Celebrating 20 years of progress and growth

European Society of Anaesthesiology and Intensive Care (ESAIC)

Stefan De Hert, MD, PhD, FESAIC

20 YEARS
E S A IC
2005 - 2025
European Society of Anaesthesiology and Intensive Care

Contents

List of Abbreviations

A-CRO	Academic Contract Research Organisation
CENSA	Confederation of European National Societies of Anaesthesiologists
CESMA	Council of European Specialist Medical Assessment
CTN	Clinical Trial Network
EAA	European Academy of Anaesthesiology
EBA	European Board of Anaesthesiology
EDA	European Diploma in Anaesthesiology
EDAIC	European Diploma in Anaesthesiology and Intensive Care Examination
EJA	The European Journal of Anaesthesiology
EJA	The European Journal of Anaesthesiology & Intensive Care
ESA	European Society of Anaesthesiologists
ESAIC	European Society of Anaesthesiology and Intensive Care
FEEA	Foundation for European Education in Anaesthesiology
FESAIC	Fellowship of the Society of Anaesthesiology and Intensive Care
NASC	National Anaesthesiologists Societies Committee
PSQC	Patient Safety and Quality Committee
RC	Research Committee
SC	Scientific Committee
SPC	Scientific Program Committee
UEMS	European Union of Medical Specialists
WFSA	World Federation of Societies of Anaesthesiologists
WHO	World Health Organisation

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Preface

Reflecting on two decades of progress

We first started exploring the idea of writing a monograph on the history of the European Society of Anaesthesiology (ESA) and of Anaesthesiology and Intensive Care (ESAIC) during a session at Euroanaesthesia on 6 June 2022, in Milan. Prof. Dr Flavia Petrini was chairing the session titled "From ESA to ESAIC passing through a pandemic: Past, Present and Future". Prof. Dr Edoardo De Robertis (President) tackled the topic of "Future", Prof. Dr Kai Zacharowski (Past-President) addressed the "Present", and myself, Past-President 2018 – 2019, covered the Society's "Past".

Since the Society's inception, I have been actively involved in various positions, and I had knowledge of several activities, events, and strategic decisions — but for a complete and correct overview of the history of the ESA, we needed to dig even deeper. I initially expected to find some of the missing pieces of information readily available in the archives at the Society's headquarters. However, details on the amalgamation process and the first years of the Society were surprisingly sparse and disorganised, scattered among many folders in various cabinets around the building. Information retrieved from the minutes of the Board of Directors meetings also proved insufficient, so to get a clear, objective view of the amalgamation's history and the ESA's first years, I contacted several people who held leadership positions during those years. Most of the colleagues were very helpful in reporting this information and providing supporting documents, which greatly assisted in reconstructing the chain of events, discussions, and decisions in these first years after the amalgamation. I would especially like to thank Prof. Dr Alan Aitkenhead, Prof. Dr Jennifer Hunter, Prof. Dr Daniela Filipescu, Prof.

Dr Zeev Goldik, Dr Jannicke Mellin-Olsen, Mr. Hugues Scipioni, Prof. Dr Philippe Scherpereel, and Sir Peter Simpson for filling in some blanks and providing feedback to get a more complete overview on the Society's amalgamation and early years.

Serving on several ESA committees over the years and attending the Board of Directors and Council meetings, I witnessed a significant lack of knowledge about the history of the Society. As a result, with each new composition of a committee, Council, or Board of Directors, similar issues and proposed solutions continued to arise. I discussed the situation with a number of colleagues, and there was a general consensus that a document summarising important topics about the Society's past and present, in a structured way, could serve as a wealth of information to both those interested in the Society and those seeking to apply for leadership positions. I hope that the present monograph will be helpful in providing this overview.

As the Society celebrates its 20th anniversary in 2025, ESAIC can look back on two decades of excellent service to its members and the international anaesthesiology community. Now is the time to prepare for the future and the evolving challenges we will face. To quote the Spanish writer George Santayana (1863 – 1952): *"To know your future, you must know your past"* and *"Those who cannot learn from history are doomed to repeat it"*.

Stefan De Hert, MD, PhD, FESAIC
Emeritus Prof. of Anaesthesiology
Past-President, ESAIC 2018 - 2019
›› Contact the Author

01

Introduction

This monograph traces the formation and evolution of the ESAIC, examining its impact on European anaesthesiology and its role in advancing patient safety, education, and research. Originally, ESAIC was the *European Society of Anaesthesiology*, an organisation formed on 1 January 2005, thanks to an amalgamation of three existing European Anaesthesiology Societies: the *European Society of Anaesthesiologists*, the *European Academy of Anaesthesiology*, and the *Confederation of European National Societies of Anaesthesiologists*, the European branch of the WFSA. This agreement took a long time in the making, with ongoing discussions between the three societies dating back to 1998. After the General Assemblies of all three organisations approved, the agreement to merge into a single international European anaesthesia organisation was signed by the leadership of the three societies on 19 April 2004 (Figure 1, 2).

From left to right: Michael Ward (CENSA), Hugo Van Aken (EAA), Hans-Joachim Priebe (ESA), George Hall (ESA), Thomas Pasch (EAA), Olav Sellevold (CENSA) and Philippe Scherpereel (CENSA).

Figure 1: Signing of the amalgamation agreement

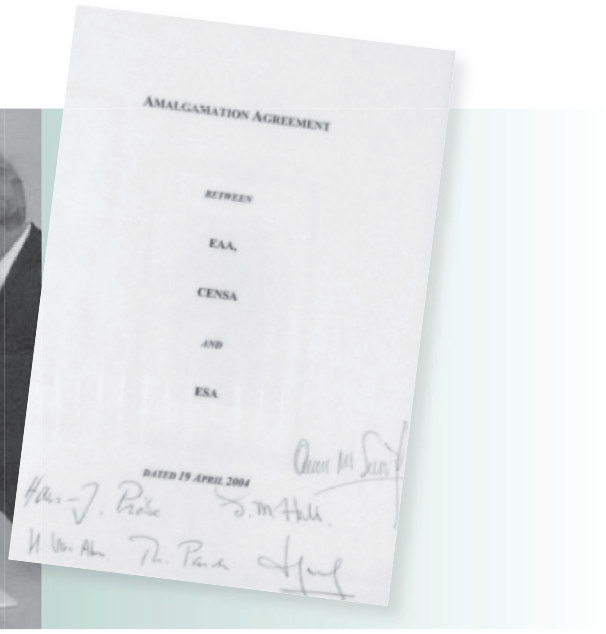


Figure 2: Original signed front page of the amalgamation agreement

The first bylaws defined the new Society's aims and activities, which included promoting the exchange of information between European anaesthesiologists; disseminating information about anaesthesiology; raising the standards of the speciality by fostering and encouraging education, research, scientific progress, and exchange of information; promoting and protecting the interest of its members; and promoting improvements in the safety and quality of care of patients undergoing anaesthesia by facilitating and harmonising the activities of national and international societies of anaesthesiologists in Europe.

Activities of the former EAA were also maintained and further developed, including the EDA (later EDAIC) and the Hospital Visiting Programme. With these initiatives, the Society aimed to raise the standards of the speciality by providing documentation of professional qualifications and an adequate level of teaching and training, according to the EBA training guidelines.

The last step was the creation of a *National Anaesthesia Society Committee*, designed to facilitate and streamline the activities of national and international societies of anaesthesiologists in European countries (as defined by the WHO) [1].

02

European anaesthesiology societies: the road to amalgamation

2.1. The formation and roles of CENSA, EAA, and ESA

The Confederation of European National Societies of Anaesthesiologists (CENSA), the European branch of the WFSA (World Federation Society of Anaesthesiology — formerly known as the ERS, the European Regional Society), was the first international European anaesthesiology society created. The EAA followed it, and later, the ESA. With three international European anaesthesiology societies operating in the 1990s, there was continuous competition between these societies for funding and representation.

The WFSA was founded in 1955 and held its first European Congress in September 1962 in Vienna. After this initial European meeting and widespread discussion with various European protagonists, the ERS was officially established at the second European Congress, held in Copenhagen in August 1966. The ERS comprised the national societies of all European countries which were registered members of the WFSA, including Turkey and Israel. Originally, some 25 societies fell under the ERS umbrella, but that figure increased to 37 by 1995, following changes resulting from the dissolution of the former Soviet Union and Yugoslavia [2,3].

Any anaesthesiologist who was a member of a European national society was automatically a member of the ERS. The objectives of the ERS were similar to those of the WFSA: exclusively educational, scientific and charitable, with the aim of providing the highest standards of anaesthesia, intensive care medicine, resuscitation, pain relief, etc., to all European countries.

