



European Board of Anaesthesiology

UEMS Anaesthesiology Section



European Society of  
Anaesthesiology and  
Intensive Care



# Helsinki Declaration on Patient Safety in Anaesthesiology 2.0





## HELSINKI DECLARATION ON PATIENT SAFETY IN ANAESTHESIOLOGY 2.0

### BACKGROUND

Anaesthesiology shares responsibility for quality and safety in Anaesthesia, Intensive Care, Critical Emergency Medicine and Pain Medicine, including the whole perioperative process, and also in many other situations inside and outside the hospital where patients are at their most vulnerable.

- Worldwide around 310 million patients undergo anaesthesia for surgical procedures every year, 20 million in Europe. Up to 15% will have serious postoperative morbidity and 8 million die, 200,000 in Europe.<sup>1</sup> All involved should do everything possible to minimise all avoidable harm.
- Anaesthesiology is the lead medical specialty with responsibility for achieving the goals listed below, which, in cooperation with other stakeholders will continue to improve Patient Safety in Europe.

### HEADS OF AGREEMENT

We, the leaders of societies representing the medical speciality of anaesthesiology, recognise that there have and will continue to be significant advances since the Helsinki Declaration on Patient Safety in Anaesthesiology of 13 June 2010<sup>2</sup> and so have approved this updating. We all agree that:

- Patients have a right to be safe and protected from harm during their medical care and anaesthesiology has a key role to play in improving patient safety. To this end we fully endorse the World Health Organization-World Federation of Societies of Anesthesiologists (WHO-WFSA) International Standards for a Safe Practice of Anesthesia, the WHO Global Patient Safety Action Plan 2021-2030 and the WHO Patient Safety Rights Charter.<sup>3,4,5</sup>
- Patients and their relatives have an important role to play in their safe care which they should be educated about and given opportunities to provide feedback to further improve the process for others.<sup>6</sup>
- If patient harm has occurred a prompt compassionate explanation should be given and relevant steps taken to minimise the injury. This should be followed by an independent investigation where appropriate and the findings shared.
- The funders of healthcare have an obligation to ensure that perioperative anaesthesia care will be delivered safely and therefore they must provide appropriate resources including having safe staffing levels.
- Education plays a key role in improving patient safety, and we fully support the development, dissemination and delivery of patient safety training including simulation with protected dedicated time and resources.<sup>7</sup>
- Understanding of human factors is essential in the delivery of safe care to patients, and we will work with our surgical, nursing and other clinical and non-clinical partners to address these elements.<sup>8</sup>
- Effective on-going relationships with our partners in industry are essential for development, manufacture and reliable supply of medication and equipment to deliver and improve the safe care of our patients.
- Evolving technology and innovations including artificial intelligence should be scrutinised and thoroughly evaluated before being introduced in clinical practice and patient safety should always be the prime consideration.
- Academic research into patient safety is essential and should be conducted and published to the highest ethical standards.<sup>9</sup>
- Independent national bodies for carrying out independent patient safety investigations should be established in every country. These should not apportion blame or liability and should openly report the findings.<sup>10</sup>
- Medical Errors should not be criminalised. It will always be in the best interests of patients, their families and society for adverse events to be seen as an important way to discover and promulgate lessons learned.<sup>11,12</sup>
- Staff should be encouraged and helped to “Speak up” when concerned about patient safety, and management should be committed to “Listening up” to this and taking any necessary action without detriment to the initiator and within a just culture.<sup>13,14</sup>
- Fatigue can severely impair staff performance and the delivery of safe patient care. All hospitals should have a Fatigue Management Policy and monitor its implementation like all other safety-critical industries.<sup>15,16</sup>
- Institutions must be dedicated to staff well-being and operate relevant policies as this is important for developing a safety culture and retaining the workforce.
- Environmental sustainability should always be considered but patient safety must remain the principal factor.
- No ethical, legal or regulatory requirement should reduce or eliminate any of the protections for safe care set forth in this Declaration.



## PRINCIPAL REQUIREMENTS

Today we pledge to join with the European Board of Anaesthesiology (EBA) in declaring the following aims for improving Patient Safety in Europe. Close cooperation between all relevant European organisations will be required to achieve these goals, for which the input and efforts of the European Society of Anaesthesiology and Intensive Care (ESAIC) will be instrumental:

1. All institutions providing perioperative anaesthesia care to patients should comply with the minimum standards of monitoring recommended by the EBA in operating theatres, recovery areas and anywhere else that anaesthesia care is provided.<sup>18</sup>
2. All patients with an instrumented airway should be monitored with continuous capnography wherever they are e.g. operating theatres, recovery, intensive care units, emergency departments, outside hospital and during transfer.<sup>19</sup>
3. All institutions providing sedation to patients must comply with anaesthesiology recognised sedation standards for safe practice including continuous capnography monitoring.<sup>20</sup>
4. All institutions should have protocols or policies and the necessary facilities for managing the following:
  - Preoperative assessment and preparation including multidisciplinary team meetings
  - Checking Equipment
  - Safe Handling of Medications including ISO Syringe labelling<sup>21</sup>
  - Postoperative care
  - Infection prevention and control
  - Patient Blood Management
  - Crisis Checklists including Difficult/failed intubation, Anaphylaxis, Massive haemorrhage, Local anaesthetic toxicity, Malignant hyperpyrexia<sup>22</sup>
  - Advanced Life Support including use of the standard Cardiac arrest call telephone number 2222<sup>23,24</sup>
  - Promoting and managing staff wellbeing
  - Fire safety, emergency evacuation, power and gas supply failure guidelines for operating theatres and intensive care units.
  - Serious incident management policy including taking care of staff after serious adverse events.
5. All institutions should support and implement the WHO Global Patient Safety Challenges: e.g. Safe Surgery Saves Lives initiative [WHO Checklist] and Medication without Harm.<sup>25,26</sup>
6. All anaesthesiologists should have immediate access to a trained assistant for every anaesthetic.<sup>27</sup>
7. All departments of anaesthesiology should produce an annual report of measures implemented and results obtained in improving patient safety locally. This should be used to promote quality improvement and shared learning, both within and outside the department, the hospital and other relevant networks.
8. All anaesthesiologists and institutions providing anaesthesiology care to patients must promote and contribute information to the patient safety learning systems e.g.
  - National and local audits of safe practice
  - National and local incident reporting
  - Independent patient safety investigations
  - Self/peer safety evaluation programmes
  - Learning from Excellence

## CONCLUSION

- This declaration emphasises the key role of anaesthesiology in promoting safe perioperative care and that it is essential to work closely with all other healthcare staff.

## CONTINUITY

- We invite anyone involved in healthcare to join us and sign up to this declaration.
- We will reconvene annually to review our progress to implement this declaration.



Signed at Euroanaesthesia 2025 in Lisbon on Sunday 25th May 2025 by

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**Prof. Olegs Sabelnikovs**  
President, European Board  
of Anaesthesiology

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**Prof. Wolfgang Buhre**  
President, European Society of  
Anaesthesiology and Intensive Care

.....

**Dr. Anne-Marie Camilleri-Podesta**  
Chairperson, National Anaesthesia Societies  
Committee on behalf of the ESAIC Member  
Societies

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## The Helsinki Declaration on Patient Safety in Anaesthesiology has been approved by:

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