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Letter

## The right care at the right place with the right specialist

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Dear Editor:

We had read with great interest the commentary by Nobuaki Shime and by Hiroyuki Ohbe [1,2]. Recently, we shared our thoughts [3], where we clearly find the need to increase the number of intensive care beds, but most important, human resources. Regarding this, we would like to highlight that, it is not only paramount to have physical space, and technological endowment with monitors and advanced devices to treat all the possible scenarios, but without adequate human resources and highly trained personnel with adequate training to face all the possible challenges that may be faced in the day-to-day running of an ICU, this physical space and equipment would not ensure good results.

We are committed to an ICU led by Intensivist, and critical care nurses, which in our opinion, can ensure an adequate management, in terms of efficiency and effectiveness, with the right follow-up during the whole stay in the ICU, with better outcomes and less mortality rates.

Our experience during the COVID-19 pandemic: we treated 345 critically ill patients with severe SARS-CoV-2 pneumonia and ARDS. Among these, 90% required invasive mechanical ventilation. The average age was 60 ( $\pm$  12.57) years, predominantly male population (68.9%), with an average severity of: SOFA 6.43 ( $\pm$  3.13). APACHE II 16.5 ( $\pm$  8.43). SAPS II 39.5 ( $\pm$  16), among these, we had an ICU mortality of 18.4%. It should be noted that in our case, we need to expand and improvise and equip the new spaces for ICUs.

Our medical team are exclusive Intensive Care Physicians, with very high and specific training in critical care during five years. We share our experience, precisely because we found a very variable results, with very high mortality rates, even in countries with high

income levels. In a global pandemic, where resources are scarce and with a disease with a high tendency to increase the burden of care in a short period of time, testing the responsiveness of the health care system and health care workers.

During this pandemic, intensive care units have come to the fore in the general population as the last link of hope when the patient and conventional measures have given out. Our patients and their relatives trust in receiving the best possible care, by the most trained and experienced physicians and personnel. For this purpose, we advocate a training program in Intensive Care Medicine as the Spanish model. Our goal is to offer the best possible care and achieve the best results for the patient, and when this objective is not attainable, also we must know how to relieve pain, soothe anguish, and prolong life, as long as it is dignified for the patient and his or her loved ones.

*"Sometimes cure, often soothe, always comfort".*

Adolphe Gubler.

### Declaration of competing interest

We declare no competing interests.

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