The ERS organised a European congress of anaesthesiology every four years, and member societies were invited to bid in advance to host. The society with the winning bid was then responsible for the congress's organisation and the content of the scientific and social programmes. The WFSA, the ERS, and the host society formed a formal agreement allowing a substantial portion of any surplus revenue

from the congress to be retained by the host society to finance educational and research activities at its discretion. However, the ERS's main contribution was focused only on the organisation of a congress held every four years.

An ever-increasing number of European anaesthesia groups, including the ESA, the EAA, and the FEEA, led to a major reorganisation of the ERS, which took place at the tenth European Congress of Anaesthesiology in Frankfurt in 1998. The ERS assembly accepted an extensive revision of the bylaws and voted for a name change, which led to the development of CENSA. Governed by a new executive board comprising 37 national European member societies, CENSA counted almost 40,000 national societies accepting the fee for each individual national society member in the year 2000. Activities shifted — in addition to organising the European Congress, CENSA focused on educational projects (mainly in former Eastern Europe) and placed importance on being involved in projects dealing with the future of anaesthesia and intensive care medicine in Europe. To improve its relationship with the members of the national society, it hosted the CENSA symposia at national meetings [4].

To help alleviate CENSA's financial pressures, the delegates agreed to pay an extra levy of $0.50 per member to the WFSA, which would, in turn, pay this sum back to CENSA—a reintroduction of the levy abandoned in 1978 in Paris.

The Foundation of the European Academy of Anaesthesiology, 1978

On 12 March 1977, delegates and observers from societies in Austria, Belgium, Finland, France, Germany, Greece, Ireland, Italy, the Netherlands, Norway, Poland, Spain, Switzerland, Turkey, the United Kingdom, and the former Yugoslavia gathered in Paris to officially establish the goals of the Academy. After a few meetings, the ball got rolling, and the Academy was founded during its first general assembly in Paris on 5 September 1978. Delegates from 22 countries attended and elected the Academy's first senate, while four more national societies sent observers.

The EAA was founded to address the challenges arising from the introduction of medical directives that permit the free movement of doctors within the European Community. Intended as a scientific forum for anaesthesiologists throughout Europe, the Academy was a non-profit, non-governmental organisation registered in France as a foreign association with its seat in Paris, helmed by an executive committee elected by a senate [5].

Membership was restricted to European anaesthetists and scientists, and nomination and supporting references were required based on their personal and professional standing. The initial members were tied to academic institutions, so the EAA was viewed as a closed organisation. Still, the membership process shifted, and it became possible for every specialist in anaesthesia in good standing to obtain full membership.

The European Academy of Anaesthesiology was founded in Paris in 1978.

Anaesthesiologists from outside Europe who were linked to European institutions and diplomates of the European diploma examination could obtain affiliate membership. And while most initial members were from Western European countries, anaesthesiologists from Eastern Europe soon started joining the EAA. In 1995, at the height of its popularity, the EAA counted nearly 750 members [5-8].

The next step for the EAA was establishing its own English-language journal, the EJA, in 1984. The journal was initially published every two months, but as the number of manuscripts submitted and acceptance grew, issues were published monthly from 1999 onwards [7].

In 1984, the EAA introduced the EDA as a multi-national, multi-lingual European post-graduate (end-of-training) exam, designed to identify well-trained anaesthesiologists from any European country. Adhering to the precedent set by the European Diploma in Radiology in 1979, the EAA's Senate established an exam that led to the award of a European Diploma in Anaesthesiology. This idea was put into practice by Prof. Dr John Zorab.

The two-part exam included a written multiple-choice exam consisting of two papers, one dealing with basic sciences and the other with clinical anaesthesia. Successful candidates progressed to take the oral Part II exam and could then apply for the European Diploma [6].

Another initiative of the EAA was the creation of a Hospital Recognition Programme intended to serve as a tool to define European standards for training requirements and research. The resulting hospital recognition committee was then tasked with assessing training departments that applied for the EAA Educational Recognition. Hospitals could submit a detailed form requesting a visit describing its clinical, educational, and scientific activities. The hospital visiting committee's final report was often used by departments to aid the faculty and hospital administration, noting where their anaesthesia department needed to make changes to meet expected standards (equipment, library, theoretical teaching, etc.). The UEMS endorsed the initiative as a preliminary step in harmonising European training standards [7].

40 years EDAIC 1984 - 2024

Four decades of delivering robust and standardised examination and certification systems — supporting the professional development of anaesthesiologists, continuously enhancing knowledge and assessments, and shaping the next generation of top-quality doctors in anaesthesiology and intensive care.

On its 40th anniversary, the EDAIC proudly welcomes 4,000 Part I candidates across 96 centres in 55 countries — a testament to its growing global impact.

European Society of Anaesthesiologists (ESA), 1993

In the early 1990s, two major societies organised international meetings in Europe: the EAA and the CENSA. The EAA held two or three small meetings annually, attended almost entirely by senior academic anaesthesiologists. European colleagues who were academically active at that time provided feedback about these meetings, saying there was little or no encouragement for presentations by young researchers and no attempt to educate clinical anaesthesiologists. The ERS of the WFSA organised a European congress every four years, which provided educational sessions. However, opportunities and encouragement for young researchers to present their findings were limited.

A gap was perceived related to the lack of an Anaesthesiology Society in Europe encompassing all aspects of anaesthesiology, which could provide, on an annual basis, continuous education of the highest standard within all these aspects of the specialty and also a challenging forum for the presentation of scientific work. To address these concerns, the decision to create the European Society of Anaesthesiologists was taken by some twenty anaesthesiologists from different countries within Europe after informal gatherings in Paris [9].

A Royal Decree officially launched the European Society of Anaesthesiologists on 10 April 1992, and the first congress was held in Brussels in 1993.

Created to provide continuous education and encourage and promote experimental and clinical research in the pursuit of scientific development, the Society had gained nearly 1,300 members from more than 30 countries by 1995.

A council presided over the management of the Society, which, in 1995, consisted of 16 officers elected by the Society's members [9]. The industry showed full support from the moment of the Society's launch. In its early years, the European Society of Anaesthesiologists' administration was run by a small secretariat at the Department of Anaesthesiology, Université Libre de Bruxelles, Brussels, Belgium. In 1998, the secretariat left the hospital premises at the request of the host institution, and in 1999, the ESA rented a small office in the Avenue de Tervuren in Brussels. At this point, the three secretarial staff worked without direct supervision, which led to the board of directors hiring a proper office manager who would be responsible for recruiting staff to organise the Annual Congress directly, instead of working with a third-party congress organiser.

A scientific journal was necessary to achieve the ESA's goals, either alone or jointly with another society or editorial board.

The European Academy of Anaesthesiology, founded in 1978, unites anaesthesiologists across Europe to address the challenges of medical mobility.

2.2. Challenges of a Fragmented Community

The two existing societies were not pleased with the founding of a new society for European anaesthesiologists. This led to several meetings between the founders of the future new society and officials of the EEA between 1989 and 1991. The EAA was convinced that the proposed European Society of Anaesthesiologists would not be successful, citing that European anaesthesiologists would not attend a congress held in the English language.

03

The amalgamation process: a pivotal moment

By the mid-1990s, three European international societies were competing to represent individual European anaesthesiologists. Although some attempts were made to cooperate on certain issues, the atmosphere remained competitive and tense.

3.1. Key negotiations and strategic decisions

To address this competition issue, a proposal for collaboration between the leadership of the ESA and EEA was made for a consensus statement combining the aims of the ESA and the EAA, forming a European Federation of Anaesthesiologists to oversee the combination of academic and educational meetings. The proposal would be presented to the EAA Senate and then to the Steering Committee of the ESA, and if approved, four representatives of both societies would meet to draft a proposal for the constitution of the European Federation of Anaesthesiologists. However, the proposal was swiftly rejected outright by the EAA Senate — relationships between the European Society of Anaesthesiologists and the EAA remained tense for many years [10].

It was not until an EAA meeting in Copenhagen in 1998 that a copy of the original rejected proposal for a European Federation of Anaesthesiologists

was unearthed, and consensus was found for a new attempt to amalgamate the three European anaesthesiology organisations. This discovery and the subsequent agreement to try again demonstrate the perseverance and determination of the stakeholders, inspiring us all in the face of challenges.

