Brussels, 11th March, 2015
Press release

35th ISICEM - International Symposium of Intensive Care and Emergency Medicine
From 17-20 March, 2015
Square – Brussels Meeting Center

For the 35th consecutive year, Brussels welcomes intensive care and emergency physicians from around the world to the largest international conference in this field: more than 6000 participants will be present, under the chairmanship of Prof Jean-Louis Vincent, intensivist in the Department of Intensive Care at Erasme University Hospital.

This meeting will provide an update on the progress in these areas, including:

The management of severe infection ("sepsis"): in the past, we wasted too much time before giving antibiotics or operating when it was necessary. Monitoring techniques have improved, and include, notably, the quantity of oxygen in venous blood. The results of a multicenter study in British ICUs related to this topic will be presented for the very first time (and published simultaneously in the New England Journal of Medicine). Of course we are interested in sepsis in Europe, but how is it managed in other corners of the globe? How can we help less developed regions cope with patients with severe malaria, Dengue fever, Ebola virus disease,… An international Round Table on this theme will be held before the symposium.

An American team of investigators will present a new experimental blood purification system for use in severe infection, in which the blood is mixed with nanobeads to cleanse it: a so-called “artificial spleen”.

It is generally thought that when a transfusion is considered necessary, it is better to use fresh blood. In fact, the concern is that the blood changes when it is kept in its bag for long periods, although this has never been proved. The results (somewhat surprising) of a Canadian study of this question will be presented for the very first time (and published simultaneously in the New England Journal of Medicine).

The question of nutrition in patients has evolved considerably: the approach has been to abundantly feed our critically ill patients, but recent studies have questioned this approach. After all, when we are ill, we’re generally not hungry – so should we force it?

Resuscitation from cardiac arrest has advanced considerably, resulting in almost 50% survival without sequelae (compared to 10% just a few years ago). Induced coma with hypothermia may have contributed to this success, but the subject is controversial. It has also been realized that while giving oxygen is good, too much can be harmful.
Our 35<sup>th</sup> anniversary will provide a chance to reflect on the past and to look towards the next 35 years: automatization of equipment, treatments controlled by computer, biosensors, indicators of “cell happiness”, suspended animation,... ?

The future will also involve technological progress aimed at supporting failing organ systems. Heart-lung machines (still called “extracorporeal membrane oxygenators” or ECMO) are only available in large centers and need trained staff. What should small hospitals do? And what should be done when all the available machines are being used, e.g., during an epidemic?

Ethical discussions related to the end-of-life in the intensive care unit are continuing. Can we legally increase sedative drugs to hasten death? In principal, no (we are outside the context of requested euthanasia). But the Belgian Society of Intensive Care still defends this option. Public debate has begun in France but not yet in Belgium. The results of the most recent evaluation of medical intervention (including euthanasia) preceding death in Flanders will be presented (and published simultaneously in the New England Journal of Medicine). Non-heart beating organ donation will also be discussed.

Press conference - Tuesday 17 March
11:30 – 12:30 - Salle 201A at Square Rue Mont des Arts - 1000 Brussels

Please confirm your presence at the press conference and/or register for the symposium by email to sophie.coppens@erasme.ulb.ac.be

Access to the symposium is free for registered journalists.

Information
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