



SPECIAL ARTICLE

The future of intensive care medicine

L. Blanch^{a,b,c,*}, D. Annane^d, M. Antonelli^e, J.D. Chiche^f, J. Cuñat^g, T.D. Girard^{h,i},
E.J. Jiménez^j, M. Quintel^k, S. Ugarte^l, J. Mancebo^m

^a Critical Care Center, Hospital de Sabadell, Corporacio Sanitaria Universitària Parc Taulí, Sabadell, Spain

^b Universitat Autònoma de Barcelona, Spain

^c CIBER Enfermedades Respiratorias, Instituto de Salud Carlos III, Madrid, Spain

^d General ICU, Raymond Poincaré Hospital, AP-HP, University of Versailles SQ, France

^e Policlinico Universitario A. Gemelli, Università Cattolica del Sacro Cuore, Rome, Italy

^f Réanimation Médicale & Dept de Biologie Cellulaire Hopital COCHIN & Institut Cochin 27 rue du Faubourg Saint-Jacques, Paris, France

^g Department of Intensive Care Medicine, Hospital La Fe, Valencia, Spain

^h Department of Medicine, Division of Allergy, Pulmonary, and Critical Care Medicine, Vanderbilt University School of Medicine, Nashville, United States

ⁱ Geriatric Research, Education and Clinical Center Service, Department of Veterans Affairs Medical Center, Nashville, TN, United States

^j University of Florida, University of Central Florida and Florida State University, Orlando, FL, United States

^k Department of Anaesthesia and Intensive Care Medicine, University of Göttingen, Göttingen, Germany

^l INDISA Clinic and Salvador's Hospital, University Andrés Bello, Santiago de Chile, Chile

^m Department of Intensive Care Medicine, Hospital de Sant Pau, Barcelona, Spain

Received 10 December 2012; accepted 19 December 2012

KEYWORDS

Intensive care
medicine;
Intensivist;
Organisation;
Medical training;
Medical specialty;
Research;
Innovation

Abstract Intensive care medical training, whether as a primary specialty or as secondary add-on training, should include key competences to ensure a uniform standard of care, and the number of intensive care physicians needs to increase to keep pace with the growing and anticipated need. The organisation of intensive care in multiple specialty or central units is heterogeneous and evolving, but appropriate early treatment and access to a trained intensivist should be assured at all times, and intensivists should play a pivotal role in ensuring communication and high-quality care across hospital departments. Structures now exist to support clinical research in intensive care medicine, which should become part of routine patient management. However, more translational research is urgently needed to identify areas that show clinical promise and to apply research principles to the real-life clinical setting. Likewise, electronic networks can be used to share expertise and support research. Individuals, physicians and policy makers need to allow for individual choices and priorities in the management of critically ill patients while remaining within the limits of economic reality. Professional scientific societies play a pivotal role in supporting the establishment of a defined minimum level of intensive health care and in ensuring standardised levels of training and patient care

* Corresponding author.

E-mail address: lblanch@tauli.cat (L. Blanch).

by promoting interaction between physicians and policy makers. The perception of intensive care medicine among the general public could be improved by concerted efforts to increase awareness of the services provided and of the successes achieved.

© 2012 Elsevier España, S.L. and SEMICYUC. All rights reserved.

PALABRAS CLAVE

Medicina intensiva;
Intensivista;
Organización;
Formación;
Especialidad médica;
Investigación;
Innovación

El futuro de la medicina intensiva

Resumen La formación en medicina intensiva, ya sea como especialidad primaria o a partir de una troncalidad común para después convertirse en supra-especialidad, debería incluir competencias clave que garanticen un cuidado estándar y homogéneo del paciente crítico, así como proveer al sistema sanitario del número de especialistas en medicina intensiva (intensivistas) de forma ajustada y anticipada al ritmo de crecimiento de la necesidad asistencial.

La organización de los cuidados intensivos desde la visión de las distintas especialidades o en unidades centralizadas y jerarquizadas, es heterogénea y está en constante evolución. No obstante el acceso y tratamiento precoz del enfermo crítico por parte de un intensivista, debería estar siempre garantizado, no únicamente en los servicios de medicina intensiva, sino en todos los departamentos de un hospital, actuando el intensivista como elemento central en la comunicación y coordinación entre los diferentes servicios y especialistas, a fin de lograr la más alta calidad y eficacia en la asistencia.

La investigación clínica en medicina intensiva está sustentada por la excelencia de conocimiento de sus profesionales, pero son necesarias estructuras de apoyo: la integración de la investigación e innovación en la rutina diaria y un incremento de la investigación traslacional, a fin de identificar áreas que muestren elementos potenciales de avance en el aspecto clínico y la aplicación de los principios de la investigación básica y fisiológica en el entorno de la medicina intensiva. Las tecnologías de la comunicación y la información ofrecen un marco idóneo para compartir y poner en común el conocimiento y apoyar la formación, la investigación y la innovación en medicina intensiva.

Ciudadanía, profesionales de la salud y responsables políticos deben apoyar que aquellos profesionales con el mejor conocimiento científico tomen las decisiones sobre las prioridades en la gestión del cuidado del enfermo crítico, dentro de un modelo económico sostenible. Las sociedades científicas tienen un papel crucial en la definición de los niveles mínimos de atención médica intensiva y también en asegurar estándares de capacitación, formación de intensivistas y acreditación, promoviendo la interacción entre especialidades, familias, sociedad y responsables políticos. La percepción del valor de la medicina intensiva entre la ciudadanía y la Administración debe ser constantemente mejorada mediante esfuerzos coordinados y dirigidos a incrementar el conocimiento que la medicina intensiva pone a su disposición y de los éxitos alcanzados por esta especialidad.

© 2012 Elsevier España, S.L. y SEMICYUC. Todos los derechos reservados.

Introduction

Intensive care medicine is a heterogeneous, complex and evolving specialty. While the need for specialised around-the-clock medical care for a subset of acute patients is universal, the organisation of care and training of specialist physicians varies in different countries and regions of the world.¹⁻⁹ Intensive care medicine sets itself apart from many other areas of health care in that critically ill patients frequently have multiple interrelated issues that need to be managed rapidly and in a comprehensive manner to be effective. In addition, ethical considerations, which include personal, familial, cultural, religious and demographic values and expectations, influence patient management and outcome, the long-term consequences of which are borne by the individual patient, family and society as a whole.^{10,11} The demand for intensive care medicine is increasing as expectations for state-of-the-art

medical care rise, compounded by the ageing of the general population in many countries and medical advances that improve the survival of patients who then require specialised care to recover as many former faculties as possible.^{12,13}

Intensive care as a medical specialty lacks wide visibility among the general public and policy-making bodies, and yet both individuals and societies simultaneously expect that high quality care and the necessary resources are available when the need arises. The future of intensive care medicine requires advances in medical research and physician training as well as improvements in the organisation of patient management and public awareness.

This manuscript is based on a roundtable discussion by the international author group held during the national congress of the Sociedad Española de Medicina Intensiva, Crítica y Unidades Coronarias (SEMICYUC) that took place on 11 June 2012 in Santander, Spain.

Download English Version:

<https://daneshyari.com/en/article/3114248>

Download Persian Version:

<https://daneshyari.com/article/3114248>

[Daneshyari.com](https://daneshyari.com)