



ICU Volume 15 - Issue 2 - 2015 - Agenda

World Federation of Societies of Intensive and Critical Care Medicine



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Interview With Professor Jean-Louis Vincent, WFSICCM President

What have been the highlights of your term of office?

With modern communication means, it is easier to interact all over the world, to know each other better, and learn from each other. We have started the organisation of large trials, inviting the entire world to contribute - the ICON study has been a great success! We have put several task forces in place - on triage problems, end-of-life practices, definitions of ICUs and the requirements to be considered as an ICU specialist.

WFSICCM's mission is "to promote the highest standards of Intensive and Critical Care Medicine for all mankind, without discrimination." How does the Federation implement that in practice?

We are working on guidelines and recommendations - our website is an excellent means of communication. Our world congress is a good way, and we anticipate the meeting in Seoul will be excellent.

A WFSICCM Task Force will develop global guidance on "What is an ICU?" Can you expand on this?

There is a lot of heterogeneity in ICU: big ICUs combining very sick and somewhat less sick patients; separate intermediate care units; when is an intermediate care unit no longer considered an ICU? What about intermediate care units, which are geographically separate, and managed for example by neurosurgeons or cardiologists or gastroenterologists? The Task Force will address these issues.

What can intensivists in high-income countries learn from colleagues in resourcelimited

countries, and how can they assist?

It is interesting to imagine how our work would be in austere conditions. Can we develop simple interventions?

They can assist by providing guidelines applicable in austere conditions. Selling older material has never been very helpful, as maintenance can be a limiting factor, and there are other problems.

The WFSICCM Congress in Seoul will include a session to support physicians and nurses from countries with limited medical resources. What do you hope it will achieve?

We have the duty to help our colleagues to organise in the absence of sophisticated monitoring and management systems. They have many questions we need to address.

What are you looking forward to most at the WFSICCM Congress with its theme of "One Step Further: The Pursuit of Excellence in Critical Care"?

We can improve our systems, with better processes of care, better communication in the ICU, team approach, checklists etc. That is where most progress has been made.

How important are international collaborations in advancing intensive care science and practice, and what is an example of how they have changed clinical practice?

The ICON study has helped to identify some important ways to improve patient management. Just as an example, the analysis of transfusions has revealed that transfusions may be beneficial in the most severely ill – maybe we have become too restrictive with our transfusion! We are preparing other clinical trials, perhaps on fever control – these worldwide studies must be relatively simple, however.

What European and world collaborations does the WFSICCM engage in?

We have regular contact with the World Health Organization; they have not been much exposed to critically ill patients – they have discovered ICUs and are now happy to discuss with others. We are also now consulted by the European authorities.

This interview will appear in ICU Management's Summer issue, which has a cover story on "Cost-Effectiveness." Do you think there is enough understanding in the intensive care community about what is cost-effective?

The community understands it better and better... and sometimes too much! We have not been used to use costly therapies and are reluctant to the idea of using some – the activated protein C story is partly related to this. New drugs are costly and ICU doctors are not prepared for it! Oncologists do not have the same hesitations! Our interventions are not so costly especially in relative terms. As an example we used to say albumin administration is costly, but it is not so much in relation to all the other treatments patients receive today.



WFSICCM Board Meeting, Budapest, September 2014. Image credit: WFSICCM

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