and the fewest possible interruptions. Unfortunately, little can be done about the number of tubes required for ICU patients. As for not having control of oneself, one of the principal psychological stressors, psychological assistance should be offered and more information about treatment should be given by the multidisciplinary team. The patients have to participate in their own clinical treatment and, most importantly, feel involved in the process.

It should be noted that the first three stressors mentioned are physical and susceptible to intervention by

the ICU team. Physical comfort, sleep, and breathing are basic needs and, when affected, become priority causes of worry for the patient. Pain should be measured and controlled in the ICU, as a routine by the nurses team, like heart rate, blood pressure, and temperature.

The ICU stay is a difficult experience in the life of a patient. Stress management might allow for better physical and psychological conditions for the patient's recovery, providing as far as possible a more humane ICU environment.

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ERRATUM

S. A. Loer
T. W. L. Scheeren
J. Peters

Interaction between haematocrit and pulmonary blood volume on pulmonary vascular flow resistance and pressure-flow relationships

Due to an unfortunate error, the authors' addresses for the above *Experimental article*, published in volume 23: 1082-1088 (October 1997), have been misspelled. The study has been carried out at the Institute of Experimental Anaesthesiology and the correct addresses should have read:

S. A. Loer (✉) · T. W. L. Scheeren · J. Peters
Institut für Experimentelle Anaesthesiologie,
Heinrich-Heine-Universität,
Moorenstrasse 5, D-40225 Düsseldorf, Germany
FAX: +49 (211) 811 39 54