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## Volume 19 - Issue 4, Winter 2019/2020 - I-I-I Blog

### Highlights from the I-I-I Blog

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#### (I expert, I question, I answer)

##### Have you got something to say?

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##### Jeremy M. Kahn

Professor of Critical Care Medicine and Health Policy & Management - University of Pittsburgh School of Medicine and Graduate School of Public Health, USA

##### What's the Future of Intensive Care Medicine?

*"I envision a future in which there are not more, but fewer ICU beds. These will care for sicker patients than at present, but using the same technology in smarter ways. The story of technology in healthcare is that costs have been driven up, but outcomes for patients have only modestly improved. A few technologies such as mechanical ventilation and dialysis have dramatically improved outcomes, but the rest improve outcomes at the margins. I would like to see an ICU that is smaller, that cares for sicker patients, that emphasises inter-professional and family centred care, but in a human way that is less reliant on fancy bells and whistles, and is much more efficient and cost-effective."*

**See more:** <https://healthmanagement.org/c/icu/post/what-s-the-future-of-intensiveware-medicine>

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## **Flavia Machado**

Professor and Chair of Intensive Care - Anesthesiology, Pain and Intensive Care Department Federal University of Sao Paulo; CEO - Latin America Sepsis Institute, Brazil

### **How Can We Improve Gender Parity in Critical Care Medicine?**

*"I think what is important is to have the leaders proactively thinking about the gender issue. Examples? Faculty members need to be inclusive and to mentor young women and to include them in their plans, creating the conditions to allow their participation in committees and boards preparing the next generation of leaders. Journals need to include women in their editorial boards. Conference organisers must include females in the scientific committee as this will naturally lead to a higher inclusion of women as speakers in the event. Societies need to include women in their boards and in their guidelines committees. Of course, all these processes need to be based on expertise. We do have enough experts in all fields of critical care to allow participation. We don't need to be patronised. We only need to get away from conscious and unconscious bias and to have people proactively thinking on gender balance."*

**See more:** <https://healthmanagement.org/c/icu/post/how-can-we-improve-gender-parityin-critical-care-medicine>

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## **Bruno Tomazini**

Attending Physician, Intensive Care Unit - Sirio Libanês Hospital and Hospital das Clinicas da Universidade de São Paulo, Brazil

### **How Can We Improve the Use of Antibiotics?**

*"Antibiotic Stewardship Programmes might be the answer we were looking for. For more than two decades this idea of a multidisciplinary and multifaceted strategy aimed to ensure rational antibiotic use among other things has spread, and its benefit has been proven, from reducing costs to decreasing Clostridium difficile infection rates, with everything in between. This makes perfect sense. A multilevel intervention to solve a huge problem. It's impossible to think we can overcome this issue with single-minded interventions like good doctors with some knowledge about antibiotic usage; there are too few of them. Like everything in critical care, this is a team effort."*

**See more:** <https://healthmanagement.org/c/icu/post/time-goes-by-and-antibiotics-linger-on>

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