
ICU Volume 5 - Issue 4 - Winter 2005 - Congress Previews

26th International Symposium of Intensive Care and Emergency Medicine

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Professor Jean-Louis Vincent presents a flavour of the programme for the 26th International Symposium of Intensive Care and Emergency Medicine.

The 26th International Symposium of Intensive Care and Emergency Medicine will be held at the Congress Centre in Brussels from March 21 to March 24, 2006, and we are looking forward to another exciting week of lectures, pro-con debates, tutorials, workshops, round tables, and meet-the-expert sessions, covering all aspects of intensive care and emergency medicine.

Preparation of the preliminary program is now well advanced and there will be something for everyone with sessions on basic cellular physiology and metabolism; the latest advances in sepsis and ARDS pathophysiology and treatment; recent results with non-invasive haemodynamic monitoring systems; a new look at some old controversies, including colloids versus crystalloids, dopamine versus norepinephrine, ... and much more.

Good management has an increasingly important role to play in today's intensive care unit (ICU), particularly with the high costs of new therapies and interventions, and several sessions will focus on this area. Some of these will consider how new developments in technology may influence patient care. Technology in general is developing almost unbelievably fast – it is difficult to believe that it is only 30 years ago that the first portable computer was developed (weighing 23 kg!) and the first mobile telephone call was made (there are now some 50 million mobile phone owners in the UK alone!). ICU technology is also advancing fast and impacting on various aspects of intensive care including ICU management. For example, databases and electronic informatics systems are now widely used to store individual and group patient data. Such databases can be used to improve quality of care, facilitate optimum resource allocation, and improve patient safety. Ongoing and proactive surveillance of infectious diseases, using specifically designed databases and including microbiological patterns and anti-microbial resistance can help in the development of effective infection control strategies resulting in reduced patient morbidity and mortality and, hence, reduced costs. Many units are also now considering the ICU robot as a serious possibility, after some initial scepticism. This technological advance allows doctors to "virtually" interact with patients, family members and healthcare staff from a distance and could help ensure 24-hr intensivist care, which has been shown to improve outcomes, for patients where there are doctor shortfalls.

The ISICEM is now the largest annual meeting of its kind, attracting almost 5000 participants from around the world and including a faculty of some 200 international experts in their field (see figure 1). In addition to providing participants with the latest pathophysiologic, diagnostic, technologic, and therapeutic advances in their field, it also offers them an opportunity to meet other doctors from other units, hospitals, states and countries. Informal "data-exchange" over a cup of coffee or during lunch can provide us with useful insight into how other doctors in other hospitals, countries, and continents live and work. The underlying hope of the ISICEM management is that each participant will take back to their ICU some new knowledge or technique to share and implement at a local level to optimize patient care.

Published on : Fri, 21 Oct 2011