## Ether

## NOT RECOMMENDED AS AN

## ESSENTIAL MEDICINE

Section: 1. Anaesthetics, preoperative medicines and medical gases > 1.1. General anaesthetics and oxygen > 1.1.1. General anaesthetics and oxygen > Inhalational medicines

|                             |  | ATC codes: N01AA01 |
|-----------------------------|--|--------------------|
| Indication                  | Anaesthetics and therapeutic gases ICD11 code: XM1880792884            |                    |
| Medicine type               | Chemical agent   |                    |
| List type                   | Core   |                    |
| Formulations                | Respiratory > Inhalation > solution:                                   |                    |
| EML status history          | First added in 1977 (TRS 615)<br>Removed in 2005 (TRS 933)             |                    |
| Sex                         | All  |                    |
| Age                         | Adolescents and adults   |                    |
| Therapeutic<br>alternatives | The recommendation is for this specific medicine                       |                    |
| Patent information          | Patents have expired in most jurisdictions<br>Read more about patents. |                    |
| Wikipedia                   | Ether 🗹  |                    |

## Summary of evidence and Expert Committee recommendations

During its meeting in 2003, the Committee recommended that ether be reviewed for possible fast-track deletion at the meeting in 2005. A detailed review was received from the ISDB and a comment was received from the World Federation of Societies of Anaesthesiologists (WFSA). The Committee noted that halothane is the medicine of chlice rather than ether as regards unwanted effects and it enables better precision in controlling the anaesthetic state. This was supported by the ISDB report which recommended that halothane should be used in preference to ether where cost, training, equipment and patient susceptibilities permit. Yet both the ISDB and WFSA suggested that ether be retained on the Model List because of its low cost and relative safety when used by inexperienced staff, in the absence of oxygen and when patients have contraindications to halothane. The Committee also noted that ether has not been procured to any great extent by the large non-profit international suppliers over the last five years and that its use is generally declinc and limited to rural areas. In addition, ether is an explosive chemical with special storage and transport requirements, which places extra demands on national procurement agencies. The Committee recommended that ether be deleted from the Model List in view of its cumbersome storage and transport requirements, its declining use and the availability of alternative fluorinated inhalational anaesthetic agents; and that a square box be added to the entry for halothane in the Model List.

