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A silent ageism in access to critical care

SIR—We read, with great interest, the article by Hubbard et al. [1] on the absence of ageism in access to critical care and would like to comment on their results and record our experience.

In order to solve the problem of elderly patients admitted to our emergency room and who are in need of intensive care, the Board of our 350-bed hospital set up, at the beginning of 2003, a 4-bed sub-intensive care unit (SICU) for elderly patients within the geriatric department. In fact, the existing 8-bed intensive care unit (ICU) in the hospital had become progressively inadequate to support the needs of all the patients with critical medical conditions, of which the majority were elderly.

During 2003, the number of patients over 75 years of age admitted to the emergency room was similar to the previous year (1,079 in 2002, 1,099 in 2003). Between its opening in February 2003 and November 2003, 311 patients were admitted to the SICU. The technical equipment used in SICU (monitors for cardiac and respiratory function, non-invasive mechanical ventilators, peristaltic and volumetric pumps for IV therapy and internal nutrition, etc.) allows for the admission of patients who require frequent monitoring of vital signs and/or intensive interventions, but who are not in need of invasive monitoring.

As shown in Table 1, the patients treated in our SICU were old, with several co-morbidities and a high burden of disease and disability. The clinical data, in-hospital mortality, and 3-month survival rate clearly indicate the appropriateness of elderly patients managed in the SICU.

We ask the question as to whether, before the opening of the SICU, did most of the elderly patients admitted to the hospital receive adequate care?

It is our opinion that ageism is not usually an open discriminator against the elderly, but rather a lack of response to the rapid demographic changes and the current needs of an ageing population.

In this perspective, the data by Hubbard et al. are extremely helpful in supporting changes in critical care bed provision for older people here in Italy and we have in the last 12 months already started on a local scale in our hospital.

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Letters to the Editor