

Once more unto the breach, dear friends, once more

Derek S Wheeler

Derek S Wheeler, Department of Pediatrics, University of Cincinnati College of Medicine, Cincinnati, OH 45267, United States
Derek S Wheeler, Division of Critical Care Medicine, Cincinnati Children's Hospital Medical Center, Cincinnati, OH 45229, United States

Derek S Wheeler, The James M. Anderson Center for Health Systems Excellence, Cincinnati Children's Hospital Medical Center, Cincinnati, OH 45229, United States

Author contributions: Wheeler DS solely contributed to this paper.

Correspondence to: Derek S Wheeler, MD, FAAP, FCCP, FCCM, Associate Professor, Clinical Director, Division of Critical Care Medicine, Cincinnati Children's Hospital Medical Center, 3333 Burnet Avenue, Cincinnati, OH 45229-3039, United States. derek.wheeler@cchmc.org

Telephone: +1-513-6364259 Fax: +1-513-6364267

Received: December 14, 2011 Revised: December 20, 2011

Accepted: December 26, 2011

Published online: February 4, 2012



Figure 1 Editor-in-Chief of *World Journal of Critical Care Medicine*.

Derek S Wheeler, MD, FAAP, FCCP, FCCM, Associate Professor, Clinical Director, Division of Critical Care Medicine, Cincinnati Children's Hospital Medical Center, 3333 Burnet Avenue, Cincinnati, OH 45229-3039, United States.

Wheeler DS. Once more unto the breach, dear friends, once more. *World J Crit Care Med* 2012; 1(1): 1-3 Available from: URL: <http://www.wjgnet.com/2220-3141/full/v1/i1/1.htm> DOI: <http://dx.doi.org/10.5492/wjccm.v1.i1.1>

Abstract

The first issue of the *World Journal of Critical Care Medicine (WJCCM)*, whose preparatory work was initiated on December 16, 2010, will be published on February 4, 2012. The *WJCCM* Editorial Board has now been established and consists of 105 distinguished experts from 27 countries. Our purpose of launching the *WJCCM* is to publish peer-reviewed, high-quality articles *via* an open-access online publishing model, thereby acting as a platform for communication between peers and the wider public, and maximizing the benefits to editorial board members, authors and readers.

© 2012 Baishideng. All rights reserved.

Key words: Critical care medicine; Biomedical sciences; Peer-reviewed; Open-access; Journal

Peer reviewer: Paolo Cotogni, MD, Anesthesiology and Intensive Care, Department of Medicine, S. Giovanni Battista Hospital, University of Turin, C.so Bramante 88-90, 10126 Turin, Italy

INTRODUCTION

Greetings! I am Derek S Wheeler, MD, FAAP, FCCP, FCCM, an Associate Professor from the University of Cincinnati College of Medicine, OH, United States (Figure 1), and together with Yaseen Mohamed Arabi, MD, FCCP, FCCM, Associate Professor, King Saud Bin Abdulaziz University, Saudi Arabia, we will be the co-Editor-in-Chief of the *World Journal of Critical Care Medicine (World J Crit Care Med, WJCCM)*, online ISSN 2220-3141, DOI: 10.5492. We are excited to bring you the inaugural issue of the *WJCCM*, a bimonthly, peer-reviewed, online, open access journal supported by an editorial board of over 105 specialists in critical care representing over 27 countries across the globe. Each and every member of the editorial board is an expert and leader in the field of critical care medicine. We pledge to bring you, the readers of our new journal, the very latest in scientific and technological advances pertaining to the care of critically ill or injured children and adults.

The specialty of critical care developed with the recognition that patients with acute, life-threatening illnesses or injuries were best treated in a geographically distinct area of the hospital, the early precursors of the modern day intensive care unit (ICU). Indeed, Florence Nightingale, perhaps the very first ICU nurse, first recognized the distinct advantages of caring for and monitoring wounded British soldiers as close as possible to the nursing station during the Crimean War of the 1850s^[1-5]. Today, the ICU brings together physicians, nurses, pharmacists, and allied health providers from a variety of backgrounds, including surgery, anesthesiology, internal medicine, emergency medicine, and pediatrics to care for the critically ill. Indeed, modern ICUs now serve as a focal point or nexus in the complex network of the hospital environment, interacting with virtually every other unit in the hospital. Moreover, there is a growing trend for the development of the “ICU without walls” concept^[6], as most critical care teams are involved with outreach programs^[7], telemedicine^[8] and rapid response systems^[9].

