

LETTERS

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Lifebox replies to Gøtzsche

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Gøtzsche's argument that pulse oximetry provides no benefit is fundamentally flawed. No anaesthesiology department in the world would forgo pulse oximetry.^{1,2} It forms an essential part of the measures that have improved the safety of anaesthesia in the past two decades, and every anaesthesiologist has an experience where oximetry alerted the team to serious danger. This is like saying that the benefit of parachutes is unproved. Oximetry during anaesthesia will never be subjected to a large enough randomised controlled trial to measure harm reduction because clinicians would refuse to take part, patients would not consent, no ethics committee would permit it, and professional organisations mandate the technology.

As would be expected, our initial findings from bringing oximetry to Chisinau, Moldova, with training in basic safety procedures, reduced major complications from 24% to 9% ($P<0.001$).³ Mortality fell from 3.7% to 2.9% ($P=0.09$).

All patients in the industrialised world are monitored using oximeters. It is time this low cost simple technology is made available for all.

Others raise the possibility of cheaper options. However, cheaper spot check pulse oximeters provide none of the basic standards needed for safe surgery (continuous measurement, audible alarms, plethysmography). We also needed a manufacturer that had shown long term quality and reliability for use in these settings. We found that target hospitals were being charged \$2000 (£1300; €1564) for operating room grade monitors and simply forgo using them because of the cost. Lifebox is changing that.

Competing interests: AT is founder and chairman of Lifebox.

- 1 Gøtzsche PG. Why does the BMJ support donations of pulse oximeters when they have no effect? *BMJ* 2012;344:e409.
- 2 Feinmann J. Unsafe surgery: make it zero. *BMJ* 2011;343:d7773. (30 November.)
- 3 Kwok A, Funk L, Baltaga R, Lipsitz S, Merry A, Dziekan G, et al. Implementation of the World Health Organization surgical safety checklist and pulse oximetry in a resource-limited setting. *J Am Coll Surgeons* 2011;213:S113.

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