

## Fri. Mar 1, 2019

### 第2会場

Meet the Experts

#### [ME1] Meet the Experts1

座長:西村 匡司(日本集中治療医学会 理事長／徳島県立中央病院)

4:55 PM - 5:45 PM 第2会場 (国立京都国際会館2F Room A)

#### [ME1] Noninvasive ventilation in hypoxemic acute respiratory failure

Massimo Antonelli (Catholic University of the Sacred  
Heart, Italy)

### 第5会場

Meet the Experts

#### [ME2] Meet the Experts2

#### Non-pharmacological management of delirium in the ICU: Understanding the latest evidence

座長:曷川 元(一般社団法人 日本離床研究会学術研究部), 西田

修(藤田医科大学医学部 麻酔・侵襲制御医学講座)

コメンテーター:Celine Gelinaz(McGill University, Canada)

5:40 PM - 6:30 PM 第5会場 (国立京都国際会館1F Room D)

#### [ME2] Non-pharmacological management of delirium in the ICU: Understanding the latest evidence

Dale M. Needham (Johns Hopkins University, USA)

## Sat. Mar 2, 2019

### 第5会場

Meet the Experts

#### [ME3] Meet the Experts3

座長:射場 敏明(順天堂大学医学部附属 順天堂医院救急・災害医学)

5:05 PM - 6:05 PM 第5会場 (国立京都国際会館1F Room D)

#### [ME3-1] The coagulation system in sepsis and the application of anticoagulant therapy

Thomas van der Poll (Amsterdam University Medical Centers, University of Amsterdam, Netherlands)

#### [ME3-2]

山川 一馬 (地方独立行政法人大阪府立病院機構大阪急性期・総合医療センター高度救命救急センター)

#### [ME3-3]

和田 剛志 (北海道大学大学院医学研究院侵襲制御医学講座救急医学分野)

### 第11会場

Meet the Experts

#### [ME4] Meet the Experts4

Moral distress : 映画 “ Just Keep Breathing” の鑑賞と討論

座長:川口 敦(モントリオール大学)

5:15 PM - 6:25 PM 第11会場 (国立京都国際会館1F Room C-2)

#### [ME4] Moral distress : 映画 “ Just Keep Breathing” の観賞と討論

Video streaming “ JUST KEEP BREATHING: A film about moral distress in ICU professionals”

Daniel Garros (University of Alberta Stollery Children’s Hospital, Canada)

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Meet the Experts

## [ME1] Meet the Experts1

Noninvasive ventilation in hypoxemic acute respiratory failure

座長:西村 匡司(日本集中治療医学会 理事長／徳島県立中央病院)

Fri. Mar 1, 2019 4:55 PM - 5:45 PM 第2会場 (国立京都国際会館2F Room A)

共催:Intersurgical Ltd. ／日本メディカルネクスト株式会社

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## [ME1] Noninvasive ventilation in hypoxemic acute respiratory failure

Massimo Antonelli (Catholic University of the Sacred Heart, Italy)

(Fri. Mar 1, 2019 4:55 PM - 5:45 PM 第2会場)

## [ME1] Noninvasive ventilation in hypoxemic acute respiratory failure

Massimo Antonelli (Catholic University of the Sacred Heart, Italy)

【同時通訳付き】

MASSIMO ANTONELLI MD, CV

*Born in Rome 23 February 1957, Nationality: Italian Sex: Male, Married, one son.*

Professor of Intensive Care and Anesthesiology at the “Università Cattolica del Sacro Cuore” Rome Italy since November 1999.

Director of the Dept. of Anesthesiology and Intensive Care and Emergency Medicine and of the General ICU, Postoperative ICU and Neurosurgical ICU of the Fondazione Policlinico Universitario A.Gemelli IRCCS.

Director of the School of Specialty in Anesthesiology and Intensive Care Medicine.

School of Medicine at La Sapienza University from 1976 to 1981. Graduated in Medicine and Surgery with full qualification as a Medical doctor cum laude in 1981.

During 1983-1984 visiting scholar at the Rayne Institute of the School of Medicine, University College of London and at the University of Berkeley, California, USA, Membrane Bioenergetics Group, directed by Prof. Lester Packer

Full qualification as specialist in Anesthesiology and Intensive Care Medicine in 1984.

In 1991 working period at the Reanimation Polyvalent, Cochin-Port Royal University Hospital, directed by prof J.F. Dhainaut

Assistant Professor of Anesthesiology and Intensive Care Medicine at the “Policlinico Umberto I-Università La Sapienza” from 1985 to 1999.

Editor in Chief of “Intensive Care Medicine” from 2007 to 2013. Associate Editor of the same Journal from 2000 to 2007.

Awarded with the Society Medal of the ESICM in the 2013.