There is no question that critical care medicine continues to be an important specialty. The United States currently spends approximately 16% of the gross domestic product (GDP), (nearly \$2.3 trillion) on health care, which represents approximately \$7400 per person per year. Approximately 1% of the GDP is spent on intensive care services^[10-13]. At the same time, the number of ICU beds in the U.S. continues to grow at a rapid pace, with nearly 15% of all hospital beds categorized as ICU beds^[14-16]. Several factors are believed to be responsible for this increase. For example, the U.S. population is growing older, and patients are living longer, even in the face of diseases that were previously considered universally fatal. In addition, hospitalized patients are becoming more dependent upon the use of invasive devices and technology. However, this story is far from complete, as a very different picture emerges outside of the United States. For example, in the United Kingdom, ICU beds account for only about 2% of the total hospital beds, as only the most critically ill patients are admitted to the ICU in the United Kingdom and Western Europe^[17]. Several studies have shown that there is significant variation between countries on the exact definition of an ICU bed^[18,19], which also may partly explain some of the differences in total ICU beds as a function of total hospital beds between different countries.

There are now several different journals dedicated to the care of critically ill and/or injured children and adults. The breadth and depth of the critical care literature mirrors that of the enormous growth of the biomedical literature over the past decade. According to a recent article in the *Wall Street Journal*, the number of research journals increased over 23% from 2001 to 2010. There are now over 30 000 research journals worldwide that publish nearly 2 million research articles on an annual basis^[20]. This vast literature leads to a logical question - why do we need yet another journal dedicated to the specialty of critical care? The simple answer is that we can no longer afford to ignore the fact that critical care is a global specialty. As some of the studies referenced above will attest,

there is significant variation in the definition, structure, and processes of critical care between different countries. Critical care services in North America may be very different from critical care services in South America, Australia, Asia, Europe, and Africa. The resources available to an ICU practitioner in Africa may be strikingly different compared to the resources available to an ICU practitioner in Western Europe, Canada, Australia, or the United States. Moreover, the diseases of interest to the ICU practitioner in Southeast Asia may be very different from the diseases of interest to the ICU practitioner in Northern Europe. A global specialty like critical care deserves a truly international journal that is available to everyone around the world. The *WJCCM* is an open access journal, which means that readers around the world will be able to immediately download and read, free of charge, high-quality, peer-reviewed articles directly from the journal website. Our goal is to provide an international perspective on the specialty of critical care. As such, we believe our journal will be of interest to readers all over the world.

SCOPE

WJCCM covers topics concerning severe infection, shock and multiple organ dysfunction syndrome, infection and anti-infection treatment, acute respiratory distress syndrome and mechanical ventilation, acute kidney failure, continuous renal replacement therapy, rational nutrition and immunomodulation in critically ill patients, sedation and analgesia, cardiopulmonary cerebral resuscitation, fluid resuscitation and tissue perfusion, coagulant dysfunction, hemodynamic monitoring and circulatory support, ICU management and treatment control, application of bronchofiberscopy in critically ill patients, and critical care medicine-related traditional medicine, and integrated Chinese and Western medicine. The journal also publishes original articles and reviews that report the results of critical care medicine-related applied and basic research in fields such as immunology, physiopathology, cell biology, pharmacology, medical genetics, and pharmacology of Chinese herbs.

CONTENTS OF PEER REVIEW

In order to guarantee the quality of articles published in the journal, *WJCCM* usually invites three experts to comment on the submitted papers. The contents of peer review include: (1) whether the contents of the manuscript are of great importance and novelty; (2) whether the experiment is complete and described clearly; (3) whether the discussion and conclusion are justified; (4) whether the citations of references are necessary and reasonable; and (5) whether the presentation and use of tables and figures are correct and complete.

COLUMNS

The columns in the issues of *WJCCM* will include: (1) Editorial: To introduce and comment on the substantial

advance and its importance in the fast-developing areas; (2) Frontier: To review the most representative achievements and comment on the current research status in the important fields, and propose directions for the future research; (3) Topic Highlight: This column consists of three formats, including (A) 10 invited review articles on a hot topic, (B) a commentary on common issues of this hot topic, and (C) a commentary on the 10 individual articles; (4) Observation: To update the development of old and new questions, highlight unsolved problems, and provide strategies on how to solve the questions; (5) Guidelines for Clinical Practice: To provide guidelines for clinical diagnosis and treatment; (6) Review: To systemically review the most representative progress and unsolved problems in the major scientific disciplines, comment on the current research status, and make suggestions on the future work; (7) Original Articles: To originally report the innovative and valuable findings in critical care medicine; (8) Brief Articles: To briefly report the novel and innovative findings in critical care medicine; (9) Case Report: To report a rare or typical case; (10) Letters to the Editor: To discuss and make reply to the contributions published in *WJCCM*, or to introduce and comment on a controversial issue of general interest; (11) Book Reviews: To introduce and comment on quality monographs of critical care medicine; and (12) Guidelines: To introduce consensuses and guidelines reached by international and national academic authorities worldwide on the research in critical care medicine.

