Right 4(1)*

A 48-year-old woman was booked for a gastroscopy and/or colonoscopy at a private hospital. Due to anxiety, the woman decided to have the procedures performed under general anaesthetic rather than sedation.

The anaesthetist unsuccessfully attempted to intubate the woman on three occasions, but she became hypoxic on each occasion, and the procedures were cancelled by the surgeon. A further airway crisis ensued and neither the anaesthetist nor the surgeon were able to access the woman's airway. However, an ear, nose and throat surgeon established an airway through surgical intervention. The woman was transferred to a public hospital, but she subsequently died.

It was held that the difficulties the anaesthetist encountered in managing the woman's airway were rare and unexpected. However, the anaesthetist had practised for many years, and should have been aware of, and competent in the use of, a variety of strategies to enable her to effectively manage the intubation, monitor the reversal of the muscle relaxants, and respond to the airway crisis. The anaesthetist was charged with the responsibility of providing effective anaesthetic care but failed to keep her patient safe. In these circumstances, she breached Right 4(1).