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**Comments on Reinhart et al.:  
consensus statement  
of the ESICM task force  
on colloid volume therapy  
in critically ill patients**

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Dear Editor,

We are grateful that a task force has  
addressed colloid volume therapy in  
critically ill patients [1]. This issue is  
currently the focus of considerable  
debate, and new data from ongoing  
trials can be expected in the new future.

A task force is considered to be a  
group of specialists who have been  
appointed to work together on a  
temporary basis with the specific aim  
to provide an answer to a specific  
question. In this respect, the consen-  
sus statement of the European Society

of Intensive Care Medicine's task  
force on colloid volume replacement  
in critically ill patients immediately  
raises two questions: what is the basis  
on which the task force was selected?  
Which entity initiated this initiative?  
The methodology of the article does  
not provide any information on these  
points, and the reader is left with  
some degree of doubt on how the  
individual members of the "task  
force" were selected. Eight individu-  
als ("the eight panel members")  
apparently voted on each aspect of  
the statement. However, it seems  
highly questionable whether a small  
group of only eight individuals are  
capable of representing a true consen-  
sus of the various opinions among  
experts in the field in Europe—par-  
ticularly when the group included two  
authors from the same department,  
representing 25 % of the votes.

Our concern is not whether the  
statement is correct or incorrect, but  
rather whether the approach used to  
establish the consensus was the most  
suitable one and whether it was  
capable of representing the opinions  
of intensivists throughout Europe—  
particularly since current data on the  
topic are limited, and several trials  
currently in progress are likely to  
provide new data in the very near  
future. Was the methodology for  
drawing up guidelines on best medi-  
cal practices—as recommended by  
the European Health Committee  
(Comité Européen de la Santé,  
CDSP) and adopted by the Commit-  
tee of Ministers of the Council of  
Europe in 2001 [2]—followed during  
the review process and publication of  
the statement?

It is therefore very surprising that  
such an important statement was  
apparently accepted for publication  
by *Intensive Care Medicine* within  
2 days of submission (as specified on  
p. 368). In the absence of any infor-  
mation on how the present  
recommendations were evaluated, the  
reader can only speculate on the peer

review process regarding this con-  
sensus statement. Are these  
recommendations supported by the  
majority of European intensive care  
specialists or do they merely reflect  
the "expert opinion" of eight  
authors?

Here, we suggest that these points  
need to be clarified. In future com-  
parable cases, we would also  
recommend that such statements  
should be based on the input of rep-  
resentatives of all of the disciplines  
involved in critical care medicine  
(surgery, anesthesia, internal medi-  
cine, neurology, physiology, etc.).  
Such an approach, based on a com-  
prehensible procedure, is currently  
being used in Germany to develop a  
guideline on intravascular volume  
therapy in adults, in accordance with  
the guidelines of the Working Group  
of Scientific Medical Specialist Soci-  
eties (Arbeitsgemeinschaft der  
Wissenschaftlichen Medizinischen  
Fachgesellschaften, AWMF) [3].

**Conflicts of interest** Zacharowski: Con-  
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Ince: Grants, Martin: Consultancies and hono-  
raria, Hollmann: Honoraria and grants,  
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Honoraria and grants, De Gasperi: Hono-  
raria, Wilson: Honoraria and grants.

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