In October 1998, the EAA hosted a meeting in London to further discuss and develop this idea. Representatives from the EAA, the European Society of Anaesthesiologists, the CENSA, and the UEMS worked together on a proposal for a European Federation of Anaesthesiology, which would act as an umbrella organisation encompassing the ESA, the EAA, and the CENSA. The next proposal was for the EJA to become the approved journal of the three organisations, and the organisations decided it was necessary to determine a method for organising joint meetings. This collaborative spirit and shared vision for the future fostered a sense of unity and cooperation among the stakeholders.

The relationship between the ESA and the EAA improved thanks to the publication of the EAA logo on the Euroanaesthesia meetings programme, which began in 1999. In January 2000, the ESA began distributing the EJA to all its members. In April 2000, the abstracts of accepted papers at the Annual Meeting of the European Society of Anaesthesiologists were published for the first time as a Supplement to the EJA instead of the British Journal of Anaesthesia.

A true joint congress was discussed at a meeting in Budapest in August 1999 and confirmed for 2003 in the United Kingdom. To come to a decision, there would need to be an agreement between the Association of Anaesthetists of Great Britain and Ireland, who had been awarded the congress on behalf of the CENSA. The EJA became the official journal of the three organisations of the European Federation of Anaesthesiologists, and their logos were proudly placed on the front cover.

The formal establishment of the European Federation of Anaesthesiologists in January 2000 marked a significant milestone in the amalgamation process [11]. The 1991 proposal served as the foundation for this new federation, and the three parties agreed to work together towards the harmonisation of their activities, paving the way for a potential single European umbrella organisation in the future.

In 2002, there was hope for a collaborative meeting involving all three organisations in preparation for the upcoming joint meeting in the United Kingdom. This expectation was based on the precedent set by the 2002 meeting in Nice and the 2003 meeting in Glasgow, where similar collaboration had taken place.

The term Euroanaesthesia was applied to the Nice and Glasgow meetings and then became the official name for future congresses [4].

The European Federation of Anaesthesiologists' board meetings continued at regular intervals, and, step by step, a greater confidence in the process developed. At a meeting in London in January 2002, the European Federation of Anaesthesiologists agreed to make all necessary efforts to amalgamate the three organisations by 1 January 2005. The European Federation of Anaesthesiologists set up a task force with two representatives of the European Society of Anaesthesiologists, the EAA, and the CENSA to help ease the process.

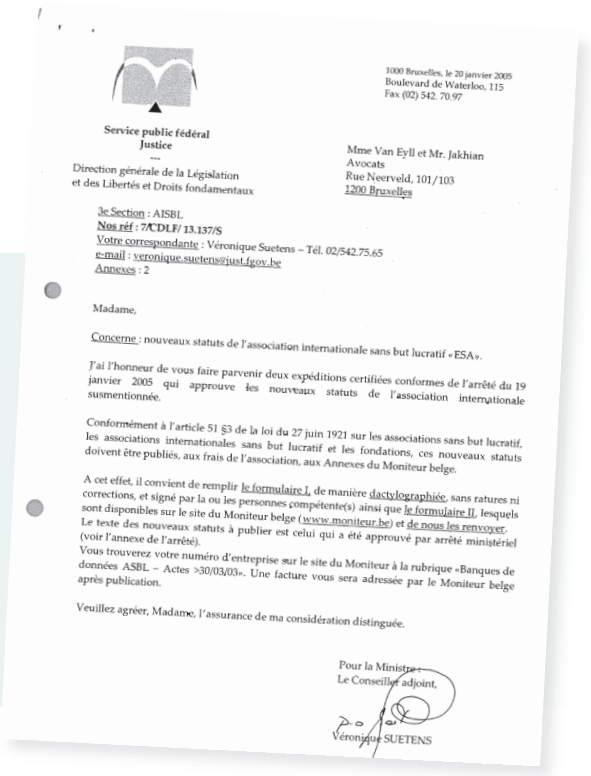
The amalgamation process was not an easy one — legal constraints and different interpretations of decisions by individuals and boards regularly caused tension between the European Federation of Anaesthesiologists and its different stakeholders [4].

One of the first contentious issues was the difference in structure between the principal bodies, the European Society of Anaesthesiologists, the EAA, and the CENSA. The first two had significant assets and personal membership in contrast to the CENSA, which was a confederation of societies. The CENSA withdrew from the immediate amalgamation discussions but still wanted to work together within the European Federation of Anaesthesiologists.

Over the next few years, prolonged negotiations finally led to an agreement. The EAA and the CENSA were dissolved in 2004, and all their functions — including the EJA, the EDA, and the representation of the different European national member societies within a separate board, the later NASC — were absorbed by the new European Society of Anaesthesiology (abbreviated as ESA). This resolution of the legal and structural issues brought a sense of relief and accomplishment to the stakeholders, marking a significant milestone in the amalgamation process.

3.2. The 2005 merger: establishing a stronger future.

A Royal Decree on 19 January 2005, officially launched the Society. Although the European Society of Anaesthesiologists was not formally dissolved, the new ESA cannot be considered a "continuation" of the former European Society of Anaesthesiologists. It was an entirely new society with another structure and different bylaws. This point is specifically addressed on p.6 of the amalgamation agreement, stating: *"The parties emphasise that this process does not reflect any absorption or take-over and is only justified by the above-mentioned reasons."*



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1000 Bruxelles, le 20 janvier 2005
Boulevard de Waterloo, 115
Fax (02) 542. 70.97

Mme Van Eyll et Mr. Jakhian
Avocats
Rue Neerveld, 101/103
1200 Bruxelles

3e Section : AISBL
Nos réf : 7ÆDLF/ 13.137/S
Votre correspondante : Véronique Suetens – Tél. 02/542.75.65
e-mail : veronique.suetens@just.fgov.be
Annexes : 2

Madame,

Concerne : nouveaux statuts de l'association internationale sans but lucratif «ESA».

J'ai l'honneur de vous faire parvenir deux expéditions certifiées conformes de l'arrêté du 19 janvier 2005 qui approuve les nouveaux statuts de l'association internationale susmentionnée.

Conformément à l'article 51 §3 de la loi du 27 juin 1921 sur les associations sans but lucratif, les associations internationales sans but lucratif et les fondations, ces nouveaux statuts doivent être publiés, aux frais de l'association, aux Annexes du Moniteur belge.

A cet effet, il convient de remplir le formulaire I, de manière dactylographiée, sans ratures ni corrections, et signé par la ou les personnes compétente(s) ainsi que le formulaire II, lesquels sont disponibles sur le site du Moniteur belge (www.moniteur.be) et de nous les renvoyer.
Le texte des nouveaux statuts à publier est celui qui a été approuvé par arrêté ministériel (voir l'annexe de l'arrêté).
Vous trouverez votre numéro d'entreprise sur le site du Moniteur à la rubrique «Banques de données ASBL – Actes >30/03/03». Une facture vous sera adressée par le Moniteur belge après publication.

Veuillez agréer, Madame, l'assurance de ma considération distinguée.

Pour la Ministre :
Le Conseiller adjoint,

Véronique SUETENS

Figure 3: A copy of the Royal Decree on 19 January 2005, officially launched the Society

04

The birth and growth of the European Society of Anaesthesiology

4.1. Defining a common vision

1 January 2005, marked the establishment of the new ESA, and the following year, at Euroanaesthesia 2006 in Madrid, the future strategic vision and mission for the Society were established. The objectives presented to the general assembly included: sustaining and enhancing the safety, efficacy and quality of care for patients; promoting and protecting the interests of members; exchanging and disseminating information of interest; and creating an impact on the field of anaesthesiology, critical care, emergency medicine, and pain medicine. The Society also aimed to encourage education, research, and scientific progress by raising and harmonising the standards of anaesthesiology.

In the following years, the leadership and staff at the headquarters strived to address these objectives and ensure ESA's membership was beneficial for anaesthesiologists both in Europe and worldwide.

4.2. Structural evolution and governance

The amalgamation embedded certain aspects of the old organisations in the ESA structure. The European Society of Anaesthesiologists and the EAA were member societies, whereas the CENSA was a society of national societies. The structure resulted in the incorporation of two different governing bodies: the Council, with one representative per country, and the NASC, with one representative per national society member, preferably the president of the national society. While each Council member has only one vote, independent of the number of ESA members in that country, the NASC features a weighted vote system, meaning the number of votes depends on the number of members of that national society.

The governing body of the ESA was the Board of Directors, which the Council members elected and initially consisted of four officers: the President, the Past-President or the President-Elect, the Secretary, and the Treasurer. There were also three non-officers and the NASC representative. From 2012 on, the chair of the Scientific Committee (SC) and the EBA president were allowed to attend the Board meetings ex officio without voting rights, and from 2014 on, the chair of the SC held voting rights. Since 2022, following the changes of the bylaws with the adoption of the name change to ESAIC, the chairs of the Education and Training Committee (EdTC), the Examination Committee (EC, and the Research Committee (RC)) were added to the Board of Directors with voting rights.

