



NEWSLETTER



The Laryngoscope

A Newsletter of the Nigerian Society of Anaesthetists

November 2025



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FROM THE EDITOR'S DESK

"If I have seen further it is by standing on the shoulders of giants."-Isaac Newton

I welcome you to this edition featuring two of the great mentors in the field of Anaesthesia in Nigeria. We included the profile of Prof Patrick Olomu and a great piece by Rtd General Shina Ogunbiyi on mentorship in Anaesthesia.

The NSA organised a webinar on mentorship in Anaesthesia recently that brought icons and mentor of mentors to speak on this subject. We had the pleasure of listening to them on navigating different aspects of our careers as physician anaesthesiologists.

There is also a piece on burnout written by Dr Zynat Alhassan outlining the dangers associated with burnout and how to address it

In the words of our former national anthem; "The labour of our heros past shall never be in vain"

We acknowledge the sacrifice of two giants of anaesthesia, Commodore Oladapo and Dr Patricia Sotumbi. They contributed immensely to the advancement of anaesthesia in Nigeria and their legacy continues to inspire us all.

We have shared pictures from sister societies and the last World Anaesthesia Day (WAD) to show how the collaboration and collective effort has led to greater and more sustainable achievements in the NSA.

We appreciate all those who contributed to this edition and look forward to regular contributions from our members.



Dr Aderonke Adesiyon

For the Editorial Committee
NSA newsletter
The Laryngoscope



NIGERIAN SOCIETY OF ANAESTHESIA

EXCO 2024-2026



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NIGERIAN SOCIETY OF ANAESTHETISTS (NSA) SECRETARIAT REPORT

Dear esteemed and distinguished members of the NSA. I am glad to inform you that the journey has been smooth and rewarding so far.

Since assumption of office, the Secretariat has maintained steady progress in ensuring administrative efficiency and responsive service delivery to members. With the support of a dedicated administrative team, we have adopted a more structured, efficient, and technology-driven approach to sustain the day-to-day operations of the Society.

This report highlights key activities, achievements, and initiatives undertaken by the NSA Secretariat, our collective efforts toward strengthening governance, promoting professional development, and enhancing the visibility of anaesthesia practice in Nigeria and beyond.

In June 2025, NSA participated in the WFSA General Assembly, reflecting its growing global influence and offering Nigeria a platform to contribute to international anaesthesia policy, education, and collaboration.

Additionally, in September 2025, the NSA President and Secretary-General attended the Chinese Society of Anaesthesiologists Conference in Xiamen and visited Tuoren Medical Facilities. Discussions focused on potential collaborations, including joint research and the development of anaesthetic equipment tailored to local needs.

NSA marked World Anaesthesia Day on 16th October 2025 under the global theme “Anaesthesia in Emergencies,” adopting “Basic Life Support in the Community” as the national focus. Activities included nationwide press briefings, extensive media engagements, and BLS training sessions in schools, markets, and hospitals. These initiatives strengthened public awareness of anaesthesia and enhanced community readiness for emergency response.

Since January 2025, the NSA Education Committee has organized a series of educational virtual webinars covering emerging anaesthesia trends, perioperative care, patient safety, and critical care. These sessions have attracted strong participation from members nationwide and abroad, receiving highly positive feedback for their relevance and quality.

The Secretariat commends the Education Committee for its commitment to continuous knowledge-sharing. Furthermore, in October 2025, the NSA submitted a landmark proposal to the Federal Ministry of Health & Social Welfare titled “Basic Life Support in Communities (BLSic)”. Major outcomes:

Official adoption of the project by the Ministry.

- Appointment of a BLS Desk Officer.
- Development of a National BLS Policy Framework.
- Inclusion of FRSC, international partners, and other key stakeholders.
- Approval for NSA to use government media platforms for advocacy.

This marks a major step in strengthening community emergency response nationwide.

We remain deeply grateful for the continued support and understanding of our senior colleagues and fellow members.

Thank You.



Dr. Morayo SALAWU

General

Secretary, NSA (2024-2026)



Professor Patrick Nduyari Edobor Olomu

Education and Qualifications

- Holy Rosary Primary School (now Osaigbobu Primary School), Abavo, Ika South LGA, Delta State (1968 - 1971)
- St. Thomas's Catholic Primary School, Benin City, Edo State (1971 - 1974)
- Federal Government College, Sokoto (1974 - 1979)- Secondary Education (Ordinary Level)
- Preliminary Studies in the Advanced Sciences and General Studies, University of Benin, Benin City (1979 -1980)
- College of Medicine, University of Ibadan, Medical Education (1980–1985) –Bachelor of Medicine, Bachelor of Surgery (MBBS) Degree
- Diploma in Anesthesiology, University of Benin - 1989
- Certificate of Proficiency in Spoken and Written German, Goethe Institut, Manheim, Germany 1992
- Diploma in Anesthetics, United Kingdom (1993)
- Fellow of the Royal College of anesthetists, United Kingdom (1999)

