

WFSICCM Newsletter



World Federation of Societies
of Intensive and Critical Care Medicine



Message from the President, WFSICCM

The World Federation is the representative body for all scientific societies in intensive and critical care medicine. We have a key role in providing leadership to ensure we work together to improve the care of our patients in whatever country they reside. We also want to draw on the talents and expertise of our members and to empower intensivists to implement evidence-based guidance. In a spirit of working together we plan to develop global guidelines or statements in four specific areas and to give appointed Task Forces the responsibility for their development.

For each topic a Task Force will not necessarily be asked to state what is good and what is not good but rather to explore the various options available to us. For example, there is more than one attitude towards end of life issues and we should not impose western ethical concepts everywhere in the world. There are different systems describing the requirements to become an intensive care specialist. There could be a place for intensive care as a secondary specialty, as it is the case in many places in the world, and as a primary specialty. Indeed, the two systems may coexist in the same country. It is also important to describe an intensive care unit (ICU), and to define an intensivist. These are areas where there is still quite a great deal of inconsistency and where there is a need for greater clarity. Today if the authorities, whichever ones ask us; What is an intensivist or what is an ICU? In both cases we have difficulties in providing a consistent answer. We are confronted with the problems of triage in cases of not only disasters, when unfortunately they occur, but also pandemics such as the Ebola fever and the current problems with viral diseases in poultry in several European countries. Disease knows no international boundaries and there will undoubtedly be other pandemics. How should we respond and what shall we do then? It is far better to discuss it now rather than later and to be prepared and not wait until when we are facing the problem.

Events around the world serve to remind us of the interdependent nature of our professional work and that we are all part of a global community working together to improve patient care. I believe these activities will allow us to work together to produce guidelines and statements that can help ICU doctors throughout the world.

Professor Jean-Louis Vincent, President

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Task Force Formation – We Need Help from your Society

The four Task Forces will be asked to address:

- End of life: practices and options
- What is an ICU Specialist and what are the minimum requirements?
- Triage in epidemics
- Minimal requirements for an ICU / What is an ICU?



May we invite your society to nominate one or two members to serve on our Task Forces?

All nominations should be sent via email to our Executive Director, Phil Taylor (phil@ininhs.com).

The nomination should state the Task Force for which the nominee is being proposed and a short curriculum vitae. With regret, it will not be possible for all nominees to be selected to join each Task Force.

Board Meeting in Budapest



A meeting of WFSICCM Council was held in Budapest on September 18th with the assistance of the President of the Hungarian Society of Anaesthesia and Intensive Care and the Hungarian Tourism Bureau. Those Council members who attended were able to contribute to the scientific program of the 2nd SepsEast conference (Central and Eastern European Sepsis Forum) which was held from September 18th to 20th.

The Council meeting agenda included discussions on planning for the 12th World Congress in Seoul, Korea in 2015; the bid procedure for hosting the 2021 World Congress and the formation of Task Forces to report on key topics in critical care medicine.

In commenting on the involvement of the World Federation Council in the scientific program, the President stated *“The forum provided an ideal opportunity for us to share knowledge and experience from around the globe in the management of sepsis. The opportunity to contribute to the education and development of so many trainees was very significant. I hope they will each gain tremendous benefits from their interaction with so many international experts.”*

11th Congress of the Turkish Society of Medical and Surgical Intensive Care Medicine



WFSICCM Council members participated in the 11th Congress of the Turkish Society of Medical and Surgical Intensive Care Medicine held in Antalya Turkey November 16-18, 2014, (**Above**) held in conjunction with the 3rd Euro-Asian Critical Care Meeting, the 10th Congress of the World Federation of Critical Care Nurses, and the 6th National Critical Care Nursing Congress of the Turkish Society of Critical Care Nurses; and in the Brazilian Critical Care Congress, held November 5-8, 2014 in Gioania Brazil (**Below**). Both venues enabled much networking, sharing, and debate on updates in critical care medicine.

19th Brazilian Congress of Intensive Care Medicine



World Congress of the Intensive and Critical Care Medicine



Fall season in Korea (한국의 가을)

Be sure to register for the WFSICCM Seoul 2015 Congress!

WFSICCM Seoul 2015 will be a place for delivering practical support and insight to participants under the theme, “One Step Further”. Various small group discussions and workshops will be held, tailored to every level of intensive and critical care to complement our scientific program.

Online registration is available. Don’t miss out on the chance to register at a special rate, available until January 31, 2015! Visit the conference website for ongoing updates: <http://www.wfsiccm2015.com/>

WFSICCM acknowledges the ongoing work of Council member Younsuck Koh, MD, PhD, FCCM and the organizing committee for their work in planning the Congress.

WFSICCM Seoul 2015
12th Congress of the World Federation of Societies of Intensive and Critical Care Medicine in collaboration with the WFCCN and WFPICCS
Seoul, Korea August 29 (Sat) - September 1 (Tue), 2015

Country Member Profile

Sri Lanka Society of Critical Care and Emergency Medicine (SSCCEM)

The Sri Lankan Society of Critical Care and Emergency Medicine was founded in 2002. After over a decade the society has grown from strength to strength expanding its membership to over 200. The society has been the driving force behind the acceptance of the policy makers of Health Services in Sri Lanka for the need for high quality care for the critically ill patient.

At the onset, the founder members comprised specialists from the base specialities of Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics and Anaesthesiology. Today with the acceptance of both Intensive Care Medicine and Emergency Medicine as specialities of their own, many medical officers with post graduate training in critical care medicine and emergency medicine are actively involved in the activities of the SSCCEM.

