

Altogether, NIV is detrimental when extended too far. Indeed, one referee complimented our non-invasive management: “avoid tracheal tubes, minimize sedation, prevent ventilator-induced lung injury and nosocomial infections” [21]. Conversely, another referee considered this [3] management as malpractice (P 140, I 7). Again, the reader will decide whether our concluding insistence on minute by minute re-assessment in a highly restricted subset [3] was conservative enough.

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Conflict of interest: Luc Quintin holds a US patent 8 703 697, April 22 2014: Method for treating early severe diffuse acute respiratory distress syndrome.

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The role of Argentine Federation of Associations of Anaesthesia, Analgesia and Reanimation

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Due to previous friendly relationships with Argentinean anesthesiologists, especially with Pedro Klinger, MD, PhD, with whom I worked in the past in Ibiza, Spain, as well as

an invitation to participate in the 15th *World Congress of Anaesthesiologists* (WCA), I had an opportunity to familiarize myself with the organization of anaesthesiology care in Argentina. Moreover, this year I was pleased to visit this wonderful country and be hosted by my Argentinean friends, including Marisa Bard, MD, a specialist in anaesthesiology with Polish roots. Argentina is a country of emigrants and has accepted in past a lot of Polish people, several of whose descendants have become outstanding figures in the medical world.

Although the territory of Argentina is many times bigger than that of Poland, both countries are joined by multiple similarities, such as size of population. As in Poland, many Argentinean specialists in anaesthesiology work abroad, either permanently or temporarily.

In Argentina alone there are approximately 3800 specialists in anaesthesiology, about 3750 of whom are members of Federación Argentina de Asociaciones de Anestesia, Analgesia y Reanimación (FAAAAR), a figure based on personal contact data from 2012. In contrast, based on the Statistical Yearbook for 2012, the number of specialists in anaesthesiology and intensive care in Poland is 3414, placing it in 5th position among other specializations. Taking into consideration the significant financial outlay of the Ministry of Health on anaesthesiology residencies, it may be admitted that the number of specialists in anaesthesiology in Poland will significantly increase in the near future.

In Argentina, where specialized training in anaesthesiology is conducted by FAAAAR, the number of specialists is adjusted to the needs of the healthcare service market. This was even the cause of a minor scandal during the opening ceremony of the 15th WCA in Buenos Aires. A group, whose political position was difficult to assess, organized a protest in front of the entrance to the congress center against the "monopoly" of FAAAAR in the shaping of a so-called "mafia" position of anaesthesiology within the structure of the Argentinean healthcare system. This was accompanied by the "flooding" of congress participants going for opening ceremony by scattering machines with thousands of leaflets, informing them about the huge income of anaesthesiologists and their Federación. Additionally, the soundtrack from "The Godfather" movie by Coppola was heard being played over large speakers. Undoubtedly, these professionally organized demonstrators achieved their goal as many anaesthesiologists, including myself, were intrigued to explore the topic further.

The history of clinical anaesthesiology in Argentina is much longer than that of Poland. Indeed, the first Association of Argentinean Anaesthesiologists was founded in 1936, and since 1948 they have been trained through specialized courses and, moreover, have issued their own scientific journal. This was for certainly connected with the country's economic prosperity, placing Argentina in 8th position among all economies worldwide. Unfortunately, subsequent social and political turmoil, the unstable nature of the Peron government, the bloody rule of the military junta, as well as serious economic crises have all slowed the development of this beautiful country.

Social conversations show, that the average Argentinean anaesthesiologist, working only in a public hospital in Buenos Aires earns the equivalent of approximately 2,500 euro on average. However, physicians working in private hospitals (the majority) earn as much as 5,000 euro. Obviously, there is remuneration for a so-called job position (a specific number of working hours), without any duties. There are also some differences regarding working discipline. Basically,

the wages of anaesthesiologists depend on the quantity and type of performed anaesthesia. Each and every type has its own calculated price.

Who is responsible for the determination of the stakes? Indeed, this question draws us to FAAAAR which, at a national level, unifies 30 regional anaesthesiology associations. One of them is Asociación Santa Cruzena de Anestesia, Analgesia y Reanimación in Rio Gallegos in Patagonia, which is the capital of Santa Cruz province.

Generally, each of the Argentinean provinces has its own regional association of anaesthesiologists. Here, the most important and most numerous are those involving the conurbation of Buenos Aires with many millions inhabitants, due to its large population and number of hospitals. Although, apart from during the residency period, membership of the association is not obligatory, the vast majority of anaesthesiologists are permanent members of it. Why? Indeed, when a specialist of anaesthesiology seeks a position, mainly in private hospital, there is the question of determining his or her salary. This falls within the remit of the regional FAAAAR association, which helps in the negotiations of contracts for each of its members. Although some agreements with insurance companies and their counterparts in the Ministry of Health are also reached, this is conducted at the central level beforehand.