- Board Certification in Anesthesiology, American Board of Anesthesiology, USA (2001)
- Subspecialty Board Certification in Pediatric Anesthesiology, American Board of Anesthesiology, USA (2013). This is the inaugural certification in Pediatric Anesthesia offered by the American Board of Anesthesiology

Career Timeline and Academic Advancement

- House Officer, University College Hospital, Ibadan, July 1985 to June 1986
- Medical Officer, WAEC Staff Clinic, Yaba, Lagos (NYSC)
- SHO in Anesthetics, UBTH, Benin-City (1988-1989)
- Registrar in Anesthetics, UBTH, Benin-City (1989-1990)
- Visiting Resident in Anesthesiology, Medical University of Hannover, Hannover, Germany {1991-1992.
- Resident in Anesthetics, Greater London, UK (1992-1995)
- Resident in Anesthesiology, United States of America (1995 to 1999), Mobile, AL and Chicago, IL
- Fellow In Pediatric Anesthesia, Boston Children's Hospital and Harvard Medical School (1999 to-2000)
- Consultant (Attending) Pediatric Anesthesiologist, San Antonio, Texas, USA (2001 to 2008)
- Senior Consultant (Attending) Pediatric Anesthesiologist, Children's Health System of Texas (2008-2024)
- Assistant Professor of Anesthesiology, University of Texas Southwestern Medical Center, Dallas, Texas, USA (2008-2013)
- Associate Professor of Anesthesiology, University of Texas Southwestern Medical Center, Dallas, Texas, USA (2013- 2020)
- Professor of Anesthesiology, University of Texas Southwestern Medical Center, Dallas, Texas, USA (2020-2024)



- Clinical Professor of Anesthesiology, University of Iowa, Iowa City, Iowa, USA (April 2024-June 2025)
- Professor of Anesthesiology, Virginia Commonwealth University, Richmond, Virginia, USA (Effective July 2025)

Association/Membership/Leadership

- America Medical Association (AMA)
- National Medical Association (Black Physicians) - Secretary of the Anesthesiology section
- American Society of Anesthesiologists (ASA)
- International Anesthesia Research Society (IARS) – Chair of the International Membership Subcommittee
- Society for Pediatric Anesthesia (SPA)
- Society for Airway Management (SAM)
- Association of University Anesthesiologists (AUA) – The most prestigious and exclusive association of academic Anesthesiologists in the United States
- Nigerian Society of Anaesthetists (NSA)
- Society for Specialist in Airway Management (SSAM) – Founder and Chair of Board of Trustees
- Pediatric Anesthesia Society of Nigeria (PaSON) – Member of Board of Trustees

Administrative Positions

- Vice Chair for Anesthesiology, Christus Santa Rosa Hospital, San Antonio Texas (2003-2004)
- Associate Program Director for Pediatric Anesthesia Fellowship, University of Texas Southwestern, Dallas, Texas (2008-2011)
- President of the Faculty Senate, UT Southwestern Medical Center, Dallas, Texas (2012-2013)
- Chair, Multidisciplinary Difficult Airway Registry Committee, Children's Health System of Texas (2013-2021)

- Inaugural Vice Chair for Diversity, Equity, and Inclusion, Department of Anesthesiology, University of Texas Southwestern Medical Center, Dallas, Texas (2021-2023)
- Founding Member of SSAM and Chair of the Board of Trustees
- Member of the Board of Trustees of PASON
- Division Chief for Pediatric Anesthesia at University of Iowa Health Care, Iowa City, Iowa, USA
- Division Chief for Pediatric Anesthesia, Anesthesiologist-in-Chief, and Interim Vice-Chair for Research, Children's Hospital of Richmond and Virginia Commonwealth University, Richmond, Virginia, USA (Effective July 2025)
- Chair and Foundation Member of the Global Pediatric Difficult Intubation Collaborative

Publications and Lectures

- Author of 3 books (Applied Physiology, Pharmacology of Anesthetics and related medications, and Clinical Anesthesia and Critical Care Medicine)
- Book Chapters: 3
- Review Article: 1
- Peer-reviewed Original Publications: 27
- Abstract Presentations: 36
- Clinical Practice Guidelines: 3
- Case reports: 5
- Total Lectures (2002-2025): 125

Major Career Achievements

- Mentorship and Sponsorship of the next generation of anesthesiologists and physicians
- Global Key Opinion Leader in Pediatric Difficult Airway Management
- First Black Academic Professor in the Pediatric Anesthesiology Division at the University of Texas Southwestern Medical Center, Dallas Texas. USA
- First Black Professor of Anesthesiology at the University of Iowa, Iowa City, Iowa, USA
- First Division Chief of Pediatric Anesthesia at the Virginia Commonwealth University
- First Anesthesiologist-in-Chief at the Children's Hospital of Richmond, Richmond, Virginia, USA
- First Vice-Chair for Diversity, Equity, and Inclusion, Department of Anesthesiology, University of Texas Southwestern Medical Center, Dallas, Texas.
- First Black President of the Faculty Senate at the University of Texas Southwestern Medical Center, Dallas, Texas, USA
- Appointed Full Professor of Anesthesiology in three prestigious Universities in the United States (University of Texas, University of Iowa, and Virginia Commonwealth University)
- Continued support of anesthesiology practice in Nigeria with donations of anesthesia equipment and supplies

Family and Social Life.

