

sua responsabilidade a sedação aos utentes, já que essa tarefa deverá competir a outro profissional médico' (15 março 2014). Os profissionais de enfermagem estão impedidos de proceder a prescrições terapêuticas. Em Portugal a Sedação é um ato médico.

3. Os Anestesiologistas e os seus órgãos representativos têm como paradigma a segurança dos doentes, a minimização de riscos e a capacidade técnica e científica para prevenir e resolver complicações. A segurança do doente assume prioridade integral.⁵

4. Os aspetos económicos referidos assumem áreas de corporativismo e de usufruto de vantagens económicas consideradas inaceitáveis e até ofensivas sob o ponto de vista deontológico.

5. A criação de um curriculum nacional padronizado destinado a aprendizagem e treino em Sedação será desejável, desde que adaptado à realidade portuguesa e seja aprovado pelos respetivos órgãos técnicos e científicos.

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Keywords: Colorectal Neoplasms; Hypnotics and Sedatives; Propofol; Endoscopy, Gastrointestinal; Colonoscopy.

Palavras-chave: Neoplasia Colo-Rectal; Hipnóticos e Sedativos; Propofol; Endoscopia Gastrointestinal; Colonoscopia.

Editor:

We believe that the article by Ferreira AO and Riphaut A¹ should not have been published. The article presented the conclusion that colonoscopy under sedation with propofol performed by non-anaesthesiologists improves screening of colorectal cancer in Portugal. We doubt the validity of this statement and all the author's rationale is biased, misquoting scientific evidence and ending with misleading conclusions.

The authors may have their own opinion regarding the possibility of non-anaesthesiologists perform sedation using propofol for digestive endoscopy but they cannot omit information and rise extremely serious and unproven accusations. First, the authors should refer that after proper discussion among executive and deliberative organs, and consensual rejection of national societies of Anesthesiology,

the European Society of Anaesthesiology (ESA) retracted the endorsement of the guideline-non-anaesthesiologist administration of propofol for gastrointestinal endoscopy in 2012,^{2,3} but they only refer a temporary endorsement. Secondly, the authors declare that anaesthesiologists are moved by 'financial aspects protecting a multi-million business...'. This statement constitutes an unacceptable, extremely serious accusation and deserves an absolute rejection and condemnation.

Anesthesiology was the first medical specialty to call for patient safety as a specific focus, with a significant decrease in mortality and morbidity caused by anaesthesia administration. Our major concern is that patient safety is not assured when a non-anaesthesiologist manages a drug like propofol: in opposition to authors' statement, side effects of propofol, including respiratory and cardiocirculatory depression, are not theoretical and may occur even in patients ASA I and II. We cannot accept that the same person performing endoscopy is simultaneously administering propofol, monitoring the patient vital functions and, if necessary, managing the patient's airway; we cannot also accept the idea that a *sedation educational program* is the miraculous solution for nurses (endoscopy nurses? anaesthesia nurses without medical supervision?) education.

The authors may argue with the open mind allegory, but they have to be cautious to avoid the brain to fall out: facing the equally shortage of digestive endoscopy in our country, are the authors agreeing with a proper training program for non-gastroenterologists professionals to perform endoscopic procedures for screening purposes?

We call to the Editorial Board's attention to the serious statements done by the authors and we strongly claim the retraction of this text.

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