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Jean-Louis Vincent

Editor-in-Chief
ICU Management & Practice
Professor
Department of Intensive Care
Erasme Hospital
Université libre de Bruxelles
Brussels, Belgium

JLVincent@icu-management.org

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Decision-Making in the ICU

Decision-making in the ICU is a multifaceted process that involves clinical assessment, collaboration among multidisciplinary teams, ethical considerations, evidence-based practice, communication, and continuous adaptation to evolving clinical scenarios. Balancing the complex factors requires expertise, teamwork, and a patient-centred approach. Improving the decision-making process in ICUs is crucial for optimising patient outcomes and resource utilisation.

Clinical assessment and monitoring is an important component that guides decision-making in critical care because diagnostic and therapeutic interventions are typically based on this assessment. Decision-making in the ICU also involves a comprehensive assessment of the risks and benefits of these interventions based on the patient's prognosis, underlying comorbidities, and potential complications. Following evidence-based guidelines and considering ethical dilemmas, particularly in end-of-life care and resource allocation, further complicate the process. In addition, the condition of a critically ill patient can change rapidly and requires continuous reassessment and adaptation of treatment strategies.

ICU decision-making is informed by evidence-based medicine. Critical care professionals rely on clinical practice guidelines, research literature, and their own experience to make informed decisions. They are also guided by principles of quality improvement and patient safety. In many cases, decisions in critical care involve discussions with the patient's family. Effective communication among healthcare team members, patients, and families is essential for shared decision-making and continuity of care.

Implementing standardised protocols and clinical pathways can streamline decision-making, reduce variation in care, and improve efficiency. Regular multidisciplinary team meetings and case conferences provide opportunities to discuss complex cases, share expertise, and collaborate on treatment plans. Decision support tools such as clinical decision algorithms, risk prediction models, and scoring systems (e.g., APACHE, SOFA) can aid clinicians in risk assessment, prognostication, and treatment selection. Adherence to evidence-based practice guidelines and incorporating the latest research evidence into clinical decision-making can improve the quality and consistency of care in the ICU.

In this issue, our contributors explore the **decision-making process in the ICU**, discuss factors that influence decisions related to critical care treatment and highlight the importance of clear guidelines to help clinicians through this complex process.

As always, if you would like to get in touch, please email JLVincent@icu-management.org.

Jean-Louis Vincent