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Letter

The pandemic in French intensive care units—Author's response

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The analysis by Leone and colleagues of organization of intensive care unit (ICU) in France [1], differs from our analysis [2] and may be biased by imprecision that could confuse readers. First, "specialized critical care" are coronary care, nephrology care, and stroke units with no access to invasive mechanical ventilation, ECMO, and no capability to manage patients with multiple organ dysfunctions. Intermediate care units are also not equipped for supporting organs failure and there is no senior staff on duties on site for nightshift or weekends. These units do not meet ICU requirements as defined by French regulation [3] and scientific societies [4]. Managing critically ill patients in these units, regardless of upgrading equipment, may have increased morbidity and mortality [5]. In France, per December 31st 2019, the correct numbers were 5080 adult and 353 pediatric ICU beds; an insufficient capacity for an optimal management of the overflow of patients with severe COVID-19. Second, the issue of staff competencies is of the utmost importance. In France, two curricula lead to the profession of intensivist, anaesthesiology track (2/5 years dedicated to intensive care with only 6-month rotation in medical ICU) or intensive care medicine as a primary specialty (5 years). Beyond the diploma, patient's outcome is improved when managed by physicians practicing exclusively in the ICU [4,6]. Of 450 newly graduated anaesthesiologists every year, only a third will practice exclusively in the ICU. This number may rapidly decrease in prioritizing the practice of anaesthesiology in operating room to face about 30% of job vacancies in public hospitals [7].

Author contribution

DA as the sole author of this comment, contributed to all aspects of the Letter.

Declaration of competing interests

Dr. annane has nothing to disclose.

References

[1] Leone M., Delaunay L., Bouaziz H. The pandemic in French intensive care units. doi: https://doi.org/10.1016/j.lanepe.2021.100132.
[2] Annane D, Heming N, Grimaldi-Bensouda L, et al. Eculizumab as an emergency treatment for adult patients with severe COVID-19 in the intensive care unit: a proof-of-concept study. EClinicalMedicine 2020;28:100590. doi: 10.1016/j.eclinm.2020.100590.
[3] Section 2: réanimation, articles R6123-33 à R6123-38-7. Code de la santé publique. https://www.legifrance.gouv.fr/codes/id/LEGISCTA000006198994/. Accessed April 20, 2021.
[4] Marshall JC, Bosco L, Adhikari NK, et al. What is an intensive care unit? A report of the task force of the world federation of societies of intensive and critical care medicine. J Crit Care 2017;37:270–6.
[5] Brown JJ, Sullivan G. Effect on ICU mortality of a full-time critical care specialist. Chest 1989;96(1):127–9.
[6] Amin P, Fox-Robichaud A, Divatia JV, et al. The intensive care unit specialist: report from the task force of world federation of societies of intensive and critical care medicine. J Crit Care 2016;35:223–8.
[7] https://www.cng.sante.fr/sites/default/files/Fichiers/Statistiques,%20%C3%A9tudes%20et%20publications/Anesth%C3%A9sistes-r%C3%A9a2016.pdf. Accessed April 20, 2021.

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