Over the years, the Society's scope of activities expanded significantly, making the ESA a successful Society representative of the European anaesthesiology community. You will find a more detailed report of these different activities discussed later.

05

The birth and growth of the European Society of Anaesthesiology

5.1. From ESA to ESAIC: broadening the scope

Back in 2013, there was a call to emphasise the role and position of ESA in the field of intensive care medicine by adding "Intensive Care" to its name. However, the Board of Directors and Council could not reach a consensus. Only in 2019, after long discussions with all stakeholders, would this aspect become visible in its name (Figure 4).

On 1 October 2020, the ESA officially became the ESAIC. The valuable role of the anaesthesiologist in treating critically ill patients had only recently been underscored during the COVID-19 pandemic, where anaesthesiologists provided most of the medical care in temporary COVID-19 ICUs [12]. The ESA had a proven record of intensive care medicine as a part of its activities, education, examination, and research, and now could play an important role in highlighting intensive care medicine as an integral skill of anaesthesiologists, many of whom are actively involved in intensive care unit work in their daily clinical practice.

From right to left: first row: Prof. Dr Kai Zacharowski (past-president), Dr Orit Nahtomi Shick (treasurer), Prof. Dr Idit Matot (chair SC), Prof. Dr Stefan De Hert (chair EdTC); second row: Dr Bazil Ataleanu (chair EC), Prof. Olegs Sabelikovs (EBA president), Prof. Else-Marie Ringvold (non-officer); Prof. Dr Radmilo Jankovic (secretary), Prof. Dr Edoardo De Robertis (president); third row: Prof. Dr Alexander Zarbock (chair RC), Prof. Dr Luca Brazzi (non-officer), Mrs Cathy Weynants (CEO), Dr Francisco José Palma Maio De Matos (non-officer).

Figure 4: ESAIC Board of Directors at the first Euroanaesthesia after the name change and the COVID-19 pandemic in Milan 2022

5.2. Strengthening global influence

The ESAIC's mission is to be the leading European organisation for members and national societies for anaesthesia, intensive care, pain, and perioperative medicine. The ESAIC implements the Helsinki Declaration, leads patient safety projects, and promotes and provides high-quality training and education, endorsed by a robust and uniform system of examination and certification, the EDAIC. The Society is also actively developing research projects through its CTN and the A-CRO activities, in addition to promoting the role of anaesthesiologists in perioperative medicine with institutional stakeholders.

The Society's policy is to promote continual improvement and set quality objectives in accordance with the framework laid down in the ISO 9001:2015 Standard.

The Society's policy is to promote continual improvement and set quality objectives in accordance with the framework laid down in the ISO 9001:2015 Standard.

As with many other scientific societies, the Society's activities were severely impacted by the COVID-19 pandemic. The ESAIC's last live event was the ESAIC Patient Safety Summit, hosted in the European Parliament on 3 March 2020. Initially planned as a two-day symposium where key opinion leaders, executives, patient representatives, and members of the European Parliament would discuss perioperative patient safety issues, it had to be reorganised as a one-day event due to the closure of the European Parliament that began on 4 March 2020. This kickstarted nearly three years of online events and meetings. While business meetings were held online, Euroanaesthesia and the Focus meetings were postponed and finally turned into an online format, along with all educational activities. By 2022, face-to-face meetings and live events were once again permitted. Still, videoconferencing and online formats for educational events were proven effective, so ESAIC continued implementing these tools in their activities [13].

06

Committees and strategic initiatives: driving progress

The ESA(IC) has developed and expanded various successful projects under the coordination of different ESA/ESAIC committees, including the Scientific Committee, Examination Committee, Euroanaesthesia, and others, expanded upon below.

Figure 5: Opening Ceremony at Euroanaesthesia 2019 in Vienna, where then ESA President, Prof. Dr Stefan De Hert, presents the Board of Directors' strategic projects on gender equity and sustainability.

While the ESA has always paid attention to inclusivity, it was only in 2018 that the ESA BoD, at the initiative of the then President, Prof. Dr Stefan De Hert, decided to work on an active strategy for gender diversity and inclusivity in all ESA bodies. Currently, gender equity is actively implemented in the ESAIC structures and governance bodies.

6.1. Scientific committee – leading research and innovation

The Scientific Committee (SC) is responsible for determining the scientific program of the ESAIC scientific meetings, assessing abstracts submitted for presentation at the Euroanaesthesia Congress, and coordinating the Best Abstract Prize Competition. The committee also determines the Scientific Programme for ESAIC panels held at other societies' scientific meetings; organises Clinical Masterclasses or other scientific events/initiatives; establishes the content of educational events on clinical and

scientific topics such as webinars, podcasts, e-learning modules, etc; and performs other duties determined by the Board of Directors.

Initially called the Scientific Program Committee (SPC), it was solely responsible for organising the ESA scientific meetings' programs. However, over time, the committee's responsibilities extended beyond the mere organisation of these meetings, leading to its rebranding as the SC in 2011.

Euroanaesthesia

The former European Society of Anaesthesiol-ogists yearly conference, which debuted 12–16 May 1993 in Brussels, continues today as Euroanaesthesia. The Society's SC is respon-sible for the scientific program and contin-ued its activities within the new ESA after the amalgamation.

Over the years, the number of attendees varied between 5,000 and almost 7,000 (Figure 6). Euroanaesthesia 2020 and 2021 were converted into virtual meetings during the pandemic, and in 2022, the meeting was organised as a hybrid event.

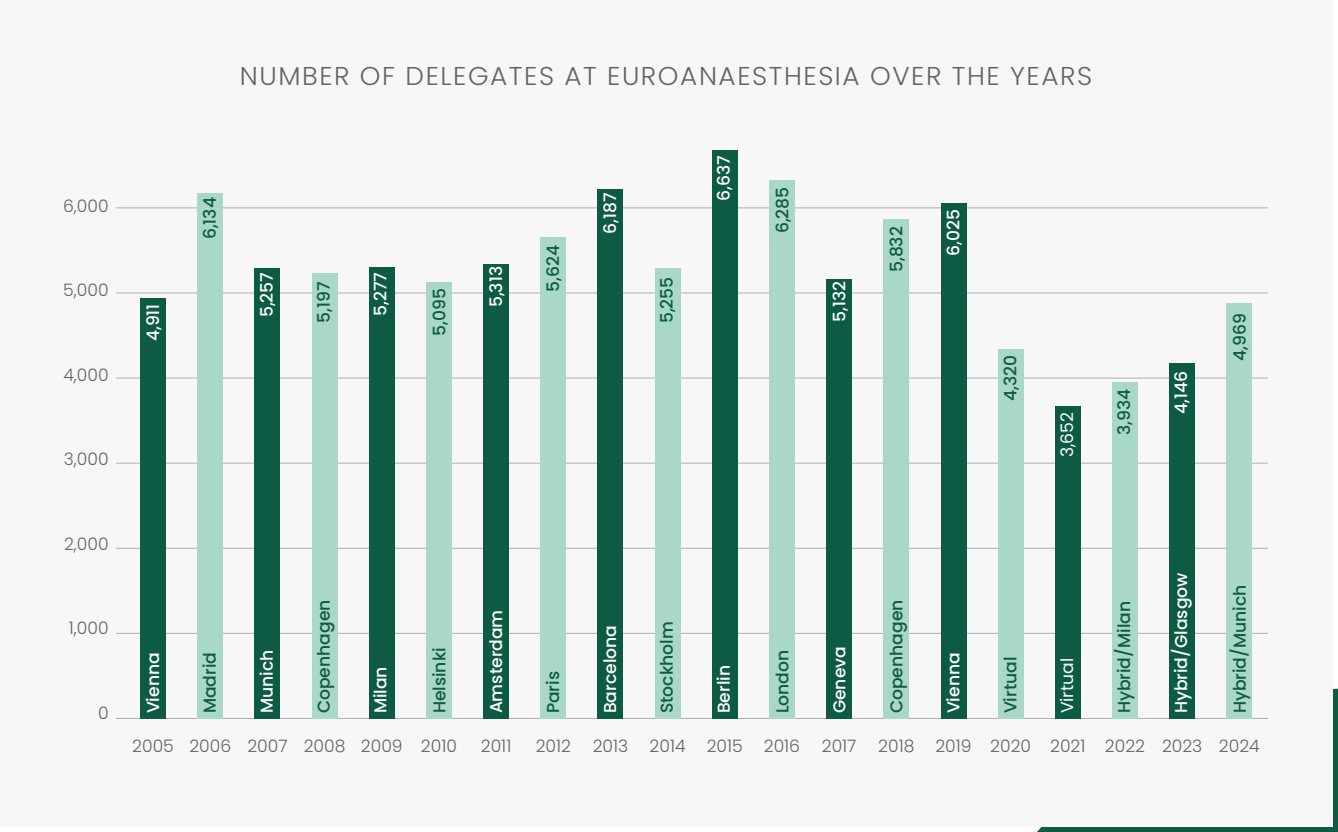


Figure 6: Number of delegates at Euroanaesthesia from 2005 until 2024

Focus Meetings

Apart from Euroanaesthesia, ESA frequently attended various annual meetings of its member societies with an ESA session. However, it became clear that ESA needed to organise a smaller-scale annual meeting in addition to Euroanaesthesia.