Since 2002 the society has focused on many academic activities with the collaboration of Intensivists and Emergency Physicians from the Australian College of Emergency Medicine, Indian Society of Critical Care Medicine and many Sri Lankan clinicians with an interest in the fields of Critical care and Emergency Medicine. The Emergency Life Care (ELC) Sri Lanka, BASIC course and WINFOCUS are some of the internationally recognised standard courses being conducted by the SSCCEM annually and biannually.



Country Member Profile (Continued)

Sri Lanka Society of Critical Care and Emergency Medicine (SSCCEM)



The Annual Scientific Sessions conducted every year since 2007 is a much anticipated academic event in our local calendar. In 2011, the SSCCEM hosted the award winning liver transplant team from the Mayo Clinic in USA. Emergency Physicians from Australia and Intensive care specialists from India and Australia have also been guest speakers at the annual scientific sessions. 2014 was a landmark year for SSCCEM because of hosting 15th scientific meeting of Asia Ventilation Forum in Colombo.

The SSCCEM is now a member of many international bodies of critical care and emergency medicine. The SSCCEM is a member of the World Federation of Societies of Intensive and Critical Care Medicine, International Federation of Emergency Medicine, Asia-Pacific Association of Critical Care Medicine, and the SARCC Societies of Critical Care Medicine.

The Sri Lankan Society of Critical Care and Emergency Medicine which was founded with the intention of being the pulse of the critically ill now become a dynamic society sharing knowledge and skills from experts in critical care and emergency medicine to provide the best care for the critically ill patient.

If you would like to contact SSCCEM or can contribute to the society's growth and development, contact through the email address of the current Secretary dissanayakerohan@yahoo.com or webadmin1@ssccem.com.

On-line Survey – Strategies to Improve ICUs in Resource-Limited Settings

The Global Intensive Care Working Group of the ESICM has recently launched an on-line survey to gather opinions and acquire information on how to best improve critical care services in developing health care systems.

If you would like to make contribution to the survey it can be accessed via the link:

<https://sites.google.com/site/esicmsurvey/home>

Ebola – A Continuing Challenge for the International Community

The outbreak of Ebola Virus Disease (EVD) continues at an unprecedented rate in western Africa, centered on Sierra Leone, Liberia, and Guinea. As of the beginning of December, these countries had registered more than 10,000 cases, of whom 6113 had died. However these data must be interpreted cautiously, for circumstances on the ground are austere, and measuring the true toll of the disease is immensely challenging. To date, only a handful of cases have been managed outside of sub-Saharan Africa, and public fears of the disease far outstrip its potential for spread in countries with the needed public health infrastructure.



Photo courtesy of Dr. Robert Fowler

The characteristic clinical picture of EVD is one of acute onset of fever developing up to 21 days after initial exposure, in association with malaise, weakness, and muscle pains. Gastrointestinal symptoms ensue over the next few days, and consist of nausea, vomiting, and diarrhea. The amounts of diarrhea can be massive, and the onset of gastrointestinal symptoms is accompanied by significant disorders of fluids and electrolyte balance that are responsible for most of the early deaths. Hemorrhage from the GI tract is a late manifestation. It is striking that while the mortality of EVD is 60 to 70% in West Africa, only two of the ten patients treated in North America have died.



Photo courtesy of Dr. Robert Fowler

The challenges of EVD have been dishearteningly basic. The most urgent needs are not for ventilators, intensivists, or novel therapeutics, but rather for those interventions that those in the developed world take for granted – intravenous fluids, the ability to measure electrolytes, and the capacity to care for patients in an environment where they do not pose a risk to other patients or health care workers themselves. These fundamentals have been sorely lacking in one of the poorest regions on the planet. The situation has been exacerbated by local traditions regarding the burial of the dead that emphasize intense physical conduct with the deceased, and by a long-standing distrust of the motives of foreigners.

Intensivists have played an important role in the response to this crisis, though there is so much more that we might do. Intensivists from around the world answered the call to action from the World Health Organization (WHO) and Médecins sans Frontières (MSF), and have joined teams working within the three most affected countries. But much more is needed. MSF has identified the development of local treatment centers and the training of health care personnel to run them as the top priorities, pointing in particular to a lack of dedicated facilities in rural areas.

Research is urgently needed to identify the most effective strategies to save the lives of infected patients, however research efforts have been hampered by a lack of basic medical infrastructure in the affected countries, and the research response has been slow. Three studies led by MSF in partnership with the International Severe Acute Respiratory and Emerging Infections Consortium (ISARIC) will test the efficacy of the anti-viral agents brincidofovir and favipiravir, and evaluate the potential role of convalescent plasma in treating patients. Additional work by ISARIC will seek to better clarify the clinical syndrome.

The trajectory of the current EVD epidemic is unclear, and while the WHO has expressed cautious optimism, estimates from MSF are that as many as 2 million people may ultimately become infected. The effects on those countries most severely affected are devastating.

For ongoing updates on Ebola, please visit the WFSICCM website at <http://www.world-critical-care.org/>

About WFSICCM



The World Federation of Societies of Intensive and Critical Care Medicine (WFSICCM) was established in 1977 and is a membership organization comprised of National Societies of Intensive and Critical Care Medicine. The principle objective of the World Federation is *to promote the highest standards of Intensive and Critical Care Medicine for all mankind, without discrimination*. The WFSICCM now has a membership of over 70 Societies with a combined individual membership of over 70,000 intensive and critical care practitioners throughout the world

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