Communication for the intensive care specialist.

Australian and New Zealand intensive care specialists and nurses uphold the enduring values of high-quality clinical practice. They see their patients many times a day, dealing with issues that require technical skills, knowledge and judgement in the often stressful environment of critical care. In addition, they respond to the concerns and perspectives of colleagues from other specialties, while leading and inspiring their own teams. They seek to deliver value for money by ensuring budgetary restraint while delivering state-of-the art care. Increasingly, they conduct pilot studies to inform future multicentre investigations, and participate in large phase III studies with worldwide impact. Occasionally, they even go home and try to be supportive to their partners, and nurturing and encouraging to their children.

Intensivists could be forgiven for taking shortcuts when dealing with patients’ families, unresponsive surgical colleagues and employees whose performance is less than satisfactory. But that’s not our way. One cannot pursue excellence in all other aspects of critical care and fail in what is one of the most important components of the craft — communication. It is precisely to ensure that communication is sensible, collegial, competent and compassionate that intensive care physician Charlie Corke and medical ethicist and nurse Sharyn Milnes have written this gem: a handbook entitled Communication for the intensive care specialist. The book complements a CD teaching resource kit, also produced by Charlie Corke and intensive care colleague Neil Orford.

The book explores in a pragmatic way all possible scenarios that intensive care physicians might encounter, from the surgeon who won’t respond to bleeding, to the grieving family; from the patient who needs withdrawal of artificial life support, to the ward patient with dementia for whom the family wants “everything done”. Each vignette is followed by simple advice describing the principles of a sensible, thoughtful approach. This has created an easy-to-read, useful resource book that should be mandatory reading for all advanced trainees in intensive care medicine.

I strongly encourage every intensive care unit to obtain at least one copy of this remarkable book and CD combination, and to use it to train young doctors in the art and craft of effective and compassionate communication, and to prompt more senior staff to reflect on their own skills and understanding.

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