The first Focus meeting was organised in Budapest on 5 and 6 November 2010. Venues in Eastern Europe were initially chosen, but later, various cities throughout Europe acted as hosts. The ESA Autumn Meetings addressed several topics when they first began. Still, they soon started to centre on a specific topic of interest, and they were rebranded as Focus Meetings on Perioperative Anaesthesia.

Figure 7 displays the number of attendees at Focus meetings since 2010 (COVID prevented the events from taking place in 2020 and 2021). The live Focus meeting 2022 was held again in Barcelona, but due to the increased costs, the 2023 Focus meeting was converted into an online event.

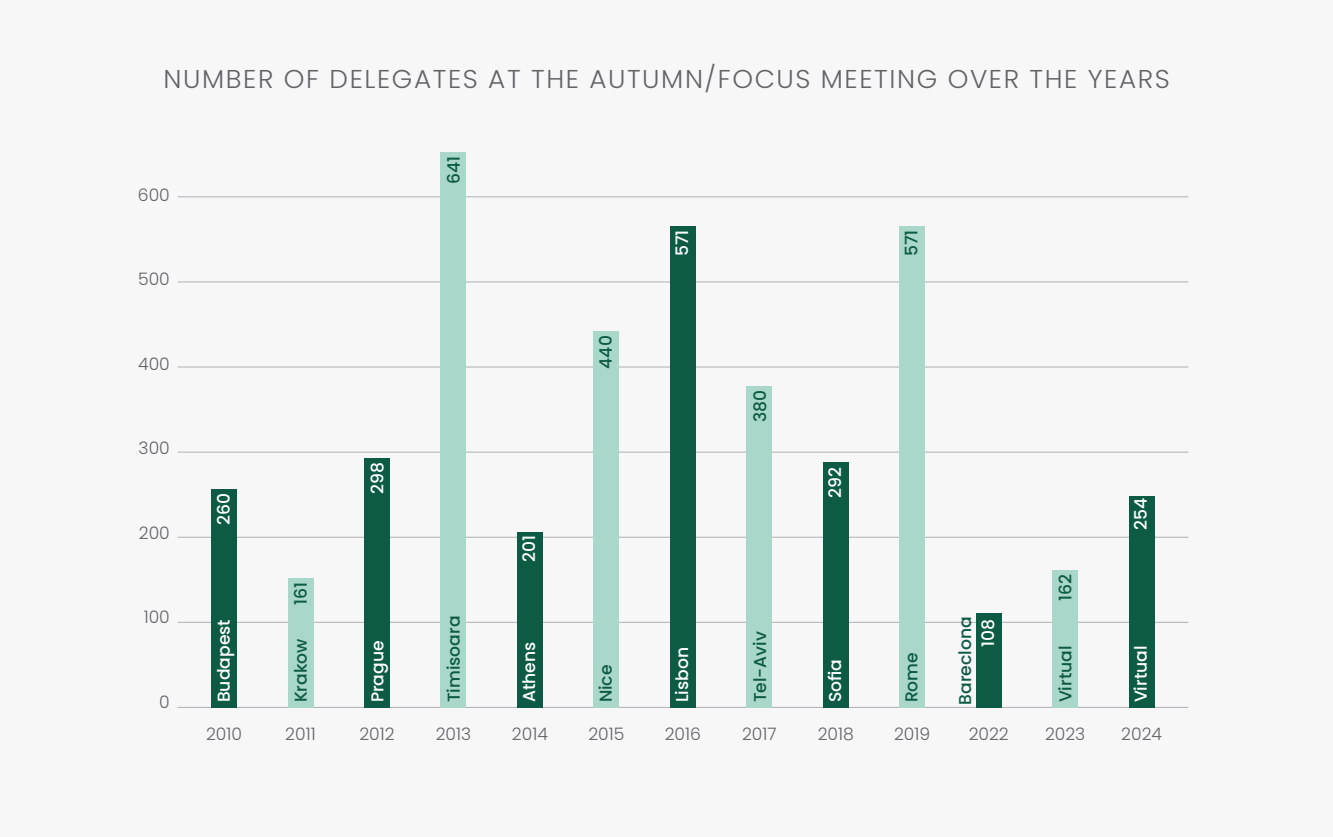


Figure 7: Number of delegates at the Autumn/Focus Meeting from 2010 until 2024

6.2. Education and Training Committee

A scientific society provides educational and training strategies, and ESA wanted to propose a high-quality educational offer for its members in the fields of anaesthesia, intensive care medicine, emergency medicine and pain management in Europe. While several boards and educational coordinators made dedicated efforts over the years, the Society has been on an ongoing journey toward shaping a clear and cohesive educational and training strategy.

It was only in 2021 that the ESAIC EdTC started delivering an educational strategy with a well-developed and structured high-quality educational program to ESAIC members throughout the year. The **ESAIC Academy website** was fully redesigned, transforming it from a static archive of past educational content into a modern, user-friendly platform providing easy access to recent and up-to-date educational resources.

The EdTC is comprised of the committee's chair, the committee's past-chair (for one year), and the chairpersons of the different ESAIC committees (the e-Learning Committee, the Simulation Committee, the CEEA, the EPC, the TtTC, and the TC) [15, 16] involved in education and training activities. Each committee focuses on specific educational and training projects and offers tailored activities to members.

6.3. Examination Committee

The EC (appointments are up to a maximum of eight years) supervises, coordinates, and advises on the organisation of the EDAIC, in addition to maintaining and improving the standard of the examination. The EDAIC — endorsed by the EBA and the CESMA — is a multilingual, end-of-training, two-part exam covering the relevant basic sciences and clinical subjects appropriate for a specialist anaesthesiologist. All of the questions were created to match the domains set by the UEMS in their syllabus for the Anaesthetic and Intensive Care training. Initially called the EDA, the exam name changed to EDAIC in 2012 to better reflect that both anaesthesiology and intensive care medicine topics are addressed in the exam [14].

The ESAIC offers several supporting tools to help candidates prepare for the EDAIC Part I and Part II Exams.

6.4. Research and Clinical Trials – advancing evidence-based practice

The Research Committee (RC) coordinates the ESAIC's research activities, including CTN, the A-CRO activity, and the yearly grants and awards. The RC also supports several international research groups, which can be found in detail on **the dedicated site**.

Clinical Trial Network (CTN)

The role of the Clinical Trial Network (CTN) is to provide an infrastructure for institutions, clinicians, and scientists, facilitating collaboration across international borders to improve the care of patients in the field of Anaesthesiology, Intensive Care, Peri-Operative Medicine, Emergency Medicine, and Pain Medicine. International networks across the globe have demonstrated the advantages of collaboration when it comes to addressing and answering clinically relevant research questions. Long-term, successful collaborative relationships within research, education and clinical practice require dedicated resources and infrastructure, ensuring access to the entire clinical community.

To date, the results of **12 ESAIC CTN studies** have been published in high-impact journals, and several have resulted in the analysis of subsidies, published regularly. You can find a list of the main publications at the end of the monograph.

Academic Clinical Research Organisation (A-CRO), 2015

After internal discussions of potential conflicts of interest, the Academic Clinical Research Organisation (A-CRO) debuted, and currently, the Phoenics and Tethys trials are finalised. Since the ESAIC is the largest professional community of anaesthesiologists in Europe, its network of anaesthesiologists, hospitals, national societies, and partnering institutions across Europe makes the Society an attractive option for partners looking to bridge the gap within their studies and cross international borders.