I married the love of my life, Neeta Basnotra Olomu, in Crawley, West Sussex, UK in summer 1995. She was a science teacher/counselor in the greater London area. We moved to the United States the same year. She has been by my side through the rigorous United States Anesthesiology training. I credit my academic and career success to her unwavering support. We are blessed with our daughter, Megan, a Public Policy major (Stanford) and currently a Law student at the University of Chicago.

Advice to younger Anesthetists

Work hard and understand that residency training is a finite period, but learning is a life-long process. Be well grounded in the principles of anesthetic practice, be a team player, avoid instant gratification, and give back. If you do these things, career success and professional satisfaction will come to you naturally. Carpe Diem!

Contact information [**polomu@icloud.com**](mailto:polomu@icloud.com)

NEW PROFESSORS AND OTHER NOTABLE ELEVATIONS

Professorial Appointments

1. Prof. Yunus Gafar – Ahmadu Bello University, Zaria (December 2024)
2. Prof. Alhassan Datti Mohammed – Bayero University, Kano (December 2024)
3. Prof. Saidu Yusuf Yakubu – Ahmadu Bello University, Zaria (December 2024)
4. Prof. Oyebola Olubodun Adekola – University of Lagos (March 2025)
5. Prof. Olayinka R. Eyalade – University of Ibadan, Ibadan (May 2025)
6. Prof Jide Micheal Afolayan - Ekiti State University (August 2025)
7. Prof Olajumoke Tokunbo - Ladoke Akintola University of Technology (Aug 2025)

Notable Achievements

1. Prof. Folayemi Faponle – Chairman, Faculty of Anaesthesia, West African College of Surgeons (February 2025)
2. Dr. Muiyiwa Rotimi – Secretary, Faculty of Anaesthesia, West African College of Surgeons (February 2025)
3. Prof. Saidu Yusuf Yakubu – Assistant Secretary-General, West African College of Surgeons (February 2025)
4. Dr Johnson Ogah - Promoted to Brigadier General in the Nigerian Army

MENTORSHIP IN ANAESTHESIA



By

Maj Gen (Dr) Obashina Ogunbiyi,

mni, MD, FMCA, FWACS, FICS, FNAMed

(Associate Professor of Anaesthesia and Intensivist)

If you know where you are going, your journey is short;

If you know how to get there, your journey is shorter

If you have someone who had been there to teach you on how to get there, Your journey is shortest.

If that person decides to take you there, you are already there.

-Anon

Introduction

Mentorship is a structured relationship in which an experienced professional (the mentor) guides a less experienced colleague (the mentee) to foster personal and professional growth. It plays a critical role in professional development, especially in medical specialties like anaesthesia, which demands high levels of clinical competence, decision-making, and emotional resilience. According to Berk et al,¹ mentoring is a relationship in which a senior faculty with useful skills, experience, knowledge and wisdom, offers advice, information, guidance, support or opportunity to a junior faculty for that individual's professional development.

From this definition, it must be noted that a mentee is not a “zombie” or an empty vessel, but he/she is an active participant in the relationship. In the field of anaesthesia, mentorship is indispensable due to the specialty's technical complexity and emotional demands.² In Nigeria, mentorship in anaesthesia is gaining recognition as a tool for professional development and retention, especially as the country faces a shortage of qualified anaesthetists and training infrastructure.³ Despite this challenge, however, it should be pointed out that mentors and mentees enter the relationship voluntarily. This paper explores the current state, challenges and opportunities of mentorship in anaesthesia within the Nigerian context.

Historical Context of Anaesthesia Training in Nigeria

Anaesthesia as a specialty began to gain structure in Nigeria in the 1960s with the establishment of training programs by the West African College of Surgeons (WACS) and later the National Postgraduate Medical College of Nigeria (NPMCN). Initially, mentorship was informal, with senior practitioners guiding trainees through apprenticeship models. Over time, formalized residency training introduced structured mentorship programs, although these remain inconsistently implemented across institutions.⁴

Forms and Models of Mentorship in Nigeria

The dominant model in Nigerian anaesthesia training is the traditional dyadic model, where a senior consultant mentors one or more residents or junior Fellows, well-known to the consultant. Some institutions, such as the University College Hospital (UCH), Ibadan and Lagos University Teaching Hospital (LUTH), have started to incorporate group mentorship and peer mentoring as complementary approaches.⁵ These models aim to mitigate the shortage of mentors and increase accessibility for mentees.

