ICU MANAGEMENT & PRACTICE

Developing and Harmonising a Prime Speciality: Intensive Care Medicine

President of the European Society of Intensive Care Medicine (ESICM), Andrew Rhodes, has committed much of his time to progressing intensive care medicine as well as introducing and strengthening strategies for raising and harmonising standards in medical practice. In this interview with Managing Editor Marianna Keen, he shares some of his most recent achievements, and others he plans for the future, with a hope of changing the sector for the better on a global scale.

What do you see as your role as ESICM President and what do you hope to achieve?

In my position, I have a number of primary roles that include:

- Being the “face” of the society and ensuring that the organisation’s priorities are in line with what our members would want;
- Leading the team to ensure that the business and management side of affairs runs smoothly;
- Ensuring that the activities of the society are consistent with what the society stands for;
- Expanding the society membership base;
- Actively supporting and encouraging research and education in critical care; and
- Challenging politicians to recognise intensive care medicine as a speciality.

I do, of course, have my own objectives in mind for the society. When I stood for election I described my aims as being: to increase the membership benefits available from the society; to secure the future of the society by investing in a “home” for the society; to develop a foundation that raises funds for education and research; to develop a number of innovative educational tools; and to upgrade the website and content.

In many respects we have delivered on these aims. To start with, the membership benefits of the society have significantly improved. We have made the society's e-learning system free for all members to use, re-designed the e-newsletters that are used for communication, and significantly increased the content available to members within our website. In addition, we have purchased and moved into our own office in Brussels, providing the society with a strong base from which to achieve all its future aims.

My aspiration to develop a foundation has been achieved with the launch of the LIFEPriority fund, which is raising the profile of intensive care medicine among the general public as well as raising funds for the society’s activities. Responding to my desire to develop innovative educational tools, we have invested in the Basic Assessment and Support in Intensive Care (BASIC) and Advanced Training Courses in Intensive Care (ATCIC) educational courses, and developed a systematic review unit. Finally, we are in the process of replacing our website; the re-launch should go live in October, during the ESICM congress in Lisbon.

Intensive care training courses have been the latest addition to ESICM’s portfolio of educational activities. Do you believe that these courses are so far achieving their objectives?

Delivering quality education of a consistent standard to a large number of people is a significant challenge, especially delivering it to parts of the world that have few resources. We have therefore decided to support the BASIC course that originates from the University of Hong Kong. This course is effectively free to users and therefore enables us to help many countries that could not afford more expensive alternatives. We do not see our role as being able to educate the whole of Europe, rather to provide the training in each country to support the development of the country’s own faculty, which can then continue to roll out the education programme themselves without our help.

In addition, we have started to develop ATCIC, which provides advanced courses that can be utilised in a similar fashion. These courses aim to be stand-alone modules with all the manuals and course materials already provided and quality checked. This is a major undertaking as these courses are extremely time consuming and intensive to develop. We now have a portfolio of five ATCIC courses: Mechanical Ventilation (beyond BASIC), Critical Care Nephrology, ICU Management, Haemodynamic Monitoring and Management, and Bronchoscopy. We aim soon to deliver many more.

What is the next step towards harmonisation of the highest level of training in healthcare, medical practice and medical specialities within the EU and the rest of the world?

This is a complex issue. Each country has evolved intensive care medicine in a different fashion and changing this is difficult and politically very sensitive. It is almost impossible to force change from the centre of Europe, so we have started a process of discussing the issue with many individual countries, at a local level, with the hope of encouraging the change. To date, Spain, Switzerland and the UK have designated intensive care medicine as a primary specialty, but many other countries are now progressing down similar routes. We have recently participated in a major healthcare policy debate at the European Commission to discuss this issue (amongst others). It is only by engaging with all of the stakeholders that we can hope to elicit change.

Sepsis and septic shock are hot topics for discussion at present. Do you have any recent developments to share?

The management of septic shock remains very important. The European Society (together with the Society of Critical Care Medicine) initiated the Surviving Sepsis Campaign in 2002 by issuing the Barcelona Declaration that aimed to decrease the mortality from septic shock by 25%. Ten years later, the campaign has published results from its database demonstrating that the mortality has reduced by this amount, at least in part due to the increased awareness of the condition leading through to improved practice.

We have just completed the latest update for the Surviving Sepsis Campaign guidelines, which will hopefully be published in the next few months. Together with these guidelines will be an update of the sepsis bundles and a re-invigoration of the campaign, in a move to continue improving practice and outcomes.

What research projects are you currently conducting?

There are four areas that I am currently focusing my research: health services research for intensive care provision and surgical outcomes; haemodynamic monitoring; early goal directed therapy; and biomarkers for outcome.

Can you tell us more about your research on early goal directed therapy?

We have had a long interest at my institution in the use of EGDT for high-risk surgery patients. We have performed a series of studies aiming to describe this patient cohort and to explore different ways of improving the care they receive in order to improve their outcomes. Largely, this has been successful in the small single-centre setting. Further larger studies are now ongoing in order to confirm some of these findings.

Published on : Tue, 23 Oct 2012