The Mentorship Program

The RC runs a mentorship programme to promote the professional development of young researchers and established investigators. A mentee can gain a personal relationship and receive individual support through this one-on-one mentoring. The programme is intended to act as a platform for professional exchange and mutual learning, as well as preserve and transfer accumulated professional knowledge within the anaesthesia and intensive care community, support individual academic anaesthesiologists in achieving their potential as researchers, and contribute to the ESAIC mission to connect anaesthesiologists in the field of research in anaesthesia, intensive care, perioperative medicine, emergency medicine, and pain with senior experts (mentors).

Small-Group Masterclasses

Recognised experts lead small-group Masterclasses, ranging from 20 to 30 people, for anaesthesiologists interested in gaining scientific skills or refreshing knowledge on specific topics, such as conducting research, scientific writing, statistics, or design and analysis of clinical studies.

Lectures are divided into group discussions and small-group workshops of four to five people. These courses are open to all ESAIC members who speak and write English fluently.

6.5. Patient Safety and Quality – commitment to excellence in care

The ESAIC has a strong core vision for its contribution toward Patient Safety — to be free from preventable patient harm. The ESAIC PSQC strives to accomplish this vision as a dynamic international leader in Patient Safety and Quality for anaesthesia, perioperative medicine, intensive care medicine, critical emergency medicine, and pain medicine.

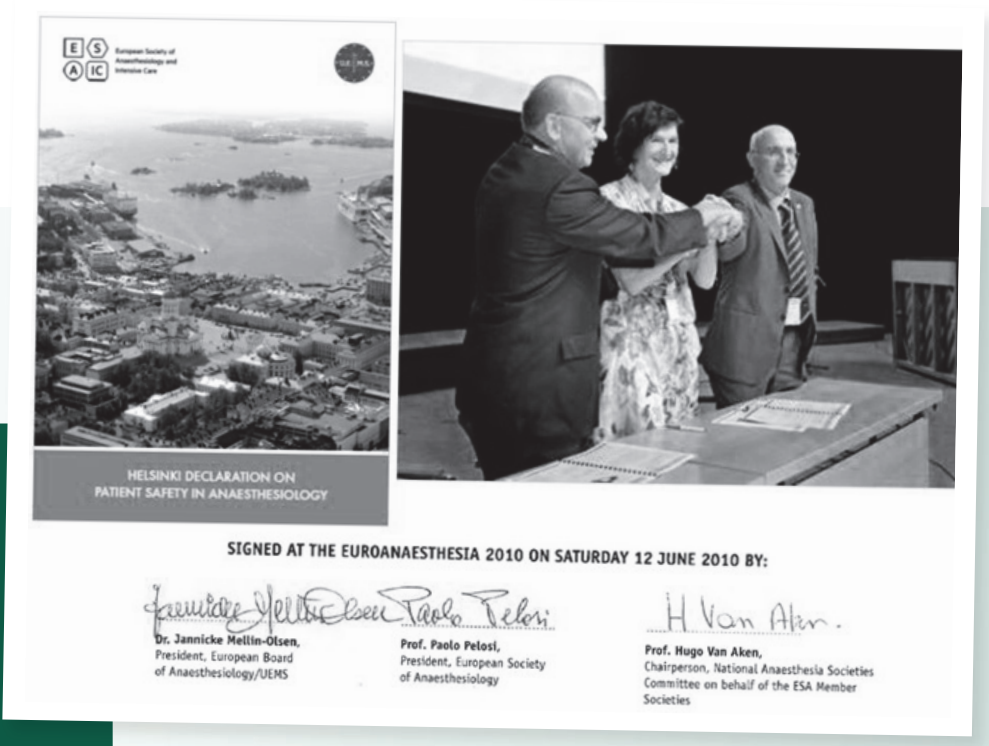


Figure 8: Signing of the Helsinki Declaration on Patient Safety in Anaesthesiology.

From right to left: Prof. Dr Paolo Pelosi (President ESA), Dr Jannicke Mellin-Olsen (President EBA), and Prof. Dr Hugo Van Aken (NASC chair).

Masterclasses offer a broad range of safety and quality topics while allowing attendees to tailor their learning to specific areas of interest

By fostering research in endeavours like the Helsinki Declaration Follow-Up project, disseminating the latest knowledge and Patient Safety strategies through its Masterclasses and workshops, advocating through leading the European Patient Safety Summit in 2020, and collaborating and networking with other societies, the PSQC fulfils the ESAIC's goal to improve perioperative patient outcomes in Europe and across the world. The PSQC also developed the **patient safety starter kit**, a comprehensive program for disseminating patient safety tools.

The Helsinki Declaration

Together with the EBA, the ESA designed a blueprint for patient safety in anaesthesiology called the Helsinki Declaration on Patient Safety in Anaesthesiology. The document was endorsed by these two bodies along with the WHO, the WFSA, and the European Patients' Federation at the Euroanaesthesia meeting in Helsinki in June 2010 (Figure 8).

The Declaration outlines practical steps that anaesthesiologists can include in their clinical practice [17–19] and has now been signed by approximately three-quarters of national societies worldwide. Yet, despite the widespread endorsement of the Declaration's principles and the ESAIC's promotional activities, its usage and influence in practice remain uncertain. To address this gap, the ESAIC's PSQC launched a project designed to assess, understand and improve the translation of the Declaration's principles and requirements into clinical practice. The ESAIC commissioned Prof. Dr Andrew Smith and his team (The Lancaster Patient Safety Research Unit) to undertake a three-phase investigation (details available **here**). The third phase of the investigation has been finalised, and preliminary results of the Helsinki Declaration Follow-Up Project were published, coinciding with the tenth anniversary of the Helsinki Declaration [20].

Masterclasses in Patient Safety and Quality

The PSQC also organises the Patient Safety and Quality Masterclasses—advanced scientific workshops focused on the principles and practice of patient safety, clinical risk management, and quality of care. These intensive 2½-day sessions are designed to maximise participant interaction through small-group learning and highly participatory formats. With a diverse and experienced faculty, the Masterclasses offer a broad range of safety and quality topics while allowing attendees to tailor their learning to specific areas of interest within their clinical settings.

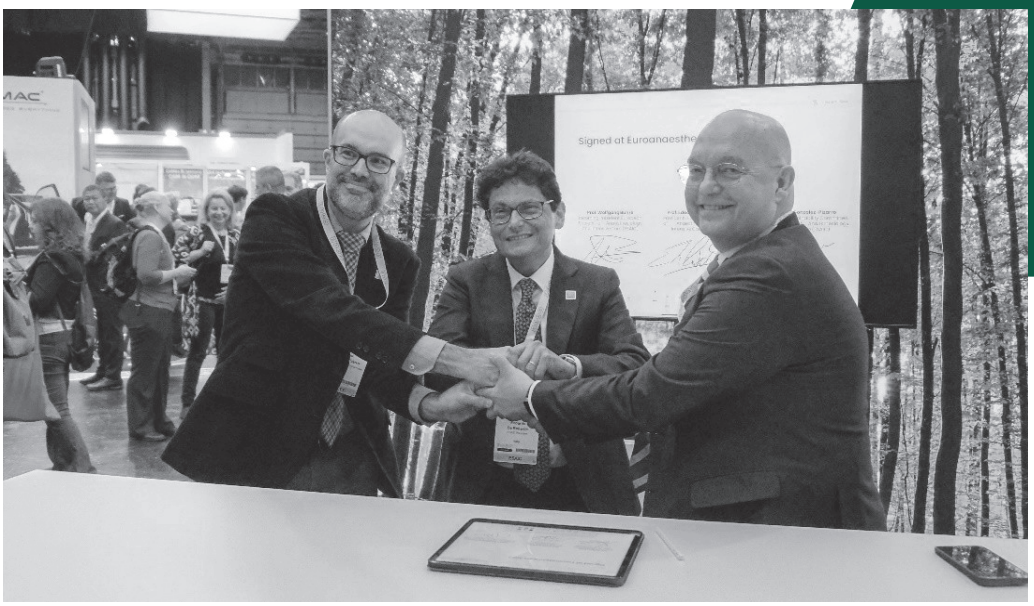
6.6. Guidelines Committee

Guidelines were first established in 2007, and the following year, the ESA/ESAIC created a dedicated Guidelines Committee. The goal is to establish a European guideline to be used by individual ESAIC members and thereby adopted and modified by national anaesthesiology societies for their own use. It is also a useful tool for the harmonisation of clinical management of anaesthesiology, perioperative medicine and related clinical areas throughout Europe, which ultimately leads to the improvement of standards of care throughout Europe.

The ESAIC guidelines are published in the EJA, and 28 guidelines have appeared up to the present moment. Eight are ongoing, and there is a yearly call for two new guidelines. A full list of the ESAC published Guidelines can be found **here**.