Benefits of Mentorship

Mentorship in anaesthesia offers multifaceted benefits. To the mentees, these include enhanced clinical competence, improved scholarly performance and academic/research productivity, increased confidence, and professional identity formation. It also contributes to retention and career satisfaction among anaesthesia residents.⁶ Furthermore, it creates opportunities and integrates the mentees into professional networks. In Nigeria, where burnout and migration of health professionals are prevalent, mentorship can serve as a buffer by fostering engagement and resilience among trainees.

On the other hand, mentors have professional satisfaction that junior colleagues will become productive and successful teachers and researchers. They also will leave a legacy that when they retire, they have their mentees to continue in their lines of research or professional interests.

Challenges In Mentoring In The Nigerian Context

It is pertinent to mention here that several barriers hinder effective mentorship in Nigeria. These include:

1. **Mentor/mentee mis-match:** When a mentee either forces himself on the mentor and is not ready to adhere to the mentor's advices or the mentor never took the time to find out or to know the mentee very well. These scenarios can become a problem to the relationship and one or both "actors" will abandon ship.
2. **Resource Constraints:** Over-burdened consultants, limited time and infrastructural inadequacies compromise the quality and frequency of mentor-mentee interactions.⁷
3. **Lack of Formal Training for Mentors:** Many mentors are appointed based on seniority rather than mentoring competence, leading to ineffective guidance and mismatched expectations. For example, a "supervisor-turned-mentor" may insist on being first author in a publication of the mentee's successful Fellowship dissertation, of the relevant post-graduate medical college. This is not right. The dissertation-turned-manuscript is the mentees' work and as such he/she should be the first author in such a publication.
4. **Inconsistent Institutional Support:** Unlike in Western contexts, few Nigerian institutions have formal mentorship policies or evaluation mechanisms.⁵
5. **Hierarchical Culture:** Traditional hierarchies may discourage open communication, impeding honest feedback and mentee development.⁸

6. Generational issues: These may also pose challenges, especially if the mentor is profoundly “old school”.

7. Gender issues: Ideally, this should not be a problem, but it has been found in some climes to be a source of rifts between mentors and assigned mentees.:

Emerging Trends and Innovations

There are many areas that mentoring may be needed in the practice of anaesthesia. These include, but not limited to: manuscript writing, research management, presentation at scientific meetings and even grant writings. Recent developments point to a growing recognition of the mentorship’s value. For example, the Nigerian Society of Anaesthetists (NSA) has begun initiatives to encourage mentorship through workshops, webinars, and national conferences. There is also increasing use of digital platforms to connect mentors and mentees across geographic boundaries, particularly following the COVID-19 pandemic.⁹

Furthermore, some training institutions are incorporating structured mentorship programs with clearly defined goals, periodic evaluations, and mutual feedback systems. The use of peer mentoring—where senior residents support junior ones, is also gaining traction and helping to bridge the mentor availability gap.¹⁰

What I Learnt From My Mentor

My first mentor in Anaesthesia was the first Consultant Anaesthetist I worked with as a junior Resident at the University College Hospital (UCH), Ibadan. She patiently guided me through the fundamentals of becoming a confident and skilled Anaesthetist and emphasized the importance of hard work. I once ignored her advice not to attempt a part of the professional examination—and regretted it. Later, she taught me the long-term value of scientific publications, even though they seemed irrelevant to my career in the Nigerian Army at the time. Her words have proven true.

In February 1997, she facilitated my post-Fellowship training in Anaesthesia and Critical Care Medicine in the UK—an opportunity rarely available to young Fellows then, especially through institutions like the NPMCN. I was deeply honored when, based on her recommendation, I was chosen by NPMCN to read her citation as the 2010 Convocation Lecturer. We have remained in touch ever since, and my journey in Anaesthesia would be incomplete without her as a central figure—my first and most influential mentor.

Suggestions For Improvement

As the number of tertiary institutions (universities and teaching hospitals) increases in Nigeria, more academic mentors are needed. To improve mentorship in anaesthesia in Nigeria, several measures are being suggested:

1. **Formalization of Mentorship Programs:** Institutions should develop structured mentorship policies with clearly defined roles, goals and evaluation mechanisms.
2. **Capacity Building for Mentors:** Training workshops should be organized to equip mentors with skills in communication, emotional intelligence and adult learning principles.
3. **Leveraging Technology:** Online platforms and mobile applications should be employed to facilitate remote mentorship, especially in underserved areas.
4. **Incentivizing Mentorship:** Providing academic or financial incentives for mentors could encourage more active participation.
5. **Institutional Commitment:** Medical schools and teaching hospitals must commit resources and support toward sustaining effective mentorship programs.

