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LETTER TO THE EDITOR

Intensivist-led care in the COVID-19 pandemic

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To the Editor:

We read with interest the article by Oh and colleagues [1], in which clinical management by intensivists was associated with decreased rates of acute kidney injury (AKI) and shorter durations of mechanical ventilation among postoperative patients in the intensive care unit (ICU). We commend the authors for this outstanding study, which also has urgent implications for the current COVID-19 crisis.

The COVID-19 pandemic has led to a dramatic increase in critically ill patients, primarily due to acute respiratory distress syndrome (ARDS). A high prevalence of AKI has also been observed [2]. The pandemic has strained ICU resources and has led to novel staffing models to help expand attending oversight availability, including at our own institution [3]. In this setting, the clinical impact of intensivist versus non-intensivist oversight of COVID-19 patient care is unknown. However, Oh and colleagues' findings suggest that a shortage of intensivists could have significant adverse effects on clinical outcomes in COVID-19-induced ARDS and AKI.

We recognize that the COVID-19 population is different from the surgical cohort included in the study by Oh et al. and we caution against inappropriate extrapolation of their data. However, the effect of intensivist-led care on COVID-19 clinical outcomes is an urgent subject for further research.

Compliance with ethical standards

Conflict of interest No competing interests declared.

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