

Open discussion with the audience

Question

A physician who directs an ICU at a public hospital in Chile requested insights from the panel as to how to bridge the gap between the number of ICU beds and the number of available physicians, trained in intensive care as either a primary or secondary specialty.

Timothy Girard (United States)

The number of trained intensivists is limited and is not growing as needed to cover the anticipated demand, particularly the growing number of older patients who will require intensive care. One solution to extend the reach and spread the expertise of existing and future intensive care specialists may be the use of tele-ICUs.

Jean-Daniel Chiche (France)

Some ICUs are very small, with only 4---6 beds, which may not make sense either clinically or economically. A better solution would be larger ICUs, with 15---18 beds, to make better use of both expertise and economic resources.

José Cuñat (Spain)

Most ICUs in Spain are staffed by intensivists and have a ³⁹⁴ minimum of 6 beds. One aim of the present congress is to support intensive care at smaller hospitals with few ICU beds. Spain has many intensivists, but these physicians may need to increase the number of services they offer, for example assuming leadership roles within the hospital or providing parenteral or endoscopic services.

Question

Does the organisation of critical care patients need to be performed regionally?
Do ICUs need to be organised differently, for example with specialised units?

Jean-Daniel Chiche (France)

This depends somewhat on how "regional" is defined. Multiple ICUs within the same hospital definitely need to be coordinated. Generally, one does best what one does often, therefore care for the sickest patients is perhaps best organised on a regional basis; however this does not necessarily imply patient transfer to another institution. The transfer of expertise using networks such as those used in Germany and Sweden may be the most efficient solution.

Djillali Annane (France)

France has experimented with specialised ICUs for many years, but these have largely disappeared. The same applies to intensive care education as a secondary specialty.

Michael Quintel (Germany)

A specialised ICU with a specialist is obviously preferable to any ICU without a specialist, but the important point is to integrate the exchange of medical information across specialties to improve patient care. If ICUs are too specialised, the opportunity to integrate care may be lost.

Conflict of interest

The authors have no conflict of interest to declare.