

Conclusions

1. The overall death rate after anaesthesia and surgery, analysed in this Enquiry was low. The mortality of over half a million operations was 0.7% and most of these were in the elderly (over 75 years old) and were unavoidable due to progression of the presenting condition, such as advanced cancer, or co-existing diseases such as heart and (or) respiratory failure. Death was solely attributable to avoidable surgical or anaesthetic factors in a very small proportion of operations.

2. The majority of clinicians in the relevant disciplines co-operated in this system of clinical audit.

3. There were important differences in clinical practice between the three Regions studied.

4. There were deficiencies in the Hospital Activity Analysis data. There were also problems with the storage, movement and retrieval of patients' notes, particularly those of deceased patients.

5. Many surgeons and anaesthetists did not hold regular audits of their operation results (mortality and morbidity meetings). The proportion varied with the sub-specialty but joint meetings between the two disciplines were very rare.

6. There were important differences in the consultants' supervision of trainees.

7. There were a number of deaths in which junior surgeons or anaesthetists did not seek the advice of their consultants or senior registrars at any time before, during or after the operations.

8. The pre-operative assessment and resuscitation of patients by doctors of both disciplines was sometimes compromised by undue haste to operate. This was a greater problem than delayed operations and it is possible that pressure to fit an operation into a very tight theatre schedule was one of the responsible factors.

9. There were instances of patients who were moribund or terminally ill having operations that would not have improved their condition.

10. There were examples of surgeons operating for conditions for which they were not trained or performing operations outside their field of primary expertise.

11. There were examples of difficulties in transferring patients for specialised treatment to other hospitals in the area.