

Lecturing in Latvia

FEEA Course 10-12 September 2007

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Introduction

It was a pleasure to return to this beautiful country as a guest lecturer for the Obstetric and Paediatric Anaesthesia Module of the FEEA Course which took place inside the spectacular Mezhotne Manor Hotel (fig 1).



Fig 1.
The Mezhotne Manor Hotel

The course was well organised by Professor Antonina Sondore and Doctor Inga Misane.

The FEEA (Federation European Education Anaesthesia) is a six module (one annually for six years) CME course for practising anaesthetists founded by Professor Johan Spiertijk. The current President is Professor Philippe Scherpereel from France. The course is run in 31 different European countries and in larger nations like France there are as many as 23 regional centres.

Arrival

James Eldridge (Consultant Anaesthetist, Portsmouth) and I landed on schedule at Riga International Airport. We were met by our driver, Dr Ilan, a delegate at the conference. He was enthusiastic about how the country has progressed since joining the European Union in 2004. Anaesthetists' pay has already doubled twice since then, the first time as a result of a strike. Better equipment, easier travel and study leave were also now available for doctors. There are 250 Anaesthetists in this country for a population of 2.3 million and the training has increased to four years or more. We eventually arrived at our destination at 1.00 am, 2 hours ahead of UK time, but the challenge was getting up at 'body' equivalent of 5 am the following morning!

Presentations

The first two presentations each lasted one hour but unfortunately both were delivered in Latvian although the second speaker's slides were in English and showed some interesting data. In 2006 there were 22,000 babies born in Latvia in the 33 maternity units with a wide variation in numbers of deliveries ranging from 79 to 7,060. The maternal mortality has plummeted from 40 in 1999 to only 10 per 100,000 in 2006. The Caesarean section rate in 2006 had risen to 21.1% as compared with only 11.6% in 1996. Six patients were delivered last year who were HIV positive, four more than in 1998. James then gave talks on 'the placental transfer of drugs' and 'the obstetric patient for non obstetric surgery.' My presentation on 'thrombophilia in pregnancy' was frequently disrupted by the Norton anti-virus continually flashing up and also the fact that the colour red, visible on the laptop screen was not projecting on to the main screen.

Evening Trip

We were driven into Riga to see a fantastic performance at the Riga Dome Cathedral by an 11 strong all-male choir from Georgia. They were all ferocious looking, bearded men and each had a large dagger thrust in the front of a belt round the long black traditional tunic (fig 2).



Fig 2.
The Georgian Choir

Their strong harmonious voices filled the packed cathedral for almost two hours. There were various solos and duets accompanied by some unusual looking string instruments including the Georgian equivalent of the bagpipes: a large white bag which held enough air to continue accompanying the player while he sang.

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The 80 kilometre journey back to Mezhotne was memorable for the all too frequent terrifying moments. Our charming driver, a lady Professor of Anaesthesia, seemed to suffer from a severe degree of night blindness – unable to judge the position of other vehicles, repeatedly hitting the brakes or putting on the full beam when the lights should have been dipped and vice-versa. Once even turning into a lay-by off the main road thinking that it was our turning! The final 10 km along an unlit road with no central or side markings and frequent bends found me seriously praying in the back and glad that our equally terrified colleague Josef was in the front seat!

Stories

Josef Holzki was a professor of paediatric anaesthesia from Cologne in Germany. He had recently retired but was still very active and proved to be excellent company. He regaled us with some very interesting stories of which I remember the following: in 2005 he had been invited to make a presentation at a paediatric anaesthesia meeting in Nice. He only realised once the shops had closed and it was Sunday morning that he had forgotten to bring a tie. The hotel receptionist directed him to the only place where he might find one which was at a museum dedicated to the 'Phallus' – no prizes for guessing the shape of the multiple white emblems on the blue tie he purchased!

He also told us about an extraordinary event which occurred during a visit to a hospital in Zimbabwe in the mid 70s. He had left half-used syringes of both thiopentone and curare on the anaesthetic trolley, not realising that he should have emptied them. He suddenly heard a scream from a nearby bush. Two anaesthetic nurses had mixed the contents together and were planning to each inject the other with half the volume on the principle that all medicine must be beneficial.

One had just collapsed unconscious and immobile after her share and Josef had to Ambu bag her for at least ten minutes!

These tales were rivalled by James' anecdote about 'sux racing' at the former Royal Naval hospital at Haslar where each contestant after an hour or two in the 'mess' would line up accompanied by their potentially life saving 'second' armed with an Ambu bag. The winner was the one who could run the furthest after an intramuscular injection of suxemethonium in the buttock.

The Second Day

I gave three lectures each of nearly an hour on 'HIV in pregnancy,' 'Major obstetric haemorrhage' and 'Management of accidental puncture.' I have to admit that three hour-long lectures in one day is rather tiring. James spoke on 'PET/eclampsia' and our newly arrived colleague Greg Boden, a paediatrician from Reading on 'HIE and neo-natal resuscitation.'

After supper and a visit to the nearby summer palace, Rondales Pils, we heard about a nightmare incident that took place last November over Stockholm on a Malaysian Airways flight to Kuala Lumpur. On board were a party of 33 Latvian doctors, mainly gynaecologists en route to a conference in Malaysia. Five minutes after take off there was a loud bang and the left engine of the Boeing 777 fell off! A photo of the plane with the left engine on fire was taken by a reporter at the airport (fig 3).



Fig 4. The Boeing on fire

The next terrifying hour was spent circling over the Baltic Sea jettisoning 10 hours worth of aviation fuel.

The plane landed safely at Stockholm airport and the passengers continued on to Kuala Lumpur two days later.

The next incident occurred when the only anaesthetist in the party collapsed during an internal flight. She was dragged from her seat and laid on the floor in the aisle (? hopefully in the recovery position), gradually she woke up. Her gynaecological colleagues explained what had happened and asked her what they should do next! Her reply was to give her a sugar lump soaked in ephedrine which seemed to help matters.

Day Three

This was Josefs' stage and he gave lectures on topics including paediatric anaesthesia, intensive care and resuscitation.



Fig 4. Conference photocall

After lunch and group photos (fig 4) the three of us Brits returned to Riga airport for the Baltic Air flight back to Gatwick. This was completely uneventful although 30 minutes after we had taken off the Captain came on the intercom and told us about the proposed route and finished up by saying 'and Good Luck!'

It had been another great trip to the Baltic States whose friendly people now have their own strong identities having completely emerged from the shadow of the former USSR and are now competing equally with other European countries both on and off the sporting field.

