FROM THE INSIDE

Thirty years of career in Intensive Care Medicine

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As you set out for Ithaka hope your road is a long one, full of adventure, full of discovery.

C. P. CAVAFY.

I first met Intensive Care Medicine, at the end of 1989, during a 6-month stay in an intensive care unit (ICU) of a large hospital in Thessaloniki, as part of my training in Pulmonology. I was impressed by the mixed team of very capable pulmonologists and anesthesiologists of the hospital who worked harmoniously with a lot of joy and efficiency. I later realized that the secret of this beautiful atmosphere was the 50-year-old ICU director who represented a model of democratic leadership that inspired respect. Furthermore, I was introduced to the intensive care's new medical technology and new concepts such as ventilators, positive end expiratory pressure (PEEP), Swan Ganz, intracranial hypertension, and parenteral nutrition. I will never forget the moments of right heart catheterization with my colleagues listening to Beethoven's 9th Symphony. At the end of my training I felt as one of the most capable doctors in the hospital. During the nights on duty in the hospital wards, I helped, or even intubated patients with acute respiratory failure. As a pulmonologist, I had learned that acute respiratory failure ended in the alveolar capillary membrane, but later it incorporated shock, and so directly concerned the whole organism. As a pulmonologist I had never seriously thought about the importance of oxygen delivery and tissue hypoxia. However, there was also the grey side. Patients who remained dependent on mechanical ventilation for a long time, with recurrent septic complications,

bed sores, delirium, or sometimes forever unconsciousness. It caused great difficulty to properly manage their health. But, a great dilemma arose from the ethical question; when should it be decided a patient is dying, and who should decide this? When I successfully finished my practice in Pulmonology, I had a big dilemma: which path should I choose? The path of Pulmonology or Intensive Care Medicine? The path to Pulmonology seemed easier to me. Work flexibility and direct communication with my patients. The path of Intensive Care Medicine was harder, more demanding and without direct communication with my patients. There was of course the daily meeting and briefing of the closest relatives of the patients, but this was done only by the director or the most experienced ICU doctors.

At the University Hospital of Ioannina, the capital of Epirus, in 1990, there was no open position for pulmonologists. However, for the first time, there were 3 positions for doctors for a new ICU that was scheduled to soon begin operations. The administrative service of the hospital appointed me as the head of a team in order to organize and operate the new ICU. At the time, there was not anyone who knew anything in this famous hospital about Intensive Care Medicine. I had to start from the scratch. This challenge was the defining turning point that marked my career forever. I participated in the selection of nurses and their training in Intensive Care. I had also to research the market for the supply of ventilators, bedside monitors, fluid pumps, special ICU beds for critically ill patients as well as dozens of consumables. A new world appeared in front of me that I had not imagined until then: technology, purchases, costs, staff organization. The vision was fascinating but required tremendous effort, courage and great responsibility. In about a year the ICU started its operation. We were four doctors and 28 nurses responsible for a 10-bed ICU operation. It was the hardest but the most memorable period of my career.

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We saved many lives and felt proud. Sometimes, however, we felt great sadness or even frustration, especially when, despite our best efforts, the patients eventually died. In these cases, both empathy and communication skills were required to announce this bad news to loved ones. We had built a strong team with cohesion, trust, and belief in the importance of teamwork and team-oriented behavior. Frequently we did not have empty beds available for patients and there were big quarrels with doctors from other clinics. Nine months later, a more qualified doctor with extensive experience in Intensive Care Medicine from abroad, officially took over the management of our ICU. The ICU began to become an increasingly dynamic department within the hospital that everyone respected. We began using new techniques such as continuous venovenous haemofiltration (CVVH), percutaneous tracheostomy, gastric tonometry. Our scientific work was published in international medical journals, sometimes with high prestige, an achievement that gave us joy and pride! We also started training students and young doctors in Intensive Care Medicine. For most of them, Intensive Care Medicine caused admiration and awe because of the sophisticated technology and invasive procedures we used to save the lives of our patients. We also tried, and sometimes succeeded, to persuade relatives to give their consent for organ donation from loved ones of their family, who were now brain dead. In 4 years I was officially given the specialization in Intensive Care Medicine. Ten exciting years passed very quickly. I had become a very experienced intensivist. I had now gained a deeper understanding of several aspects of critical illness and how effectively to manage the ICU patients. I could easily gain the trust of relatives of the critically ill patients and help them to endure, every day, the hard wait for good news about their loved ones. My colleagues appreciated my work and respected me. My reputation had grown in both the medical, and the local community.

At the new University Hospital of Alexandroupoli, I was given the management of the ICU in January 2004 as an Associate Professor of Intensive Care Medicine at the Democritus University of Thrace. We started almost again from the beginning, for the first time in this hospital as an autonomous department. From the start we faced a great deal of difficulties until we formed a good training team from intensivists, nurses and physiotherapists. The training included theoretical and practical subjects for doctors and nurses. Our team worked more hours than our schedule required in order for the new ICU to succeed. Teaching and training the students in Intensive Care for the first time, collaboration with other departments of the hospital and laboratories of the Medical School for the production of research work. Our ICU was soon deemed suitable by the Greek state for the acquisition of Specialization in Intensive Care Medicine. The ICU was accredited with ISO

9001:2008. The everyday activities of the ICU were better organized using bundles, protocols, checklists according to the best evidence. Nevertheless, new issues emerged which required our attention. These new issues included, improving quality of patient care, creating a strong working group, resolving ethical dilemmas arising from the management of patients with poor prognosis, through shared decision making and finally avoiding staff burnout syndrome. In recent years our work has become even more difficult. The financial crisis brought a shortage of staff, low wages, and a lack of resources for the renewal of medical equipment and the supply of consumables. Caring for more and more elderly patients with many serious chronic diseases increased mortality rate and made our daily lives more difficult.

In 2020 came the coronavirus disease 2019 (COVID-19) pandemic. I thought about the destiny of my medical specialty from its birth: from the organization of care for the wounded and sick soldiers by Florence Nightingale in the terrible Crimean War, and from the application, for the first time, of positive pressure mechanical ventilation by Bjorn Ibsen in the polio epidemic in Copenhagen in 1952. Intensive Care Medicine is associated with the great epidemics and pandemics of mankind and will always call us to the forefront of the battle to save human lives.

Thirty years of constant support and health management of critically ill patients taught me a great deal of professional and life lessons. These thirty years of service to the profession taught me to appreciate the teamwork, and at the same time helped me to develop a model of leadership that I will always appreciate for the rest of my life. The Intensive Care Medicine experience made me a better doctor and most importantly a better person. It has been a long and adventurous voyage. And as I am approaching the end of the voyage, I am reflecting on the adventures and the experiences of the voyage and the goods that I acquired in the process.

Thank you, Intensive Care Medicine, for the unforgettable journey!

Compliance with ethical standards

Conflicts of interest

The author here declares that he has no conflict of interest relevant to the material presented in the manuscript to declare.

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