Medicina Intensiva 47 (2023) 356–358

medicina intensiva

http://www.medintensiva.org/en/

LETTER TO THE EDITOR

''ICU or IMU?'': Neither one nor the other

«¿UCI o UVI?»: ni lo uno, ni lo otro

Dear Editor:

The specialty of Intensive Care Medicine, and what its name implies, can be either undermined or favored by simply changing the initials used in referring to it. Here and at present, more than ever, semantics are important.

In daily practice, and for the sake of convenience, it is common to use certain abbreviations such as UCI (*Unidad de Cuidados Intensivos* [Intensive Care Unit, ICU]), UVI (*Unidad de Vigilancia Intensiva* [Intensive Monitoring Unit, IMU]) or UTI (*Unidad de Terapia Intensiva* [Intensive Therapy Unit, ITU]) in the case of Latin America. In a society where it is increasingly relevant to know how to present ourselves, such convenient terms may have the opposite effect, by mistakenly giving the impression of a specialty with limited functions and moreover confined to four walls: ''the Unit of...''. However, it has been increasingly evident, particularly in the last three years, that our capacities, activities and aspirations exceed the boundaries of a ''Unit'', which has now become recognized as a ''Department''.

It is undeniable that we have a ''care'' component about our patients. We also play a ''monitoring'' role and, of course, we apply ''therapies'' of different kinds. However, the term ''Unit'' that is present in all three of the above-mentioned abbreviations practically neglects to recognize all the other activities that form part of our repertoire and range of services. Furthermore, the term ''ICU'' is used by other specialties in reference to the space where their own critical patients are admitted. This is the case for example of Cardiology (Cardiological ICU), Anesthesiology (postsurgical ICU) or Pediatrics (pediatric or neonatal ICU). We should avoid confusion as to what specialty is in charge of caring for the critically ill.

In contrast to the above, the term ''Department of Intensive Care Medicine'' (DICM) effectively encompasses all the activities we are involved in outside the Unit. It includes the active identification of potential donors carried out by the intensivists belonging to the transplantation coordination services; the logistics undertaken by the extracorporeal membrane oxygenation (ECMO) transport and catheterization teams; the early detection of sepsis programs; the in-hospital cardiac arrest teams; protocolized systems with hospital coverage, teleassistance of other smaller units; support for sedation in nonsurgical procedures, ongoing humanization following discharge; collaboration in the training of other specialties; and many other activities.

Probably due to historical and organizational factors, and because ''DICM'' is phonetically less fluid than ''ICU'', ''IMU'' or ''ITU'', the latter terms became consolidated over the years as an easy alternative. However, the ICU is only one of many elements at the disposal of the DICM.

Some changes must be made gradually, and in this regard, we should encourage future generations in training to assimilate the idea of belonging to a Department, and not only to a Unit. This will allow us to be seen with a broad, expandable and ambitious view that will not only change the way in which we are mentioned but will also serve to strengthen our specialty over the long term.

Edgard Marcano-Millán[a,*], Jose Miguel Pérez-Villares[b]

[a] *Servicio de Medicina Intensiva, Hospital Universitario de Salamanca, Salamanca, Spain*
[b] *Servicio de Medicina Intensiva, Hospital Universitario Virgen de las Nieves, Granada, Spain*

* Corresponding author.
E-mail address: marcanomedicina@gmail.com
(E. Marcano-Millán).

DOI of original article: https://doi.org/10.1016/j.medin.2023.02.005