

## EDITORIAL VIEW

# World Sepsis Day in Pakistan

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### ABSTRACT

Celebration of World Sepsis Day at a global level started just three years back, and the immense importance of this celebration was not lost to Pakistan Society of Anaesthesiologists (PSA) and Pakistan Society of Critical Care Medicine (PSCCM). Both these organizations were quick to grasp the opportunity to use it to achieve the common goal of enhancing the level of awareness about sepsis and prevention of sepsis among the healthcare professionals as well as higher authorities. The result was multiple international academic events being organized regularly across the country as well as the adoption of National Sepsis Guidelines. The struggle to create more awareness about sepsis continues.

**Key words:** Sepsis; Guidelines; Critical Care

**Citation:** Hashmi M. World Sepsis Day in Pakistan. *Anaesth Pain & Intensive Care* 2015;19(2):103-104

The World Sepsis Day (WSD) movement was initiated by the Global Sepsis Alliance (GSA) in 2012<sup>1</sup>. Many international medical bodies and forums shared the initiative by offering their full collaboration, including World Federation of Societies of Intensive and Critical Care Medicine (WFSICCM), the World Federation of Pediatric Intensive and Critical Care Societies (WFPICCS), the World Federation of Critical Care Nurses (WFCCN), the International Sepsis Forum (ISF) and the Sepsis Alliance (SA). The World Sepsis Declaration<sup>2</sup> defined 5 key targets to be achieved by the year 2020 (1) Reducing sepsis incidence through prevention by at least 20%. (2) Improving survival for children and adults in all countries through the promotion and adoption of early recognition systems and standardized emergency treatment. (3) Raising public and professional understanding and awareness of sepsis. (4) Ensuring improved access to adequate rehabilitation services, and (5) creating and maintaining sepsis incidence and outcomes databases.

Charting the course for Pakistan's contribution in the international crusade against sepsis centers on three pivotal aspects; (1) creating awareness amongst healthcare professionals and public to recognize sepsis as a medical emergency; (2) institutionalizing sustainable change through implementing the Surviving Sepsis Campaign (SSC) recommendations adapted to a uniquely Pakistani

context, and (3) mobilizing stakeholders and policy makers in leading medical institutions of the country and the ministry of health. The Pakistan Society of Anaesthesiologists (PSA)- Karachi Chapter organized the country's first 'Sepsis Symposium' in Karachi in September 2012, in collaboration with the Pakistan Society of Critical Care Medicine (PSCCM). This was the inaugural event in Pakistan to commemorate the launch of the first ever WSD. The event was graced by the Minister of Health (Sindh), and renowned media celebrities, who were invited to publicly endorse the WSD-movement. Multidisciplinary faculty and healthcare professionals from the fields of anesthesia, medicine, surgery, pediatrics, gynecology and infectious diseases united on one platform which was a unique feature of this conference. The proverbial political instability in Pakistan generally means that government machinery cannot be relied upon to shoulder the responsibility of rational prioritization of the health policy. For the WSD movement in Pakistan it meant that much of the ground covered at the first Sepsis Symposium was soon lost following change in the government. All efforts that followed the good start were aimed at engaging medical fraternity and policy makers at the leading medical institutions in the private and public sector. Two conferences were held in Karachi on the occasion of the second WSD in 2013. The first event was a multidisciplinary International Sepsis Conference at the Aga Khan University, which is

one of the premier medical institutions and a leader in quality medical education and research in whole of the region. The medical community of Pakistan had the rare opportunity to hear world-renowned authorities in sepsis, including Dr Phillip Dellinger and Prof Konrad Reinhart, via videoconferencing. Secondly, PSA (Karachi chapter) and PSCCM successfully mobilized health professionals in government hospitals to take part in the 2nd WSD Symposium on a scale larger than the previous year. PSCCM, by now a member of the WFSICCM, brought the fight against sepsis from the sidelines of awareness campaigns to the frontline of policy-making and implementation. Sepsis Guidelines for Pakistan (SGP) were presented for discussion at the 3rd Sepsis Symposium, held on 13th September 2014. The aim of presenting the local guidelines was to improve the recognition and management of sepsis at the three-tiers of healthcare delivery system: primary, secondary and tertiary, tailored to the unique context and circumstances in which sepsis is dealt with in Pakistan.

As framed in the statement above, three of the five goals of the world sepsis declaration are progressing

in full swing in Pakistan, a major achievement given the circumstances of healthcare in the county. There are, however, serious gaps in the data available from our country and region, and in the standard and scope of research that needs to be carried out for the movement to be successful. Funds, grants and motivation is required to compile comprehensive sepsis registries that meet international standards, which is the goal to be achieved leading up to the 4<sup>th</sup> WSD this September 2015. SGP is a humble attempt by the PSCCM to adapt international guidelines to the local context; however the success of SGP rests in its implementation. A determined and collective effort by senior doctors working in position of authority in their respective institutions, societies and organizations is needed to spread awareness about this disease to their patients, colleagues working in silos and the general public. To eventually reduce the incidence of sepsis by prevention and reduce the mortality from sepsis by improved care, it is imperative that government, organizations, institutions and individuals galvanize the cause of WSD so that it does not remain a fragmented and stunted endeavor.

## REFERENCES

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*It is important that no tolerance is afforded to oppressive managerial behaviour. Victimization of staff who raise honest concerns...cannot be tolerated. There is much to do in this area before staff feel safe.*

**Sir Robert Francis QC, February 2014**

Chair of the Inquiry into Mid-Staffordshire NHS Foundation Trust & of the Review into NHS Whistleblowing ([www.freedomtospeakup.org.uk](http://www.freedomtospeakup.org.uk))