Conclusion

Mentorship remains a cornerstone for developing a competent and resilient anaesthesia workforce in Nigeria. Although there are significant challenges—ranging from inadequate resources to structural limitations, there is also a growing momentum for change. Through structured programs, institutional commitment and innovative approaches, mentorship in anaesthesia can be transformed into a more effective and sustainable practice in Nigeria.

Acknowledgement

I hereby thank Professor Gbemisola Oke and Professor AJ Ajuwon, both of the College of Medicine, University of Ibadan for their encouragement and contributions while putting together this manuscript.

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BURNOUT

Dear burned out healthcare worker,
 Do you think the health sector will collapse if you are not there to hold on to its wobbly edge,
 Or that you are superhuman, faced with no consequences whatever the amount of stress you are exposed to,
 Do you think there are no consequences to ignoring your health, both mental and physical,
 Or that you can swallow more than you can chew,
 To the team leader that values structure over staff considerations, are you being fair to them in the long run,
 Will the lack of adequate resources cost you your mind,
 Do you remember the pep talk you gave your patients on eating healthy, as you guzzle down that carbonated drink to resuscitate yourself from the meals you've skipped,
 Or all your talks on sleep hygiene as you sip on your caffeinated beverage at night,
 Do you keep yourself well hydrated at work, or minimize your fluid intake at work to minimize bathroom breaks,
 Are you really taking care of yourself, or is there something you will add to your procrastination list?

Burnout among health providers has become a topic of interest over recent years, with the COVID-19 pandemic making the gaps in the healthcare workforce even more glaring. As it was becoming a Public health crisis, in 2019 it was included by the World Health Organization, WHO as an occupational phenomenon in the ICD-11. It is defined as a syndrome that results from chronic workplace stress that hasn't been successfully managed. Burnout is not limited to healthworkers alone, it has been observed in teachers, university professors, and social workers. In recent times it has even been observed among parents. What all these group of people have in common is that they care for people, and unfortunately sometimes when you care too much, for too long, you could end up with burnout.



But do we really know what burnout is? Is it the forebearing you feel when you are on your way to work, or the ache in your bones as you begin your shift? Is it the voices in your head telling you you're not good enough? Or the complete lack of empathy for your patients?

It tends to be confused with acute exhaustion, another serious condition that has claimed the lives of a lot of health workers. We have all heard tales of colleagues involved in preventable accidents following prolonged shifts. But with burnout, it's more insidious, it creeps on you without you knowing it. It could start from the lack of zeal to go to work, which one would attribute to poor working conditions, to constant squabbles/quarrels with work colleagues (one would probably attribute that to their poor upbringing and lack of common sense). Not only will it afflict the sufferer, but it has a ripple effect of ultimately affecting the patient, workplace, and economy at large. This may seem like an exaggeration, but if we look at it a little bit closer we'll see how.

The most prominent names with regards to burnout are Freudenberger and Christina Maslach. Herbert Freudenberger, a German Psychologist first described the phenomenon after experiencing the symptoms himself while running free clinics. Christina Maslach, performed extensive research on the predictors of burnout and its measurement, created the gold standard tool used in measuring burnout; the Maslach Burnout Inventory.

After diagnosing burnout, in order to know how bad one has got it, it'll need to be measured. There are various tools used to measure burnout, with the Maslach Burnout Inventory considered to be the gold standard. As burnout has been identified in various professions, there have been adaptations of the Maslach Burnout Inventory to suit such groups.

Herbert freudenberger in his 1974 paper on staff burnout highlighted that the dedicated and committed are most prone to developing burnout, what a cruel twist of fate I'd say. Healthcare workers are bound to develop burnout, they work in high pressure environments, work long hours, with heavy workloads. Perhaps the cultural belief that healthcare workers care selflessly to their patients has further contributed to healthcare workers benching their well being at the cost of their health. And even when "burnt-out", it was noticed that some physicians are reluctant to get help, all in a bid to maintain the image of being enduring and selfless. Normalizing suffering at work, the stigma associated with seeking for help, the fear of consequences of self-reporting (perceived by some as a form of weakness) has dissuaded plenty from seeking the appropriate help. Working for too long, too much, and too intensely could lead one to walk directly into the burnout trap. So that means, in addition to reaping the rewards of hard work, you get a bonus burnout as well. Sounds like working hard has become a double-edged sword.

It is well established that chronic stress is associated with cardiovascular diseases. Burnout, being a maladaptive response to stress could be associated with unhealthy coping habits such as substance abuse, and suicidal ideations. Are the consequences of burnout limited only to the person affected? Definitely not. Increased medical errors, poor communication with patients, colleagues and superiors which ultimately leads to poor patient outcomes have been associated with burned out health workers. The economic implications of low health worker productivity, and having to train new staff to replace those burned out causes a significant loss to the health care system.

