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Uneven Distribution of Resources in the ICU

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For this edition of ICU Management, we asked four influential leaders in critical care medicine, "What was the most important or interesting development in intensive care in 2011?" with the aim of pinpointing the hot topics in critical care and emergency medicine during the year just past, and identifying trends for the future. Each contributor provided a different and important viewpoint that identifies key strengths and weaknesses in the provision of care today, from the availability of ICU beds to driving greater awareness with regards to the need for greater attention to quality control.

Two studies, different but still similar, come to my mind when looking back on the year 2011. The first is a large study that aimed to compare medical ICU admissions in the U.S. and UK from 2002. The study again confirms the very different ways intensive care is delivered in these two countries (Wunsch et al: AJRCCM 2011; 183: 1666-73). The U.S. has seven times the number of ICU beds, which obviously changes their patient case-mix compared to the UK, and with less sick patients as a general finding. Still, it remains difficult to find the evidence for large differences in quality of care. Taking a more general view, certain differences in healthcare spending are not reflected in global measures like infant mortality rates or overall life expectancy. This obviously raises questions as to whether adding more ICU beds is always the solution. Another study, although local, demonstrates the regional differences in the number of ICU beds within a given country (Flaatten et al: Regional differences in ICU resources and use in Norway. Abstract 21, SSAI congress Bergen 2011). This study from 2009, shows that the number of ICU beds differs from 2.9 to 6.9 /100,000 inhabitants within the four health regions, and that the number of ICU admissions hence varied from 1,090 to 2,306 per /100,000. Again, the quality of care seems to be similar within the regions.

These differences are not only of interest in a larger political context, but also in the case of multi-centre studies, and even when performed within a given country. Since the availability of beds obviously has impact on case-mix , this makes a lot of ICU derived data difficult to compare from unit to unit without correcting for the differences. This is a problem seldom discussed or mentioned as a limitation in the design of such studies.

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