Obviously, this gives FAAAAR an exceptional bargaining position and the possibility to gain high rates of pay for its members. However, if anaesthesiologists work in the private sector, they pay 5% of their earnings to a FAAAAR account, or 3.5% if they work in public hospitals and only earn extra money in private hospitals (personal contact information). Is this a lot? Yes, but, personally, I would be happy to pay such an "imposition" in the knowledge that I would gain as good a contract as possible, without having to conduct sometimes very difficult negotiations.

Is there any additional value for an anaesthesiologist being a member of such an association apart from the high rates of pay? Indeed, he or she receives basic insurance and the complimentary advice of the best legal offices in Buenos Aires in cases of conflict with employers or civil actions concerning damages. Additionally, fellowships, lasting several months, have been founded for young, talented anaesthesiologists (mainly in the US, where several dozen go annually), who then return to Argentina introducing new treatment methods. Each anaesthesiologist, as a member of the association, acquires the entitlement to significant financial relief for many months in unforeseen emergencies which make one's previous standard of living impossible to sustain. There are also many and various benefits connected with FAAAAR membership which were not disclosed to me as a foreigner. Each member has also the possibility to save money in pension funds, co-managed and controlled by the federation. In light of the current prognosis regarding our own pensions in Poland, this last aspect is of special interest.

Obviously, despite socio-economic issues and the educational process for specialists in anaesthesiology, FAAAAAR conducts a wide range of scientific activities, including basic research and clinical trials, establishes current effective standards of anaesthesia safety and supports anaesthesiology associations from poorer countries of South America.

FAAAAR is a wealthy organization, having its headquarters in a beautiful office in the center of Buenos Aires, owning a museum of anaesthesiology history and, moreover, is one which can afford to organize the *World Congress of Anaesthesiologists*. To achieve the aims of its statute, the association employs the best lawyers and managers. However, the decisive vote in crucial questions is given to anaesthesiologists themselves, as they maintain their organization. The statutes of regional associations, as well as FAAAAAR, have a democratic character, allowing ordinary members to really have an influence on the organization's activities. The "senators" are elected for tenure, and have the right to vote. Young people with "managerial" approach are preferred. Surrounded by universally respected professors who are sitting on particular committees and can concentrate on scientific and educational questions and set appropriate standards.

Nevertheless, in some private conversations some delicate objections arose regarding the power and omnipotence of FAAAAAR. This is somehow a contemporary, super-modern version of "anaesthesiologists' guilt", protecting its members' affairs, but also demanding, not only in area of continuous medical education. Well, something for something...

There were no detailed answers to these particular questions. I am also aware, that despite friendly relations

enhanced by the delicious Malbek in Mendoza or Tierra del Fuego, many affairs are either internal or confidential for FAAAAAR members and my knowledge is only superficial and limited.

As for Poland, we all know the situation is certainly the opposite to Argentina. There are a few decisive centers regarding anaesthesiology and intensive care, and each of them has rather distinctive statute aims. However, from time to time PTaiIT, the trade union of anaesthesiologists and National Consultant join forces. The last time this concerned intensive care specialization although its effects remain to be seen.

Perhaps it is worth considering and discussing some possible solutions which are effective in other countries, such as Argentina, a country which for many years has protected the material status of anaesthesiologists while under conditions of permanent financial crisis. However, our politicians' mouths are full of "medical socialism" featuring declarations (based on populism) and slogans regarding patients claims (attitude of entitlement), while on the Polish healthcare service market "broad capitalism" rules.

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Snaring swans: intraoperative knotting of pulmonary artery catheters

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Key words: knot, Swan-Ganz catheter, percutaneous removal

First introduced in 1970 by HJ Swan and W Ganz, the pulmonary artery catheter (PAC) is an important invasive diagnostic and hemodynamic monitoring tool widely used

for patients in cardiac and transplant anaesthesia, or for unstable patients in the intensive care unit. Rare acute complications such as catheter knotting, arterial perforation, thrombosis and arrhythmias are well-documented, with the lattermost being the most prevalent of complications [1]. This letter focuses on PAC knotting, which has an estimated incidence of 0.03% of all PAC insertions [2]. We present a case involving a knotted and entrapped PAC during open heart surgery and describe the management of this complication. This report also reviews the current methodology for the removal of a knotted PAC, both invasive and non-invasive.

A 32 year-old male (who consented to the writing of this report) was admitted to our centre with a newly diagnosed congenital partial atrioventricular septal defect (AVSD) and no known other history of previous cardiovascular disease. The patient developed late symptoms of congenital heart