Like most diseases, burnout is best prevented. Before waiting for health organizations to intervene, one can make some adjustments on their own end. As it is a maladaptive response to stress, self care strategies such as mindfulness, meditation, stress management techniques, communication classes should be employed and encouraged. Work system redesign, fostering a culture of well being and support in healthcare organizations can further avert this public health crisis.

Dear health worker, please take that break, take your relaxation serious, take care of yourself.

Zynat Alhassan

Senior Registrar, Department of Anaesthesiology and Intensive Care,
Aminu Kano Teaching Hospital.

RESPONSIBILITY AS IDENTITY IN ANAESTHETIC PRACTICE

The field of anaesthesiology stands at a singular intersection of pharmacology, critical care, and crisis management, occupying a unique and often paradoxically invisible position within the dramatic arc of surgery. To define the anaesthetist's role merely through the maintenance of patient unconsciousness is to fundamentally misunderstand the profound emotional, cognitive, and technical responsibilities that define the profession. This is not simply the execution of a set of protocols but a continuous, high-stakes negotiation with life itself, where responsibility becomes an identity; a mantle that is simultaneously a professional burden and an ultimate purpose.

The Cognitive Architecture of Vigilance: Foresight and System Orchestration

At the core of anaesthetic practice lies the concept of vigilance, elevated from a passive state of watchfulness to an active, relentless form of cognitive labour. It is a vigilance that spans the spectral range of human physiology, from the gross trends of haemodynamics to the subtle, molecular shifts induced by volatile agents and narcotics. Unlike the surgeon, whose focus is necessarily concentrated on the specific pathology being addressed, the anaesthetist must maintain an omniscient, panoramic awareness of the patient as a complete, integrated system. This foresight demands the constant simulation of multiple potential futures: if the blood pressure drops, what is the most probable aetiology, and which of the five possible interventions should be executed first? This mental calculus, often occurring in milliseconds and beneath the threshold of external notice, constitutes the unseen labour that defines excellence in the operating theatre.

This cognitive burden is compounded by the technical demands of system orchestration. The anaesthetist must not only monitor the biological system but also interpret and manage a complex technological array: the ventilator, the multi-parameter monitor, the infusion pumps, and the anaesthetic machine,

integrating disparate data streams into a cohesive clinical narrative. This responsibility is inextricably linked to clinical judgment, which is less an instantaneous decision and more the synthesis of years of experiential data, didactic learning, and pattern recognition. The meticulous choreography of induction and emergence is a ritual of calculated risk, requiring the accurate prediction of the patient's underlying comorbidities (e.g., latent cardiac irritability or severe lung compliance issues) and their interplay with the initiated pharmacological cascade. The weight of this judgment is immense, knowing that the thin margin between physiological stability and catastrophic collapse rests entirely upon the integrity of this internal, predictive synthesis.

The Psychological Burden of Trust and Emotional Endurance

The psychological toll of this continuous, high-fidelity monitoring and decision-making is profound. The anaesthetist exists in a state of perpetually restrained adrenaline, where the quiet composure maintained at the head of the bed is a carefully constructed façade over a deeply engaged emotional core. The burden begins with the intimacy of the contract; to witness the patient's complete, non-verbal surrender, holding their life in trust during a state of chemically induced oblivion. This unique vulnerability places a severe and constant ethical pressure on the physician. Furthermore, the anaesthetist operates within an immediate feedback loop: unlike many medical specialties where consequences unfold over hours or days, an anaesthetic miscalculation results in rapid, often binary physiological deterioration, demanding instantaneous corrective action under extreme stress.

Managing this stress requires a robust yet sensitive form of emotional endurance. The need for detached objectivity during a crisis must be reconciled with the profound moral accountability of the role.

This psychological balancing act is complicated by the invisibility paradox: a perfect anaesthetic is, by definition, an uneventful one. The anaesthetist's mastery is demonstrated most clearly by their near-total lack of apparent activity, meaning their success often goes unacknowledged by the surgical team and the patient. This lack of external validation can contribute to professional isolation and fatigue, forcing the practitioner to derive their primary emotional reward from the internal, solitary satisfaction of having maintained a perfect, stable path through the valley of physiological instability. The capacity to sustain this vigilance, absent overt praise, is a hallmark of professional maturity.

The Crucible of Professional Identity: Training and Existential Purpose

The journey through residency and fellowship is the crucible in which this singular professional identity is forged. The training is intentionally relentless, designed not merely to impart technical skills, but to habituate the trainee to the emotional landscape of constant responsibility. Early on, the weight is felt as a terrifying external pressure; by the time one reaches the senior resident or fellow stage, this responsibility has been internalized, becoming the very bedrock of the professional self. The transition is complete when the physician no longer performs tasks, but is the guardian, when the decision-making shifts from consulting a manual to exercising personal, reasoned authority. It is here that the weight of trust is fully felt, not only from the patient but from the entire surgical team, who rely on the anaesthetist as the essential, often unacknowledged, failsafe for the entire theatre ecosystem.

