CRITICAL CARE MEDICINE

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Guidelines for care: The time has come

The Society of Critical Care Medicine was founded 20 years ago. The purpose, then and now, includes patient care, research, and education. Under this multidisciplinary umbrella, the Society embraces all practitioners of critical care, including physicians, nurses, respiratory therapists, and scientists. Currently, 5,000 members strong and rapidly growing, the Society serves as the only professional organization devoted exclusively to critical care. Excellence in patient care must remain in the forefront of all of our activities. The critical care practitioner must call daily on all the knowledge and art of the specialty. Errors in judgment must be few. Decisions must involve not only life and death, but also require a rapid response. The debilitation exhibited in so many patients provides little margin for error. A mistake or "slip up" can cost a patient's life.

We all recognize that we live in an age of rapid communcations. Our knowledge base and expertise must be similar throughout the country. With today's rapid and proliferative dissemination of information, one has little excuse not to be informed in our chosen specialty. The Society understands this fact and through its many educational formats, helps disseminate that critical care knowledge base throughout the United States. In turn, this information exchange helps to standardize the conduct of critical care.

Medical schools, residencies, fellowships, and certifying examinations, all serve to ensure the same level of expertise for all critical care practitioners. The Society of Critical Care Medicine further recognizes and supports the concept that certified critical care physicians should be directly involved in the care of all critically ill patients.

In the past, from time to time, the Society has published various guidelines. We will continue to do so in the future, and on a more regular basis. Guidelines serve to ensure universal deliverance of specific and well-accepted principles of care. Every hospital in the United States should be able to provide the same acceptable, minimal level of care for its critically ill patients. Failure to do so should obviously merit consideration of transfer to another unit better able to meet that goal. Guidelines also ensure a minimum level of competence on the part of care providers, as well as the equipment and surroundings provided within the ICU. Publication of guidelines such as the ones published in this issue of the journal can serve as a stimulus for particular units to upgrade their level of care to that of their contemporaries throughout the United States. We must always act to protect the patient, and ensure that care is appropriate, nonexperimental, and within reasonably accepted bounds. Patients have a right to expect no less.

Not only will the Society continue to publish guidelines, but it will also, in a timely manner, review and update previously published guidelines. As our knowledge increases, and as new equipment and techniques become available, we must reappraise what we have said in the past. Practitioners and hospitals should welcome these guidelines, not as a means to limit care, but to underscore and support what should already be a part of the daily practice and delivery of care.

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