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Comments apropos of the article "In-hospital cardiorespiratory arrest: a current challenge"

Comentarios a propósito del artículo «Paro cardiorrespiratorio hospitalario: un desafío en la actualidad»

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To the Editor:

I read with great interest the article entitled: "In-hospital cardiorespiratory arrest: a current challenge"¹, published in the last issue of this journal and I must confess that I absolutely agree with its authors. As a matter of fact, a couple of months ago, I brought up a paper related to cardiopulmonary and cerebral resuscitation in pregnant women².

I feel moved to express my thoughts regarding a medical fact of public domain³ and elaborate on some key aspects, especially when dealing with this kind of patients.

Such an event directly concerns all who witness it⁴. When a cardiorespiratory arrest (CRA) occurs, early, timely and efficient initiation of life-saving maneuvers can make the difference between life and death, sometimes for two lives, if the victim is pregnant and full-term.

Unfortunately, it is sad to acknowledge that in the hospital setting, doctors delay cardiopulmonary resuscitation (CPR) without performing any maneuvers, more often just waiting for the anesthesiologist (regarded as an expert) to arrive, who is sometimes far from the scene.

No doubt that low incidence of CRA does not allow for maintaining required training levels in correct CPR skills, causing them to be lost, if ever acquired. In the case of any pregnant woman, who may undergo perimortem cesarean section, CPR involves a bold move, as it requires a high degree of decision-making; since it might be urgent to perform the above-mentioned surgery on the spot and within the foreseen time frame; that is, five minutes after onset of CRA.

It is therefore critical to approach the teaching of CPR as a competence to be regularly trained and assessed. Anesthesiologists and resuscitators should lead groups devoted to the subject and practitioners must display a high level of mastery, updating, ability and proficiency in cardiopulmonary resuscitation whenever needed.

Team leadership needs to be earned. Good leaders create a culture that focuses on 'what' is right not 'who' is right⁵.

At the Obstetrics and Gynecology, Provincial Teaching Hospital *Ana Betancourt de Mora* in Camagüey, Cuba, we have established a training system consisting of several sessions a year where we also evaluate each and every result obtained. I believe that, although for occasional events, it is an extremely important skill which deserves putting our best effort on it.

CONFLICT OF INTERESTS

None declared.

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