Moreover, technical mastery, such as in regional anaesthesia, integrates the ethics of non-maleficence directly into the professional identity. The skill to provide profound, localized pain relief comes with the acute, personal responsibility for avoiding nerve injury; a permanent consequence of transient, high-precision work.

Ultimately, the inherent responsibility of anaesthesia; the management of life, consciousness, and pain, transcends the simple occupational descriptor. It is simultaneously a significant burden and the defining purpose of the career. The burden is the ceaseless requirement for perfection and the perpetual avoidance of complacency. The purpose is the unparalleled privilege of standing guard at the threshold of life, offering safe passage through one of medicine's most intimate and vulnerable processes. This dual nature transforms the anxiety of accountability into a powerful, sustaining drive for excellence.

The anaesthetist, having mastered the necessary technical virtuosity, must finally master the self, accepting the inherent solitude of this custodianship. It is in this profound commitment that one finds resonance with the enduring truth about the cost of professional excellence:

"The price of greatness is responsibility."

— Winston Churchill



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ACTIVITIES OF THE PAEDIATRIC ANAESTHESIA SOCIETY OF NIGERIA (PASON)

The Paediatric Anaesthesia Society of Nigeria (PAsoN) continues to advance safe and evidence-based paediatric anaesthesia practice nationwide. Under the leadership of its President, Prof. Ibironke Desalu, and Secretary, Dr. Olurotimi Aaron, the Society remains committed to strengthening capacity, training, and collaboration among paediatric anaesthetists.

This year, PAsoN organised two SAFE Paediatric Cleft courses held in Abuja and Lagos on July 7th and 8th, 2025. Sponsored by Smile Train, the courses trained a total of 62 physician anaesthetists (52 consultants and 9 residents), with PAsoN members serving as facilitators.

PAsoN also held its Annual Scientific Conference virtually on the 17th and 18th of September, bringing members together for scientific updates, case discussions, and shared learning.

Below are pictures from the SAFE Paediatric Cleft courses.



SOCIETY OF OBSTETRIC ANAESTHETISTS OF NIGERIA (SOAN)

The Society of Obstetric Anaesthetists of Nigeria (SOAN) is the professional body dedicated to advancing safe obstetric anaesthesia practice across the country. The Society continues to promote research, training, and high standards of care for pregnant women requiring anaesthesia and critical care.

This year, SOAN held its Annual General Meeting and Scientific Conference in Port Harcourt under the leadership of its President, Dr. Simon Olateju, and Secretary, Dr. Christiana Oyewopo. The meeting brought members together for scientific updates, professional collaboration, and discussions on improving maternal outcomes nationwide.

Below are a few pictures from the event.



The Royal Father of the day, His Royal Majesty, King (Air Commodore Rtd) T.E.O. Ofube JP, DSS, fdc, Ogube 1, Amayanabo, and Supreme Monarch of Kirike Kingdom



Closing session with Prof Sotonye Fyeface-Ogan flanked by his wife and daughter

ICCSN AT THE 17TH WORLD CONGRESS OF INTENSIVE AND CRITICAL CARE (WCICC)

The Intensive and Critical Care Society of Nigeria (ICCSN) continues to strengthen critical care practice across the country through training, collaboration, and international engagement. Led by its President, Dr. Job Otokwala, and Secretary, Dr. Paul Ufoegbunam, the Society has remained active in promoting best practices in intensive and critical care.

This year, ICCSN was proudly represented at the 17th World Congress of Intensive and Critical Care (WCICC), held from 16th–19th September 2025 in Vancouver, Canada. Team Nigeria participated in scientific sessions, global networking, and high-level discussions on advancing critical care delivery.

Below are pictures from their participation at the WCICC.



Team Nigeria at the just-ended 17th World Congress of Intensive and Critical Care (WCICC) held from 16th-19th September, 2025 in Vancouver, Canada.



Two-of-a-kind at the 17th World Congress of Intensive and Critical Care (WCICC 2025) in Vancouver, Canada. From Left; Prof Saidu Yakubu (WFICC Council Member: 2021-2025) and Gen Shina Ogunbiyi (WFICC Council Member:2017-2021)

SOCIETY OF SPECIALISTS IN AIRWAY MANAGEMENT (SSAM), NIGERIA.

The Society for Safe Airway Management (SSAM) marked an important milestone this year with a leadership transition at its AGM during the 3rd Annual Scientific Conference, held in Calabar from 25th to 27th June 2025. The pioneer Executive Committee, led by Dr. Aderonke Adesiyun, formally handed over to the new Executive Committee headed by Dr. Maryrose Osazuwa, with Dr. Hassana Abubakar Imam serving as the new Secretary.