Past President of the Italian Society of Anesthesiology and Intensive Care Medicine (SIAARTI).

President of the European Society of Intensive Care Medicine (ESICM) 2016-2018

Scientific fields of interest and research: Noninvasive Ventilation, Mechanical Ventilation, ARDS, Shock, sepsis and infections.

Involved as Principal Investigator in many phase II-III clinical and international trials in ICU patients

Author of more than 300 papers with more than 24,384 citations, H index 74. The majority of these scientific publications are on several aspects of Noninvasive Ventilation, ARDS, Shock and sepsis.

Invited lecturer or chairman in more than 300 International Meetings.

Non-invasive positive pressure ventilation (NIV) has been shown to be safe and effective as first line treatment in patients with acute hypercapnic respiratory failure and acute cardiogenic pulmonary oedema.

Despite some data suggest NIV may also avoid intubation in heterogeneous categories of patients with hypoxemic acute respiratory failure (HARF), its safety and efficacy in such a context is still debated, given the high failure rate and the possible detrimental effect on the clinical outcome.

As patients' comfort is crucial for NIV success, over the last years a great effort has been made to optimize

NIV tolerability. Different interfaces are available for noninvasive ventilation: in spite of face masks being more commonly used, helmet has been shown to improve patients' comfort, allowing patients' interaction, speech, feeding and not limiting cough. Nonetheless, skin necrosis, gastric distension, or eye irritation are seldom observed during helmet NIV, while may be consequences of long-term treatments with face masks. Moreover, differently from face masks, helmets permit longer-term treatments and allow the setting of higher levels of PEEP without causing air leaks or patient-ventilator asynchrony; this aspect may be crucial when treating severely hypoxemic patients with acute respiratory failure and the acute respiratory distress syndrome (ARDS). Interestingly, higher PEEP during fully controlled mechanical ventilation in the early phase of the disease improves mortality in ARDS patients and raising evidence indicates that it may exert beneficial effects also if spontaneous breathing is maintained. In this sense, a recent randomized controlled trial comparing continuous NIV delivered with helmet or face-mask in patients with ARDS showed a lower intubation rate and a lower 90-day mortality in patients in the helmet group who, accordingly, underwent treatments with higher PEEP and lower  $\text{FiO}_2$ . In this study, however, pressure support NIV and low-flow-continuous positive airway pressure (CPAP) were indifferently used in patients randomized to helmet group, despite their mechanisms of action, efficacy and potential harmful effects are profoundly different, especially given the high relevance of the driving pressure in such a context.

No study has ever clarified whether first-line treatment with helmet NIV as compared to other interfaces or techniques may yield a significant benefit to critically ill patients with respiratory failure. In order to establish whether the application of NIV in hypoxemic patients through the helmet might be beneficial without arm in comparison to other interfaces further randomized controlled studies are needed

Meet the Experts

## [ME2] Meet the Experts2

### Non-pharmacological management of delirium in the ICU:

#### Understanding the latest evidence

座長: 曷川 元(一般社団法人 日本離床研究会学術研究部), 西田 修(藤田医科大学医学部 麻酔・侵襲制御医学講座)

コメンテーター: Celine Gelin (McGill University, Canada)

Fri. Mar 1, 2019 5:40 PM - 6:30 PM 第5会場 (国立京都国際会館1F Room D)

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## [ME2] Non-pharmacological management of delirium in the ICU: Understanding the latest evidence

Dale M. Needham (Johns Hopkins University, USA)

(Fri. Mar 1, 2019 5:40 PM - 6:30 PM 第5会場)

## [ME2] Non-pharmacological management of delirium in the ICU: Understanding the latest evidence

Dale M. Needham (Johns Hopkins University, USA)

【同時通訳付き】 【ARS（視聴者参加型アンケートシステム）使用】

Dr. Needham is Professor of Pulmonary and Critical Care Medicine, and of Physical Medicine and Rehabilitation at the Johns Hopkins University in Baltimore, USA. He is Director of the “Outcomes After Critical Illness and Surgery” (OACIS) Research Group and core faculty with the Armstrong Institute for Patient Safety and Quality, both at Johns Hopkins. From a clinical perspective, he is an attending physician in the medical intensive care unit at Johns Hopkins Hospital and Medical Director of the Johns Hopkins Critical Care Physical Medicine and Rehabilitation program.

Dr. Needham received his MD degree from McMaster University in Hamilton, Canada, and completed both his residency in internal medicine and his fellowship in critical care medicine at the University of Toronto. He obtained his PhD in Clinical Investigation from the Bloomberg School of Public Health at Johns Hopkins University. Notably, prior to his medical training, he completed Bachelor and Master degrees in Accounting and practiced in a large international accounting firm, with a focus in the health care field.

