

## EDITORIAL

# Powerful spin-offs ... fostering flexibility, creativity and individualised critical care!

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In recent weeks we have experienced the enormous impact of the current coronavirus pandemic. Excellently guided by our society's president, Diederik Gommers, we have all done our utmost as critical care professionals to respond in the best possible ways to this crisis and we have succeeded in maintaining a high level of patient care.

Above all, we are doing a great job by communicating effectively and collaborating closely on a national and international level, within our networks, our hospitals, units and teams. This is our credo in the Netherlands intensive care networks, as recently emphatically reflected by Verona Gerardu and Iwan van der Horst in *'In networks we trust'*, as published in this journal.<sup>[1]</sup> This notion sets, more than ever, the broad and solid professional base as also timely illustrated by Peter van der Voort and collaborators in the last issue of the Netherlands Journal of Critical Care.<sup>[2,3]</sup>

Although our intensive care units have not changed beyond recognition, we now encounter many 'new' professionals in our usual workplace. Just a few examples are trauma surgeons coordinating critical care logistics or clinical geneticists who have taken over daily telephone updates to inform family members on the status of critical care patients. Dedicated anaesthesiologists are introducing the long-term use of volatile anaesthetics in our intensive care units to counterbalance the shortage of modern intravenous drugs. Numerous nurse anaesthetists and scrub nurses are teaming up with critical care nurses to provide daily bedside care. Last but not least, we all appreciate the indispensable aid and fruitful exchange with our military colleagues and all other allied professionals involved in managing the current crisis.

In this sense, we all feel how valuable multidisciplinary care can be and how smoothly it can be integrated into our daily routine by fostering flexibility and creativity.

In this issue, the virtue of flexibility and creativity is literally embodied by the creation of *'dedicated proning teams in the ICU'* authored by Timo Roeleveld, Heder de Vries and Armand Girbes.<sup>[4]</sup> Such initiatives are not only embraced as helpful

elements to maintain a high level of modern ventilatory care in these difficult times; rather, we should consider this ambition of our young colleagues as a commendable example of how we can develop and implement novel elements of patient care within an open-minded, self-improving critical care environment.

Obviously, in this period, we feel the urgent need to quickly share our collective experience and all the latest insights on the coronavirus disease 2019 (COVID-19), as realised by the recent webinar of the Dutch Society of Intensive Care moderated by Iwan van der Horst. The link to the webinar can be found at the end of this editorial. In this issue, Heder de Vries, Leo Heunks and collaborators have compiled a timely summary in order to provide us with an expert opinion on the ventilator strategies advocated and likely to be pivotal in COVID-19 care as discussed in the webinar.<sup>[5]</sup>

In our daily practice of COVID-19 care, we are experiencing a broad spectrum of disease manifestations on one side and a lack of mechanistic insights and clinical understanding on the other side. Fortunately, as critical care physicians we are used to personalising our care to the individual patient rather than aiming to rely on scientific evidence that is often in great contrast with the complexity of the patients we see.

In this context, I would like to recommend a very readable and important recent plea for individualised critical care by Armand Girbes.<sup>[6]</sup> His thoughts are gaining even more momentum and come to our clinical life while facing the great paucity of scientific evidence on COVID-19 care. Although this void of evidence is neither filled, nor are we sure that it ever will be, this notion or even a 'renewed focus' of critical care according to Armand Girbes should strongly remind us of the clinical relevance of individualised medicine. It is the continuing careful and critical observation at the individual's bedside that will ultimately lead us to gain more clinical and ultimately mechanistic understanding.

In line with these thoughts on individualised care, Lisa Smit and Mathieu van der Jagt provide us with a creative and if you will a

bit provocative, well-structured review on *'promising diagnostic and therapeutic approaches'* on delirium care in the intensive care unit.

We are all aware that delirium care is important in this COVID-19 pandemic, especially when facing shortages of, for example, short-acting sedatives and critical care personnel, and delirium in the intensive care unit is certainly a prominent example of how randomised trials have not been able to give us long-awaited answers. Again this emphasises that personalised care can potentially make a great difference for the individual patient, be it that the underlying scientific evidence will never reach its highest level as outlined by Smit and Van der Jagt while highlighting future perspectives of delirium care.<sup>[7]</sup>

Needless to say, the contribution of Ilona Spaan, Alexander Vlaar and colleagues in this issue of our journal demonstrates the advantages of an optimised and *'Lean approach to improve the organisation of unplanned intensive care admissions'*, a message that resonates even more clearly in the light of this crisis.<sup>[8]</sup>

Finally, I am particularly grateful to all contributing authors and the editorial team greatly supported by Femke Meijer that we have got so far and been able to compile this issue of the Netherlands Journal of Critical Care in times of crisis. It is not only the ad hoc effort of our colleagues to contribute timely to this current issue. It is also the endless drive of others to continuously advance our knowledge, such as our echo(cardio)graphic skills as reflected by the POCUS series effort by David van Westerloo, Pieter Roel Tuinman and collaborators.<sup>[9]</sup> Moreover, valuable case reports are always welcome and of interest to all of us, as represented and described in this issue by Mark Seubert.<sup>[10]</sup>

I hope in this way that we have succeeded in reflecting a bit our collective drive and nature of great flexibility and creativity characterising our Dutch intensive care community. These

traits now cumulate into a multitude of powerful spin-offs while converting this crisis into noticeable results intended to provide the best possible critical care for all our individual patients in the Dutch intensive care units.

Let's keep up the spirit !

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## Webinar NVIC dinsdag 7 april

Vraag hier een wachtwoord aan om de webinar te bekijken en scroll naar Webinar NVIC 7 april



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