SSAM continues to advance its mission through ongoing education, distribution of essential airway equipment, advocacy, strategic collaborations, and research — all geared toward strengthening airway management practice among healthcare professionals across Nigeria.



NSA WORLD ANAESTHESIA DAY CELEBRATION

The Nigerian Society of Anaesthetists (NSA) marked this year's World Anaesthesia Day with a community-focused CSR initiative. As part of the celebration, members conducted Basic Life Support (BLS) training sessions across selected communities to raise awareness, empower the public, and strengthen emergency response skills at the grassroots level.

This outreach reflects the Society's commitment to public safety, advocacy, and improved emergency preparedness nationwide.

Here are a few pictures from the activities.



CELEBRATING TWO DOYENS OF ANAESTHESIA

We recently joined colleagues, friends, and well-wishers to celebrate two distinguished doyens of Anaesthesia — Prof. Olaitan Soyannwo and Prof. Eniola Elegbe — as they each marked their 80th birthday milestones.

It was a warm and memorable gathering that highlighted their decades of dedication, mentorship, and remarkable contributions to the growth of Anaesthesia in Nigeria. Their impact continues to inspire generations within the specialty.

Here are some photos from the celebrations.



Pics from Prof Elegbes 80th Birthday



Pics from Prof Soyannwos 80th Birthday

33RD ANNUAL SCIENTIFIC CONFERENCE AND GENERAL MEETING OF THE NSA

The 2025 Annual Scientific Conference and Annual General Meeting of the Nigerian Society of Anaesthetists (NSA) held at the Adeyemi Bero Auditorium, Alausa Ikeja, from 17th–21st November 2025.

The conference brought together anaesthetists from across the country for days of scientific presentations, policy discussions, professional networking, and shared reflection on the evolving landscape of perioperative care in Nigeria. It also provided a platform to strengthen collaboration, celebrate achievements within the specialty, and recognise the dedication of members who continue to drive excellence in anaesthesia practice.

Here are some photos from the event.



Members of the Executive Committee of the Nigerian Society of Anaesthetists (NSA) and Local Organising Committee of the just concluded 33rd Annual Scientific Conference and General Meeting of the NSA in Lagos, assisting the NSA President, Prof Alhassan Datti Mohammed cutting the Dinner cake. From L-R: Dr Muiyiwa Rotimi, Dr Oluwadun Oluwayemisi, Dr Ruth Daramola, Dr John Afam-Osemene, Dr Idris Olopade, Dr Folayinka Ogunmuyiwa, Dr Aduke Abiola Mafe, Dr Nnanna Agwu, Prof Alhassan Datti Mohammed, Maj-General (Dr) OA Ogunbiyi (Rtd) mni, Dr Queeneth Kalu, Prof Ibironke Desalu, Dr Morayo Salawu, and Dr Olubusola Alagbe-Briggs



Members of the Executive Committee and Local Organising Committee of the Nigerian Society of Anaesthetists' 33rd Annual Scientific Conference and General Meeting (NSA EKO 2025). From L-R : Dr Oluwadun Oluwayemisi (LOC Secretary) , Dr Ruth Daramola (NSA Welfare Officer), Dr Nnanna Agwu (NSA PRO), Dr Arinze Nwosu (NSA Treasurer), Prof Ibironke Desalu (LOC Adviser), Prof Alhassan Datti Mohammed (President), Dr Aduke Abiola Mafe (Chair LOC), Dr Queeneth Kalu (President-elect), Dr Morayo Salawu (General Secretary), Dr Olubusola Alagbe-Briggs (Immediate Past President), Dr Folayinka Ogunmuyiwa (LOC member), Dr. Idris Olopade (LOC member)

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NECROLOGY

We want to use this medium to remember our colleagues in anaesthesia who passed away over the past year. Their service, professionalism, and compassion touched many lives, and their absence is deeply felt across the specialty. They dedicated their careers to safeguarding patients, supporting teams, and upholding the highest standards of care.

Among them were distinguished specialists who gave even more through their leadership, scholarship, and mentorship. Surg Cdr Dr. Olaniyi Oladapo was not only an exceptional clinician but a trainer who shaped the careers of many current anaesthetists across the country. Dr. Patience T. Sotumbi equally stood out for her remarkable clinical expertise, academic strength, and unwavering devotion to patient care. Their contributions continue to influence practice nationwide.

We honor all our departed colleagues by remembering the work they did and the lives they touched. May their souls rest in perfect peace.

Surg Cdr Dr. Olaniyi Oladapo

Dr. Patience T. Sotumbi

Dr. Moses Kute

Dr. Adebose Oria

Dr. Naziru Ibrahim Joda

Dr. Mustapha Alhaji Jime

Dr. Afolabi Taiwo

Dr. Awoniyi Olusegun

Dr. Peter Onipe

