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Comment on: Rethinking ICU readmission and time-limited trial in the contingency capacity



We would like to thank our colleagues from Hong Kong for further developing the discussion about decision-making in critically ill patients who are very old. We do agree that the COVID-19 pandemic has brought into sharp relief several issues of allocating intensive care (ICU) resources which, however, existed before [1]. Importantly, the uncertainty of individual prognostication in this highly variable cohort of patients has always been a major problem both in medical and ethical terms. Time-limited trials appear to be a robust way of obtaining more predictive information, over a defined time period, to make decisions about individual patients [2]. In this context, we would like to emphasize the authors' point of ensuring close communication with the patient or proxy, which may eventually result in shared-decision making, as well as with the referring or home medical team. However, many of these approaches still require evidence for their efficacy. Considering the growing number of very old patients admitted to ICUs, these topics should become a research priority in our community.

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PV van Heerden
S Svir
H Flaatten

References

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