

Response Letter to Published Article IR Med J; Vol 116, No.5; P781. 'Audit of paediatric Entonox use'

O.L. Nordrum¹ and D. Ó'Cróinín²

- 1. Department of Anaesthesiology, Mayo University Hospital, Castlebar, Ireland.
- 2. Department of Anaesthesiology, Mercy University Hospital, Cork, Ireland.

We thank Drs Hayden and Neylon for their reply on what is arguably the most important of all subjects.

The climate crisis is not just one of the biggest threats to global health of the 21st century, it is the biggest¹. A medical publication in 2023 that describes a therapy which directly results in the release of a super potent greenhouse gas into the atmosphere should acknowledge the severe detrimental effects this has on our environment.

The argument that small changes makes little difference is one of the greatest barriers to positive action on climate change. Multiple small changes will be required across the entire healthcare service if we are to achieve our emissions targets and create a sustainable healthcare service that the children of today can benefit from in the future. Every percentage, every fraction of a percentage matters.

The College of Anaesthesiologists of Ireland's (CAI) data indicate that the number of departments of anaesthesia using desflurane in Ireland has declined in the past few years. The CAI has recently published guidance urging its members and fellows to transition from using desflurane to more sustainable anaesthetic techniques². We hope other Irish faculties and colleges will contribute to reducing Ireland's carbon footprint by examining the footprint of their own specialties and taking action to reduce it. If the established postgraduate medical education and supervisory bodies don't do this then who will?

We would strongly welcome the introduction of the first mobile nitrous oxide destruction unit in Ireland by Drs Hayden and Neylon and are very happy to assist and support this in any way we can – we need to find solutions together.

Children are especially vulnerable to the changes brought by climate change³, particularly in developing countries⁴. We are unaware of published suggestions by our group to remove Entonox as an analgesic alternative in any setting, but we would emphasise low carbon alternatives such as methoxyflurane. Lastly, while it is certainly socially and medically unacceptable to ignore the suffering of children in our immediate vicinity, the bigger picture cannot be ignored.



Declarations of Conflicts of Interest:

None declared.

Corresponding author:

Ola Løkken Nordrum, Department of Anaesthesiology, Mayo University Hospital, Castlebar, Ireland.

E-Mail: Ola-LN@outlook.com

References

- 1. Costello A, Abbas M, Allen A, et al. Managing the health effects of climate change: Lancet and University College London Institute for Global Health Commission. Lancet 2009; 373: 1693e733
- 2. The College of Anaesthesiologists of Ireland. Desflurane Guidance [Internet]. Dublin: The College of Anaesthesiologists of Ireland; 2023 [cited 2023 May 16]. Available from: https://www.anaesthesia.ie/sustainability/desflurane-guidance/
- 3. Ebi KL, Paulson JA. Climate change and children. Pediatric Clinics of North America. 2007 Apr 1;54(2):213-26.
- 4. Burke SE, Sanson AV, Van Hoorn J. The psychological effects of climate change on children. Current psychiatry reports. 2018 May;20:1-8.