6.7. Sustainability and environmental responsibility

Identifying sustainability and climate change as key strategic issues, the ESAIC established a dedicated committee in 2018 to advocate for increased environmental consciousness in practices and the facilities impacting anaesthesiologists. For example, physician anaesthesiologists can lead by improving operating room design, anaesthetic agent choice and management, and waste disposal and diversion, thereby reducing the negative environmental effect of anaesthetic practice in a variety of forms and making the practice more sustainable.



From right to left: Prof. Dr Wolfgang Buhre (ESAIC President-elect ESAIC), Prof. Dr Edoardo De Robertis (ESAIC President), and Dr. Patricio Gonzalez-Pizarro (Chair of the Sustainability Committee).

Figure 9: Signing of the Glasgow Declaration on Sustainability in Anaesthesiology and Intensive Care

The committee focuses on three core areas:

1. The impact of anaesthesia/critical care/perioperative medicine on the environment;
2. Climate change's impact on the speciality and professionalism (professional issues and prevention, behaviour, quality of life).

Throughout the year, the committee works in liaison with the ESAIC Headquarters in Brussels to promote sustainability and well-being at work and highlight its importance while producing educational products for dissemination, providing and improving knowledge and skills, and shifting the mindset in the field of anaesthesiology and intensive care when it comes to new methods, techniques, and content relevant to the promotion of sustainability and well-being.

The ESAIC Glasgow Declaration on Sustainability in Anaesthesiology and Intensive Care

The **Glasgow Declaration on Sustainability in Anaesthesiology and Intensive Care** was signed at Euroanaesthesia in Glasgow in 2023, showcasing the role the Society holds when it comes to identifying and tackling the environmental and climate issues of the profession [21] (Figure 10).

Together with EBA, ESAIC is also tackling the problem of professionals' fatigue and its impact on patient safety, working to find and implement sustainable solutions for the well-being of practitioners [22].

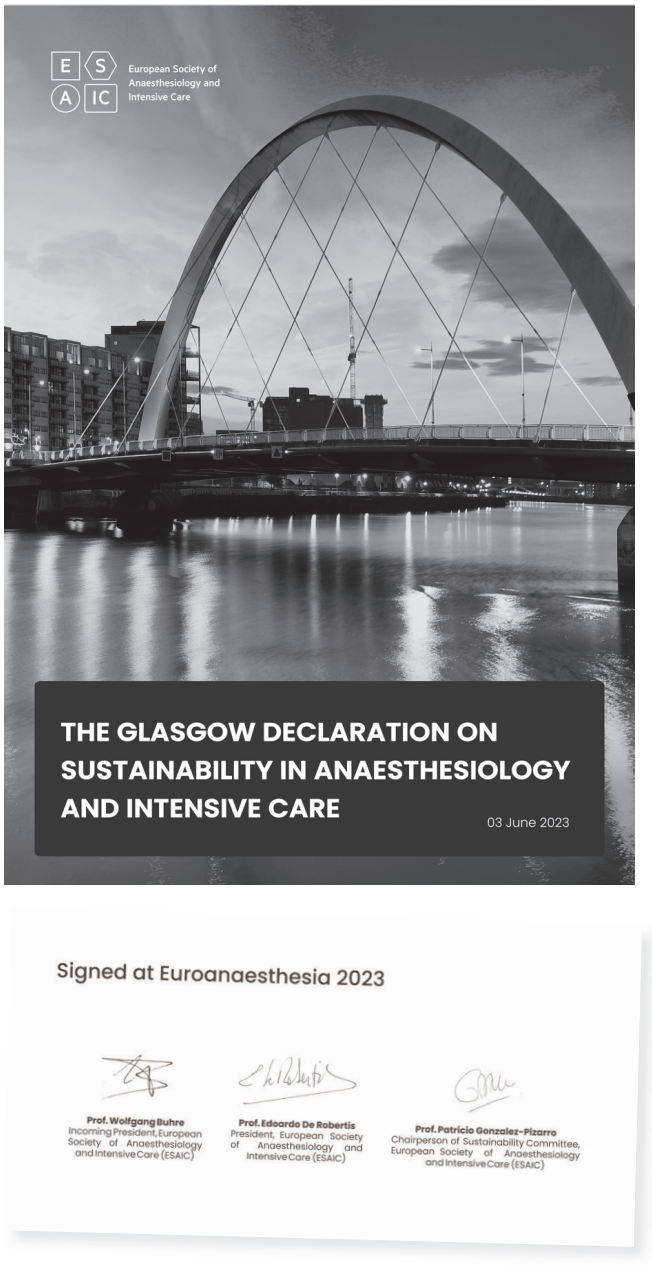


Figure 10: The ESAIC Glasgow Declaration on Sustainability in Anaesthesiology and Intensive Care

Fellowship of the Society of Anaesthesiology and Intensive Care Medicine

It is a prestigious honour to become FESAIC™, one awarded to healthcare professionals who have made a significant contribution to anaesthesiology and intensive care. Being a FESAIC showcases an outstanding level of service to the Society and patients—from Congress and research to education and advocacy—and the FESAIC title is recognised throughout the anaesthesiology and intensive care community as a symbol of excellence. Being a FESAIC means that you belong to a dedicated group of professionals who demonstrate integrity and excellence in patient care.

Pictured - not order of appearance: Prof. Luca Brazzi, Dr Tom Van Zundert, Prof. Christian Weber, Dr Karine Becke-Jakob, Prof. Basak Ceyda Meço, Prof. Vojislava Neskovic, Dr Daniel R. Da S. Alves, Prof. Özlem Korkmaz Dilmen, Dr Emma Pontén, Dr Andrea Kollmann, Dr Mario Zerafa, Dr Ashish Anil Bartakke, Dr Nicolas Brogly

Figure 11: Picture taken from the Award Ceremony of Fellowship at Euroanaesthesia 2023, Glasgow, Scotland.

07

Publications and Communications

7.1. The European Journal of Anaesthesiology (EJA)

One of the most highly respected and influential publications in its field, the EAA's English-language journal, the EJA (European Journal of Anaesthesiology), counts more than 40 years of publication history. Initially published bimonthly by Blackwell Scientific Publications, the ever-increasing number of manuscripts submitted and accepted morphed the publication into a monthly issue starting in 1999 [5]. Following the name change and the need to focus more on intensive care medicine, a second platform, the open-access online journal EJAIC, was created in 2022.

7.2. The ESAIC Newsletter: Connecting the community

When the ESAIC Newsletter was launched, it served as the sole means of communication with the Society's members and was intended to strengthen the links as a professional society. What began as four issues per year (spring, summer, autumn, winter) has grown to a bimonthly contribution both in print and online. Today, the newsletter is used to disseminate the ongoing work of members, the various committees, the Board of Directors, and the entire anaesthesiology community.

The European Journal of Anaesthesiology (EJA) is the official journal of ESAIC. For over 40 years, the journal has published original research, review articles, case reports, and editorials on all aspects of anaesthesiology and intensive care medicine.

›› Access here the 40 best EJA articles published over the last four decades

Notes

Looking forward: Charting the next chapter of the Society

As it marks its 20th anniversary, the European Society of Anaesthesiology and Intensive Care stands as a resilient, forward-thinking organisation dedicated to advancing perioperative medicine across Europe and beyond. Over two decades, ESAIC has evolved into a trusted partner for thousands of professionals, supporting their growth through education, certification, research, and collaborative networks.

Membership continues to grow steadily, with a 10% increase in 2024. More than 75% of ESAIC members are early- to mid-career professionals aged between 25 and 50—individuals who turn to ESAIC to support their development, stay informed, and connect with a broader community. Through a rich offering of webinars, podcasts, learning tools, congresses, and research programmes, ESAIC helps its members remain at the forefront of clinical practice.

Education remains a core pillar, with record participation in 2024 across various formats: podcasts, webinars, TryMe quizzes, and simulation workshops. Since its launch in 2017, the ESAIC Academy has seen nearly 60,000 views per annum, while the Train-the-Trainer course sold out in less than a day. New learning formats and smart content navigation tools are being introduced to enhance the digital experience, while ESAIC's committees continue to support face-to-face training, international exchanges, and structured curricula.

Euroanaesthesia, ESAIC's flagship congress, has become a leading global forum for scientific exchange and innovation. As ESAIC looks to the future, it aims to keep evolving this event into a more interactive, inclusive, and hybrid experience while also expanding regional scientific events like the Focus Meeting to reach new audiences through national partnerships.

