

The Editor, SAJAA

Dear Sir,

We read with great pleasure the excellent editorial by Dr Matt Wiles on tracheal intubation in patients with cervical spine injuries,¹ which accompanied our global practice survey in the December 2021 edition of the journal.² Dr Wiles astutely elucidates the concerns, controversies, and lack of consensus in the field, as well as the difficulty in undertaking studies in this area. We agree that much of 'accepted' practice to be found in both guidelines and medical lore is founded upon conjecture, and hope that our work contributes to understanding at least the state of current practice, albeit if the motivations are murky.

We would like to alert the reader to one apparent misapprehension in Dr Wiles' editorial, where it states that "...only 17% of the cohort were medically qualified". We apologise if our methods did not adequately stress that we *only* included responses from physician anaesthesia providers (PAPs), and thus *all* respondents in our cohort were medically qualified. The misunderstanding may stem from Table 1, which lists the highest medical qualification of included respondents: 17% had *only* a medical

degree, but a further 14.5% were diplomate anaesthetists and the majority (68.5 %) qualified specialist anaesthesiologists. We do not wish for there to be a perception that the cohort of respondents was insufficiently experienced, although we echo the concerns that PAPs may well have given the "right" answer rather than the "real" answer in the survey.

We are grateful for the additional commentary highlighting the importance of clinical and outcomes-based research in this field, so that we can protect both patients and practitioners.

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References

1. Wiles MD. Cervical spine injury and tracheal intubation: are we protecting patients or physicians? South Afr J Anaesth Analg. 2021;27(6):260-4. <https://doi.org/10.36303/SAJAA.2021.27.6.2753>.
2. Stegmann G, Llewellyn R, Hofmeyr R. Global airway management of the unstable cervical spine survey (GAUSS). South Afr J Anaesth Analg. 2021;27(6):278-85. <https://doi.org/10.36303/SAJAA.2021.27.6.2657>.