CONCLUSION

Again, we are very excited to embark on this exciting new endeavor. We hope that you will enjoy the fruits of our labor and take advantage of all that the *WJCCM* will offer. We also hope that you will consider the *WJCCM* worthy of submitting your best works, including original articles, reviews, clinical practice guidelines, commentaries, observations and short reports. Truly, the success of our journal will depend greatly upon the quality of articles submitted for consideration for publication! We look forward to working with you to assure the success of the *WJCCM*. Once again, greetings and welcome!

REFERENCES

- 1 **Hilberman M.** The evolution of intensive care units. *Crit Care Med* 1975; **3**: 159-165
- 2 **Bryan-Brown CW.** My first 50 years of critical care (1956-2006). *Am J Crit Care* 2007; **16**: 12-16
- 3 **Trubuhovich RV.** The name of our specialty--with a historical perspective on "intensive care". *Crit Care Resusc* 2008; **10**: 328-331
- 4 **Grenvik A, Pinsky MR.** Evolution of the intensive care unit as a clinical center and critical care medicine as a discipline. *Crit Care Clin* 2009; **25**: 239-250, x
- 5 **Weil MH, Tang W.** From intensive care to critical care medicine: a historical perspective. *Am J Respir Crit Care Med* 2011; **183**: 1451-1453
- 6 **Hillman K.** Critical care without walls. *Curr Opin Crit Care* 2002; **8**: 594-599
- 7 **Vincent JL, Singer M.** Critical care: advances and future perspectives. *Lancet* 2010; **376**: 1354-1361
- 8 **Lilly CM, Cody S, Zhao H, Landry K, Baker SP, McIlwaine J, Chandler MW, Irwin RS.** Hospital mortality, length of stay, and preventable complications among critically ill patients before and after tele-ICU reengineering of critical care processes. *JAMA* 2011; **305**: 2175-2183
- 9 **McCurdy MT, Wood SL.** Rapid response systems: identification and management of the "prearrest state". *Emerg Med Clin North Am* 2012; **30**: 141-152
- 10 **Chalfin DB, Cohen IL, Lambrinos J.** The economics and cost-effectiveness of critical care medicine. *Intensive Care Med* 1995; **21**: 952-961
- 11 **Adhikari N, Sibbald W.** The large cost of critical care: realities and challenges. *Anesth Analg* 2003; **96**: 311-314
- 12 **Chalfin DB, Rizzo JA.** Health economics and critical care. *Crit Care Clin* 2012; **28**: ix-xi
- 13 **Pastores SM, Dakwar J, Halpern NA.** Costs of critical care medicine. *Crit Care Clin* 2012; **28**: 1-10
- 14 **Halpern NA, Pastores SM, Greenstein RJ.** Critical care medicine in the United States 1985-2000: an analysis of bed numbers, use, and costs. *Crit Care Med* 2004; **32**: 1254-1259
- 15 **Halpern NA, Pastores SM, Thaler HT, Greenstein RJ.** Changes in critical care beds and occupancy in the United States 1985-2000: Differences attributable to hospital size. *Crit Care Med* 2006; **34**: 2105-2112
- 16 **Halpern NA, Pastores SM.** Critical care medicine in the United States 2000-2005: an analysis of bed numbers, occupancy rates, payer mix, and costs. *Crit Care Med* 2010; **38**: 65-71
- 17 **Bennett D, Bion J.** ABC of intensive care: organisation of intensive care. *BMJ* 1999; **318**: 1468-1470
- 18 **Wunsch H, Angus DC, Harrison DA, Collange O, Fowler R, Hoste EA, de Keizer NF, Kersten A, Linde-Zwirble WT, Sandiumenge A, Rowan KM.** Variation in critical care services across North America and Western Europe. *Crit Care Med* 2008; **36**: 2787-2793, e1-e9
- 19 **Sirio CA, Tajimi K, Taenaka N, Ujike Y, Okamoto K, Katsuya H.** A cross-cultural comparison of critical care delivery: Japan and the United States. *Chest* 2002; **121**: 539-548
- 20 **Naik G.** Scientists' elusive goal: Reproducing study results. *The Wall Street Journal*. December 2, 2011. Available from: URL: <http://online.wsj.com/article/SB10001424052970203764804577059841672541590.html>

S- Editor Wang JL E- Editor Zheng XM