The EDAIC, now in its 40th year, remains a gold standard in clinical assessment. In 2024, the exam attracted over 4,000 Part I candidates and over 1,500 for Part II. Alongside the (H) OLA exam, ESAIC's certification framework continues to grow in recognition and impact, helping to harmonise standards and support career progression.

ESAIC's research infrastructure is equally robust. Large multi-centre trials such as SQUEEZE, ARCTIC-I, MOPED, and ENCORE are nearing completion, while new projects continue to expand. The Society's grant programme is secured until 2027, and the Mentorship Programme continues to support early-career researchers. In parallel, the Guidelines Committee published 18 documents in 2024 and is leading the professionalisation of methodology through strategic collaborations and the adoption of advanced development tools.

Patient safety and sustainability are increasingly central to ESAIC's mission. The rebranded Patient Safety Ambassador programme is now being rolled out across Europe, supported by national societies and enhanced training materials. The updated Helsinki Declaration will be signed at Euroanaesthesia 2025, reinforcing ESAIC's leadership in this field. On the environmental side, the Glasgow Declaration continues to guide green practices in perioperative care, while ESAIC also takes action to reduce its digital footprint and integrate sustainability across operations.

Together, these developments reflect a Society that is celebrating its history and actively shaping the future of anaesthesiology and intensive care—by empowering professionals, advancing science, and driving meaningful improvements in patient outcomes.

Appendix
ESAIC Headquarters

A Historical Perspective

Centrally located in the oldest part of Brussels, between the cathedral and the Place des Martyrs (Martelarenplein), the headquarters of the European Society of Anaesthesiology and Intensive Care sits on Rue des Comédiens (Komediantenstraat) 24. It is close to the Grande Place (Grote Markt), surrounded by beautiful buildings dating back from the 14th and 15th centuries (Figure 12).

The Evolution of the ESAIC Headquarter Building Story at the *Rue des Comédiens 24*

The city's archives first mention this building in a building permit file dated on 26 February 1831. The former owner, Baron de Brou, wanted to transform his family's 17th-century home into a small apartment building. A fourth floor replaced the Gothic-style attic decorated with a stepped gable, transforming the picturesque, Flemish-inspired façade into a functional classicism style.

Two generations later, the building was demolished to the ground and replaced in 1898 by a more modern structure, whose façade still stands today (Figure 13). Belgian architect Albert Dumont (1853 – 1920) designed the new building, modifying part in 1910 at the new owner's wishes.

Figure 12: ESA(IC) headquarters building in its derelict condition in 1998

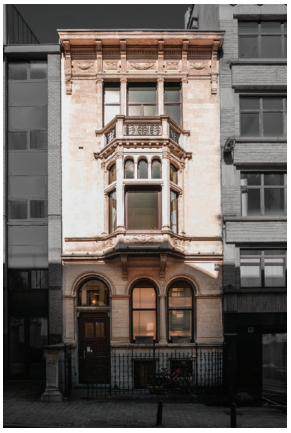


Figure 13: The ESA(IC) headquarters building in its current form following multiple reconstructions (photo taken in 2025)

Figure 14: Details of the sculptures under the roof of the building

When the former ESA acquired the building in 2001, it was derelict — nothing but an empty shell. It was stripped of everything of value – even basic building materials. When the last tenant vacated in 1989, the owner lost interest in the property, leaving the building vulnerable to vandalism, theft, and destruction by natural elements like rain. The Brussels regional government stepped in to protect the building from further decay, classifying it as a historical

Figure 15: Views of the interior of the building following the renovation in 2004

Figure 16: The garden of the building after the renovation in 2004

monument in April 1994. Despite this protected state, the building continued to be neglected, and its status as a "protected building" carried the inherent risk of deterring potential investors from purchasing the property (the protection status requires the building to be reshaped according to the original plans). To tackle the latter concern, the building was included in the list of "buildings in danger" and placed under the umbrella of the "Cellule de Veille du Patrimoine" (heritage watch unit), a regional governmental body responsible for supporting the restoration of buildings and monuments. Given the new status, investors could benefit from the content and financial support of the heritage watch unit and the regional government.

The heritage watch unit sifted through a series of proposals, selecting a project from the former ESA for the property located at the Rue des Comédiens 24. Following the purchase, ESA was further supported by this governmental body in the preparation of files, negotiations for financing, and contacts with the different public authorities. Brussels architect Nicolas Creplet was behind the entire project, with restoration assistance from Patrick Allaer and Philippe Piéreuse, both agents of the "Direction des Monuments et des Sites" (direction of monuments and sites) [22]. The restoration was finalised at the beginning of 2004 (Figure 15) and included a completely reshaped garden (Figure 16).

A centre for innovation and progress

In 2018, ESA commenced reconstruction work to convert the apartment on the upper level of the building into offices and a large meeting room equipped with dedicated videoconferencing equipment. The final touch: converting the basement into a canteen and meeting room that connects with the rest of the building.

Appendix
Clinical Trial Network (CTN) Projects

Published trials

EuSOS

The European Surgical Outcomes Study is an international seven-day study of standards of care and clinical outcomes after non-cardiac surgery.

The Lancet 2012; 380: 1059-1065

PERISCOPE

Prospective Evaluation of a RIsk Score for post-operative pulmonary COmPlications in Europe.

Anesthesiology 2014; 121: 219-231

PROVHILO

Protective Ventilation During General Anaesthesia for Open Abdominal Surgery – a Randomized Controlled Trial.

The Lancet 2014; 384: 495-503

euCPSP PAIN-OUT

euCPSP PAIN-OUT: European observational study on Chronic Post-Surgical Pain.

Eur J Anaesthesiol 2015; 32: 725-734

ETPOS

European Transfusion Practice and Outcome Study: a multi-central evaluation of standard of transfusion care and clinical outcome for elective surgical patients.

British Journal of Anaesthesia 2016; 116: 255-261

APRICOT

Anaesthesia PRactice In Children Observational Trial: European prospective multicenter observational study: Epidemiology of severe critical events.

Lancet Respir Med 2017; 5: 412-425ere

PROBESE

PRotective Ventilation with Higher versus Lower PEEP during General Anesthesia for Surgery in OBESE Patients – The PROBESE Randomized Controlled Trial.T

JAMA 2019; 321: 2292-2305

POPULAR

POPULAR: POstanaesthesia PULmonary complications After use of muscle Relaxants in Europe.

Lancet Respir Med 2019; 7: 129-140

OBTAIN

The Occurrence of Bleeding and Thrombosis during Antiplatelet therapy In Non-cardiac surgery Study.

Br J Anaesth 2019; 122: 170-179

LAS VEGAS

Local Assessment of Ventilatory Management During General Anesthesia for Surgery and effects on Postoperative Pulmonary Complications: a Prospective Observational International Multi–center Cohort Study.

Br J Anaesth 2019; 122: 361-369

NECTARINE

NEonate – Children STudy of Anaesthesia pRactice IN Europe Epidemiology of critical events, morbidity and mortality in neonatal anaesthesia: A European prospective multicentre observational study.

Br J Anaesth 2021; 126: 1157-1172

Br J Anaesth 2021; 126: 1173-1181

EPiMAP

EPiMAP Obstetrics: European Practices in the Management of Accidental dural Puncture in Obstetrics: European prospective multicentre observational audit to MAP out current practices in the management of patients who had accidental dural puncture during EPIdural insertion.

Br J Anaesth 2020; 125: 1045-1055

MET-REPAIR

MET: REevaluation for Perioperative cArdIac Risk (MET-REPAIR) a European, Prospective, observational, multi–centre cohort study.

Br J Anaesth 2023; 130: 655-665

POSE

Peri-interventional Outcome Study in the elderly in Europe.

Eur J Anaesthesiol 2022; 39: 198-209

Eur J Anaesthesiol 2022; 39: 210-221

Ongoing trials

MOPED Study

Management and Outcomes of Perioperative Care of European Diabetic Patients.

ENCORE Study

ENCORE trial (Effects of aNesthesia in COloREctal cancer outcome trial) The effects of anaesthetic techniques on time to start of adjuvant chemotherapy, and early- and late outcomes following surgery for colorectal cancer. A prospective, multicenter, international, observational, pragmatic study.

ARCTIC-I

Anaesthesiological Routine Care for Thrombectomy in Cerebral Ischaemia.

SQUEEZE Study

A prospective multi-centre international observational study of postoperative vasopressor use.

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20 YEARS
2005 - 2025

ESAIC
24 Rue des Comédiens
B-1000 Brussels,
Belgium
+32(0)2 743 32 90