
ICU Volume 5 - Issue 1 - Spring 2005 - Editorial

Sharing Knowledge in Intensive Care

Thank you to all of you who kindly supported the launch of ICU Management. Over 2000 copies of the first issue were circulated during the ESICM congress in Berlin last year, where the journal was warmly received by professionals from all disciplines related to intensive care.

ICU Management aims to disseminate information on the management, organization and implementation of evidence-based practices in intensive care. In particular in this issue we have focused on ethics, with thought provoking logic from Professors Truog, Zamperetti, and Gomersall and a more hands-on approach in Professor Woodcock's article. Questions over conflicts between ethics and law, the opinions of medical professionals and patients, and representation of patients' wishes by relatives are all sensitive issues, difficult to handle in practice and requiring a multi-perspective understanding, and application of both the arts and the sciences. The implementation of ethical standards also comes into focus with the new European Union's Clinical Trials Directive. Professor Henry Silverman and our own European Affairs Editor, Helicia Herman, discuss the failings in this directive, the risk these pose to hinder research in Europe and what is being done to address the problem. Ethical practices further a field come into focus with Professor Truog's article on how the debate over medical futility has developed in North America.

While Professor Gomersall explains the different premises on which the ethics of triage are based, Dr Albers and Professor Vahl from Germany, and Professor Van den Berghe from Belgium express their views on rescheduling elective surgery as a triage tool for intensive care services availability. Their different viewpoints originating from their own practices (a small specialized closed ICU and a large multidisciplinary surgical ICU respectively), are further explored by Professor Jukka Takala, who explains the solutions practiced in his own ICU in Switzerland.

Care of the relatives also comes under the spotlight with research on visiting hours and care of relatives. Professor Wilmer and his colleagues from Leuven explain their research into the needs of the relatives of dying patients, and how these findings can be implemented in practice through evidence-based recommendations. Professor Boles describes how open visiting hours in his own unit have provided a higher quality service to the relatives of patients during the end of life stage.

Further under our Management section, Professor Iapichino discusses a tool which may be useful to the management of your own ICUs. You might also like to read about the innovative purchasing strategy practiced at Haukeland University Hospital in Norway, which Hans Flaatten tells us about in his interview. This policy has multiple benefits even above the obvious cost-saving ones.

With the high costs in intensive care and the need for careful research and strategizing in purchasing, we're introducing product comparison charts as a management tool. This issue, we are covering Blood Gas Analyzers. Drs Poelaert and Schupfer discuss organizational strategies to maintain and improve quality of care and cost containment with blood gas analyzers.

While research is needed to underpin evidence-based guidelines, databases provide an invaluable source of information on which to research and found good management and clinical practice, as Hans Flaatten points out with the national registry in Norway. Professor Reinhart and Dr Brunkhorst also provide an update on the PREVALENCE project in this issue. This is a national epidemiologic study in Germany for the estimation of the prevalence of sepsis, including assessment of treatments and related costs, and information on the current organization and structure of Intensive Care Medicine.

Only with sound theory, data collection and research can we implement evidence-based guidelines into the management, organization and practice of intensive care. Our aim with this journal is to contribute to the dissemination of information at all stages in this ongoing process, to all professionals in intensive care.

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