What Does it Mean to be an Intensivist? A Philosophical View of Intensive Care

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Wikipedia defines intensive care medicine as a branch of medicine concerned with the diagnosis and management of life-threatening conditions requiring sophisticated organ support and invasive monitoring. To this, I would add the line ‘for the patient’s benefit’ since this alters the above definition fundamentally.

Intensive care is an all-encompassing speciality (Finfer and Vincent 2013). Intensive care is heady yet cerebral! It is a place where the patient’s past, present and future collide, (often) with very limited time to collate all the above. A dalliance with an unknown stranger.

Being an intensivist is an enormous privilege, and a great responsibility lies on your shoulders—often we meet patients who are very unwell, sometimes on the verge of dying; patients repose their utmost confidence in you in these moments of fragility. The job demands an ability to think clearly, and yet to think beyond the picture: is the intervention/mode of treatment going to benefit the patient? Is it going to restore not only life, but also a life with quality? This constant dance with death, physical and mental function, anticipated outcomes and other uncertainties makes this a fascinating profession. Not only do you get a window into the core of your patient’s being, you get a glimpse into your own soul as well.

This job necessitates a meeting of many worlds, ideas and opinions with the pressure of limited time and deranged physiology. Add to this the relentless focus on prioritisation. It requires a mix of knowledge, skills and experience, to which must be added a healthy scepticism aka open-mindedness (e.g., Could this phenomenon be due to a different cause? Do I need to think differently?) and humility. An eclectic process of thinking that is a combination of idealism and pragmatism, yet is underpinned by a realistic approach: Assume nothing, trust no one, give oxygen!

Conclusion
Therefore, what exactly is Intensive care about? Intensive care is about saving lives and should also be about saving quality of life—they must necessarily be mentioned in the same breath. What we do must be beneficial to the patient—in other words, it is wise to question interventions that are offered or performed in the absence of a clear benefit to the patient, and also to society.

It is, most importantly, making the patients feel they are being treated as human beings at all stages of their illness, including during the dying process.

Although heavily reliant on technology to enable speedy diagnosis and for effective management, the basis of Intensive care is simple: maintain saturation levels and perfusion, deal with the primary pathology and allow time for response. Simplistic yet true! Of course, there always must be a Plan B. Remember, it is more than just a ‘numbers’ game’—we are dealing with human lives. As has been said in the past, the secret of the care of the patient is in caring for the patient (Peabody 1984). Never forget this—it is all about the patient! Make it a personal thing. Amen.

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