

Critical Care and Emergency Medicine: From the Past to the Future

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"Here, then, is the fundamental puzzle of modern medical care: you have a desperately sick patient and in order to have a chance of saving him you have to get the knowledge right and then you have to make sure that the 178 daily tasks that follow are done correctly - despite some monitor's alarm going off for God knows what reason, despite the patient in the next bed crashing, despite a nurse poking his head around the curtain to ask whether someone could help "get this lady's chest open." There is complexity upon complexity".

By Atul Gawande, The checklist Manifesto, Chapter 1.

Critical care medicine is a complex world!

Critical care medicine is one of the fastest growing medical fields in terms of patient numbers, and represents an increasingly important part of healthcare systems in the world. Intensive care units (ICUs) are one of the most crucial departments of any hospital; they seem heroic places with devoted staff who pull the sickest of patients from death. Critical care patients are per se severely ill or injured; they deserve closer attention, a lot of therapeutic interventions, advanced technological support and complex monitoring [1]. The present ICU is unrecognizable from that of 40 years ago in term of technologies and super-specialization of ICU staff [1]. Management of the intensive care patient is increasingly interventional. Mechanical ventilation, invasive monitoring, cardiovascular support, renal replacement therapies, extracorporeal membrane oxygenation are nowadays routinely used for seriously critically ill patients [2]. Actually, we are aware that the need for intensive care continues to increase and the ratio of ICU beds to hospital beds will continue to rise as the ICU occupies an increasing role at the center of acute hospital care.

Patients admitted to ICU arrive mostly from emergency department, so the collaboration between ICU and emergency department is crucial. Severely ill patients coming to the hospital deserve to be managed by intensivist and emergency physician with a teamwork spirit. Expertise and collaboration between medical doctors, faster evaluation, rapid diagnosis and less time spent in emergency department are time-saving for critically ill patients.

Research in critical care and emergency medicine has provided important guidance and breakthroughs [3]. Concentrated research efforts published in the last 40 years allows intensivists and emergency physicians to save lives. However, medical literature should clarify many unsolved problems and unknown situation. We hope that the future research in critical care and emergency medicine may improve morbidity, mortality and quality of care of the acutely ill patients.

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