

Editorial

The *Baltic Congress of Anaesthesiology, Intensive Care and Pain Management* is a bi-annual event and the biggest of its kind in the region. Three Baltic societies take turns to organise it and 2018 saw the ninth congress take place in Vilnius, Lithuania. This was the largest event to date, attracting more than a thousand delegates from all four corners of the world: Norway in the North, Israel in the South, Nepal in the East, and Canada in the West. A three-day programme covered a broad and balanced range of topics delivered by a large international faculty with guest speakers from the UK, USA, Germany, France, Belgium, and the Scandinavian countries. The Baltic Congress was endorsed by the European Society of Anaesthesiology and accredited by UEMS-EACCME.

The Baltic Congress receives a large number of original research, clinical audit, quality improvement, and case report submissions. As such, the organisers have developed a structured assessment methodology to identify abstracts that are likely to be of interest to our colleagues and the broader medical community and have the potential to be developed into short research papers and published. We have a long-standing history of collaboration with *Acta medica Lituanica* dating back to 2007, and we are grateful to the editorial board of the journal for agreeing to publish the best original material from the 9th Baltic Congress of Anaesthesiology, Intensive Care, and Pain Management (Vilnius, 2018) in their journal.

The papers published in *Acta medica Lituanica* cover a broad range of subjects, from core research in anaesthesia, intensive care, and quality improvement to a large selection of original work aimed at measuring and improving patient-centred care and outcomes. We are particularly proud of this as it is research that focuses, first and foremost, on the most important individuals in our field – our patients.

All the papers in this edition of the journal deserve your attention, and I would like to mention just a few to demonstrate the breadth and variety of the topics covered.

Several papers in this journal would fall under the remit of peri-operative medicine, rather than individual domains of anaesthesia or intensive care. Research questions posed by Mindaugas Gailiusas, Tomas Bukauskas, Baiba Vilite, and their colleagues transcend the traditional intra-operative role of an anaesthetist. At the same time, papers by Inna Jaremko, Rūta Janulevičienė and their colleagues provide practicing anaesthetists with further information on such core topics as pre-oxygenation and individualised fluid management.

When faced with the problem of perceived excess mortality in their paediatric intensive care unit in Riga, Ivars Veģeris and colleagues adopted an approach that is still rarely used in the Baltic countries: running a prospective paediatric critical care audit in Latvia by joining an established international network. While it is reassuring to know that there was no excess mortality once the specific case mix was taken into consideration, it demonstrates how such audits can monitor the quality of care and inform our decisions on service priorities. Many other units in our region could benefit from adopting a similar approach.

Long-term outcomes are what really matters to our patients, but long-term follow-up is one of the most challenging areas for research teams. Therefore, work by Daiva Gražulytė and team on five-year outcomes is particularly impressive. Furthermore, it is a joint project with a psychology research team, which sets a trend in the multi-disciplinary research methodology. Such results can find their way straight into the pre-operative consulting rooms and inform our ability to answer the question that we hear so often as medical professionals: “Doctor, will I benefit from this intervention and what outcomes can I expect in the long run?”

Being anxious before elective surgery is perfectly normal or at least most of us tend to think so. Work by Vilma Kuzminskaitė and co-authors demonstrated that more than one in ten patients may experience

moderate to severe anxiety pre-operatively. This, again, points to the shortcomings of the one-size-fits-all approach and the need for an individualised approach to each patient. The takeaway message is clear – patients prefer conversations with their doctor or the loved ones to doses of anxiolytic medication to alleviate their symptoms. Similarly, it is reassuring to know that the majority of patients are happy to participate in educational processes as demonstrated by Kasparas Rubliauskas and colleagues.

Looking back at the submissions in this edition, one can identify a key overarching theme: anaesthesia and intensive care are moving away from the traditional “hard” binary outcomes such as mortality, and moving in the direction of holistic care and patient-centred outcomes. This transition is as welcome as the evolution of anaesthesia into peri-operative medicine, and intensive care stepping outside of the critical care unit to provide care to deteriorating patients in every hospital department.

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