
ICU Volume 12 - Issue 4 - Winter 2012/2013 - Editorial

The Global ICU

If we look at intensive care in the global context, a myriad of challenges, issues, and also opportunities present themselves, where involvement and commitment from developed and developing nations is increasingly recognised as necessary to reach targeted improvements. From working to enhance intensive care in developing nations and resource-poor settings to responding to endemics there are always lessons to be learned.

In this issue of ICU Management, our Cover Story, "The Global ICU", explores a number of threats to global health that are challenging intensive care units (ICUs) across the world. First, Dr. Maurizia Capuzzo and colleagues enlighten us on methods for recognising and diagnosing infection from West Nile Virus, which has spread to a worrying degree, requiring all intensivists to be prepared for its eventuality. Following this, Dr. Kimberly Thompson discusses the importance of managing population immunity for vaccine-preventable diseases, suggesting that valuing prevention is the new paradigm in global health. We then go on to look at lessons learned from a past outbreak of infection with Prof. Gilberto Felipe Vazquez de Anda and colleagues. They highlight the changes that have been made in Mexico following the influenza AH1N1 outbreak that took place in 2009, including recent additions of telepresence with robotics and tele-ultrasound.

Looking deeper into the challenges faced by the developing world, Dr. Arthur Kwizera from Mulago Hospital Complex in Kampala, Uganda, discusses intensive care in Africa, providing possible solutions to the problems faced and suggesting that African intensivists need to be more involved in global initiatives. The subsequent thematic review from Drs. Sukhminder Jit Singh Bajwa and Sukhwinder Kaur Bajwa from Gian Sagar Medical College and Hospital in Banur, India, focuses specifically on challenges and solutions for improving obstetrical critical care in developing nations.

Our nutrition series comes to a close in this final issue for 2012, culminating with an article on the new paradigm to the nutrition scene for critically ill patients: pharmaconutrition with antioxidants. Drs. William Manzanares and Gil Hardy discuss whether selenium monotherapy is the cornerstone of this strategy. In our Matrix section, Dr. Guillem Gruartmoner and colleagues from Sabadell Hospital in Barcelona, Spain, examine fluid management tools in critically ill patients, discussing how the prognosis of patients can be improved and highlighting that use of the wrong tools and the wrong endpoints should not take place in the context of current knowledge. Next, Drs. Nidhi Singla and Jagdish Chander from Government Medical College Hospital in Chandigarh, India, highlight the grey zones that still exist in the management of candiduria. They express that lack of consensus and the availability of limited literature are the main reasons that we cannot formulate the proper guidelines. Following this, Drs. Derek Roberts and Richard Hall from Canada offer a review of a hot topic in the current critical care scene: the evolving paradigm in ICU sedation practices. Concluding our Matrix section, Prof. Eldar Soreide and his team from Stavanger University Hospital, Norway, present some new information related to indications, sedation and prognostication for outof- hospital cardiac arrest patients undergoing therapeutic hypothermia in the ICU.

Our management section focuses on an issue which is of high importance throughout the world: ethics. Drs. Anne Lippert and Peter Dieckmann from the Danish Institute for Medical Simulation in Copenhagen, Capital Region of Denmark, look at the uses of simulation in this realm, primarily analysing the uses of simulation based training in helping learners to improve their ethical decision making processes and better react to and reflect upon moral dilemmas.

Edgar Jimenez, President of the World Federation of Societies of Intensive and Critical Care Medicine, graces our interview pages, highlighting the federation's activities that aim to help intensivists in the developing world, and its objective to become a more active entity globally. He also briefly tells us about his recent research findings on acute respiratory distress syndrome.

We finish off with an overview of current intensive care services in Hungary, written by Dr. Ákos Csomós and colleagues. This article highlights the many difficulties Hungary's intensive care sector has been going through as well as the improvements that are being made in the country, including an objective to join forces with other countries in Eastern Europe on several forums and improve critical care practice and training across the region.

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