

PROF. JEAN-LOUIS VINCENT,

Professor of Intensive Care, Université Libre de Bruxelles and the Head of the Department of Intensive Care, Erasme University Hospital.

PROFESSOR VINCENT IS PRESENTLY SECRETARY GENERAL of the World Federation of Societies of Intensive and Critical Care Medicine. He is a former President of the European Society of Intensive Care Medicine (ESICM), the European Shock Society (ESS) and Past-Chair of the International Sepsis Forum (ISF).

Dr. Vincent is the editor in chief of *Critical Care*, *Current Opinion in Critical Care and ICU Management*. He is a member of the editorial board of about 30 international journals including *Critical Care Medicine* (Senior Editor), *Public Library of Science* (PLoS), *Lancet Infectious Diseases*, *Anesthesiology*, *Intensive Care Medicine*, *Chest*, *Shock* and *Journal of Critical Care*.



randomized some 7,000 critically ill patients to fluid resuscitation with 6 percent HES (130/0.4) or saline (0.9 percent sodium chloride).

The ISICEM program will also cover many other aspects, including the results of the PROWESS-SHOCK study that randomized

1,700 patients with septic shock to receive placebo or activated protein C – unfortunately, the results showed no effect of activated protein C on mortality rates and this drug has now been withdrawn—these disappointing findings are certain to create a lot of discussion.

Research Interests

Dr. Vincent's main fields of research interest and investigation are sepsis, acute circulatory failure (circulatory shock) and its treatment, oxygen transport, haemodynamic monitoring, and vital emergencies and he has a special interest in the ethical aspects of intensive care.

The 32nd International Symposium on Intensive Care and Emergency Medicine (ISICEM) is coming up soon in March 2012. Could you tell us a little more on this year's event looking at the scientific programme and global participation of speakers and participants?

The scientific program again promises to be very full and will include the results of several important, recently completed studies. In the field of intravenous fluids, we will have important data on the use of albumin solutions in septic shock. Further analysis of data from the SAFE trial conducted in 2001-2003 have suggested a beneficial effect of albumin especially in the presence of hypoalbuminaemia, and the results of a meta-analysis of albumin use in patients with sepsis also support an outcome benefit with use of albumin as resuscitation fluid in patients with severe sepsis. The results of the Italian multicentre ALBIOS study, in which patients with severe sepsis or septic shock were randomised to receive either albumin or crystalloids as resuscitation fluid will be presented during the 32nd ISICEM and are awaited with some interest. We will also have the results of several studies on the safety of hydroxyethyl starch (HES) solutions, in particular their effects on kidney function, a really important but unanswered question. The largest of these will be the Chest study that

What is your view on plasma protein therapies in the area of intensive care medicine?

I'll restrict my answer to discussion of albumin. Generally, albumin solutions are considered as costly, but we don't dispense these solutions in large quantities, rather use them judiciously. There are many costly therapies today. More importantly, costs are not really so high if you consider the potential savings associated with even a small reduction in severity of organ failure or length of stay in the ICU. There is now better evidence that albumin supplementation in septic patients with hypoalbuminaemia can be beneficial. Moreover, the relatively poor efficacy of gelatin solutions and the adverse effects of HES on haemostasis and perhaps other aspects, including renal function, raise questions about the true value of alternative colloids. Nevertheless, it's good to be able to have a choice of intravenous solutions; after all, we don't drink the same kind of fluid at breakfast as we do at an evening party! And too much of any type of fluid (even water) can be harmful.

You are the Editor-in-Chief of *Critical Care*, a high quality, peer-reviewed, international clinical medical journal. Could you explain to our readers the advantages of Open Access journals?

I believe Open Access is the future of journal publications—all research should be widely accessible. In the past, potential readers had to buy the journal to get the article; in this new paradigm, the authors have to pay the journal but readers then have free access so that study results are available to all. There are several advantages to this system: First, easy

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access means that new discoveries can be more rapidly disseminated and, therefore, hopefully more rapidly implemented. Second, access is not restricted to those who can afford it or who belong to institutions with subscriptions – everyone, even those in less wealthy regions of the world, can benefit from being able to read (and apply) the very latest experimental and clinical research findings. Authors are sometimes upset that they have to pay 1-2,000 euros to have their paper published, but we just need to change our approach to publishing and start to include these costs in the study's budget. Moreover, most journals will waive these charges if the author is unable to pay, e.g., is from a less-developed country. Ultimately, all journals will move towards open-access. Indeed, the National Institutes of Health (NIH) already requires all NIH-funded investigators to make their final manuscripts freely available to all.

You have a special interest in the ethical aspects of intensive care, could you share with our readers what this means to you?

Ethics is a huge and fascinating topic, involved in so many different aspects of intensive care medicine including admission/discharge criteria, resource allocation, research principles, end-of-life care, organ transplantation, etc. As such, ethical issues are faced by all intensivists on a regular basis, and we should all have some training in these issues. Importantly, when considering any ethical issue, we need to go back to the four fundamental principles: autonomy; beneficence; non-maleficence; and distributive justice. The fundamental goal of medicine is to restore or maintain health in all its components, i.e., physical, mental and social well-being. Although maintaining life is generally the goal of any form of medical therapy, sometimes well-being is more important and sustaining life in a patient with no chance of meaningful recovery may actually be contrary to ethical principles. Crucially, many ethical conflicts arise from poor communication, and we should all try to develop good relations with our patients and the rest of the caregiving team, so that any ethical issues that may arise can be openly discussed and appropriate decisions made. ☺

MENSO BULT is PPTA Europe's Manager, Global Affairs



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