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## ICU Volume 14 - Issue 4 - Winter 2014/2015 - News

### ICS UK State Meeting preview

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#### Highlights of the State of the Art Meeting 2014

Would you want to be admitted to hospital on a Sunday? As the NHS implements its drive to a full 7-day service, many in intensive care will say "we're there already!" On Day 1 of the conference, Professor Julian Bion will outline a project examining (in the light of the higher mortality rate associated with weekend admission) the cost-effectiveness of investing in consultant and specialist staffing at the weekend across the hospital sector.

80 speakers over the three days of the conference will set out expert views, insight, debate and progress on such areas as ebola, sepsis, fluids, feeding, novel therapies, latest research, disease management, patient safety, medical law, working conditions and future prospectives in intensive care.

Are you on the staff of one of the smaller ICUs? You may think it works well, but with the NHS driving towards greater efficiency, should ICM services be consolidated to be more cost-effective? Should your unit close? On Day 1 Professor Julian Bion, Dr Bob Winter and others will be talking about the centralisation of ICM services and the implications this will have for smaller units. Professor Julian Benger, the National Clinical Director for Urgent Care at NHS England, will brief delegates on the ongoing Review of Urgent and Emergency Care and how it will effect intensive care services.

How would the critical care sector deal with an influx of ebola cases? Dr. Tom Fletcher, a WHO infectious disease expert who saw the response to the outbreak in Guinea, will report first hand on his experience.

The widely adopted Liverpool Care Pathway was withdrawn last year following critical media coverage and an independent review of its effectiveness. Professor Paddy Stone will talk about its replacement, which has established five priorities for the care of people in their last hours and days, including the need for sensitive and effective communication with their relatives.

The conference includes a session focusing on patients: "The View From the Bed" on Day 2. Other highlights of SOA 2014 include the presentation of annual awards, when the Society and the Foundation recognise significant contributions to intensive care, and on Day 3, an audience with Prof Greet Van Den Berghe, who for many years has run the Clinical Department and the Laboratory of Intensive Care Medicine at KU Leuven in Belgium.

All presentations may diverge from the descriptions above, in response to circumstances.



#### Critical Care In Resource-Poor Countries

The latest issue of *Global Heart* ([www.globalheart-journal.com](http://www.globalheart-journal.com)) focuses on the challenges of delivering critical care in resource-limited countries. Cardiovascular disease will soon surpass even human immunodeficiency virus (HIV) as the leading cause of mortality in Sub-Saharan Africa.

According to Guest Editors Vanessa Kerry, MD, MSc, and Sadath Sayeed, MD, JD, "Critical care as a clinical discipline in resource-rich settings is associated with high resource (financial, human, technological) intensity. For this reason, among others, critical care has received far less investment in resource-poor countries. Although numerous challenges to scaling up high quality intensive care services present themselves, even more opportunities to creatively innovate in this field exist that hold promise to move us closer to equity in global healthcare." They argue that investments in critical care need not be technology- or cost-intensive, but should be appropriate and effective.

"Critical care is an area of needed scale-up. Although the massive influx of effort and funding of HIV treatment has resulted in significant gains in life expectancy and health system strengthening, a lack of critical care resources in disadvantaged areas remains. Interventions in critical care in these settings are justified. In resource-limited settings, the majority of critically ill patients are children and young adults and avoiding preventable

death would reduce mortality and disease burden as well as have socioeconomic impacts."

This issue of *Global Heart*, "Critical Care in Resource-Limited Settings," includes coverage by a group of experts on important topics pertaining to the delivery of healthcare to low-income countries. Key concerns explored include sepsis, ARDS, pulmonary vascular disease, cardiac care, influenza, providing ICU care in a challenging case, intensive care in low- and middle-income countries, HIV and critical care delivery, antimicrobial resistance, and the perspective of the American Thoracic Society.

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