Dr. Needham is Principal Investigator on a number of NIH research grants and has authored more than 350 publications. His research interests include evaluating and improving ICU patients’ long-term physical, cognitive and mental health outcomes, including research in the areas of sedation, delirium, early physical rehabilitation, and knowledge translation and quality improvement.

Delirium is common in critically ill patients and associated with long-lasting effects after hospital discharge.

Multiple pharmacological strategies have been suggested for the management of delirium in the ICU, but without consistent evidence of benefit. The 2018 Society of Critical Care Medicine (SCCM) clinical practice guidelines on Pain, Agitation/Sedation, Delirium, Immobility and Sleep disruption (PADIS) suggest not routinely using pharmacological interventions for the prevention or treatment of delirium.

However, based on the results of multiple recent studies, the 2018 SCCM PADIS guidelines suggest multi-component, non-pharmacological interventions for the management of delirium in the ICU. Such interventions focus on reducing modifiable risk factors for delirium, including providing cognitive stimulation, optimizing sleep, promoting mobility, and reducing hearing, and vision impairments. Moreover, the ABCDEF bundle, including family engagement, may reduce delirium in the ICU.

This presentation will focus on the latest recommendations and evidence regarding multi-component, non-pharmacological strategies for the management of delirium in critically ill patients.

Free access to the full-text version of four publications related to the 2018 SCCM PADIS guidelines and information about the ABCDEF bundle is available at these web pages:

<http://www.sccm.org/ICULiberation/Guidelines>

<http://www.sccm.org/ICULiberation/ABCDEF-Bundles>

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Meet the Experts

## [ME3] Meet the Experts3

敗血症性 DICの診断・治療のこれから～ van der Poll先生と語る

1. そもそも敗血症性 DICに抗凝固療法は期待できるのか？
2. トロンボモジュリン試験がうまくいかなかった理由はどこにあるのか？
3. 将来アンチトロンピンで臨床試験を実施する際に注意すべきことは何か？

座長: 射場 敏明(順天堂大学医学部附属 順天堂医院救急・災害医学)

Sat. Mar 2, 2019 5:05 PM - 6:05 PM 第5会場 (国立京都国際会館1F Room D)

共催: 日本製薬株式会社

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### [ME3-1] The coagulation system in sepsis and the application of anticoagulant therapy

Thomas van der Poll (Amsterdam University Medical Centers, University of Amsterdam, Netherlands)

### [ME3-2]

山川 一馬 (地方独立行政法人大阪府立病院機構大阪急性期・総合医療センター高度救命救急センター)

### [ME3-3]

和田 剛志 (北海道大学大学院医学研究院侵襲制御医学講座救急医学分野)



(Sat. Mar 2, 2019 5:05 PM - 6:05 PM 第5会場)

## [ME3-1] The coagulation system in sepsis and the application of anticoagulant therapy

Thomas van der Poll (Amsterdam University Medical Centers, University of Amsterdam, Netherlands)

【同時通訳付き】

Curriculum vitae (September 2018)

Name Tom van der Poll

Date of birth March 20, 1961

Nationality Dutch

Sex Male

Current and recent positions

12/2016 Chair, Department of Medicine, Academic Medical Center, University of Amsterdam, the Netherlands.

01/2011 – 12/2016 Head, Division of Infectious Diseases, Academic Medical Center, University of Amsterdam, the Netherlands.

01/2007 – 12/2016 Head, Center for Experimental and Molecular Medicine, Academic Medical Center, University of Amsterdam, the Netherlands.

03/2003 Professor of Medicine, University of Amsterdam, the Netherlands.

Education and experience

Board Certified Infectious Diseases May 15, 2000

Board Certified Internal Medicine December 15, 1991

Resident Internal Medicine 1986 – 1991, Academic Medical Center, Amsterdam, the Netherlands

PhD title October 10, 1991 [University of Amsterdam]

Thesis: "Tumor necrosis factor: biological responses in humans"

Medical degree November 1986

Medical School, University of Amsterdam 1978 – 1986

Registration (BIG) number: 19023304301

Other activities

- Council member and past Chair of the International Sepsis Forum
- Supervisor ( "Promoter" ) of 64 successfully completed PhD projects
- Principal Investigator of > 50 research grants
- Member of advisory boards and steering committees of several pharmaceutical companies
- Member of Data Safety Monitoring Boards and Clinical Evaluation Committees of several trials on sepsis, pneumonia and rheumatoid arthritis

Web of Science report:

911 publications; 39,371 citations; 4,223 times in 2017

Hirsch index 98

Selected publications (most recent 10 years)

1. Scicluna B.P., van Vught L.A., Zwinderman A.H., Wiewel M.A., Davenport E.E., Burnham K.L., Nürnberg P., Schultz M.J., Horn J., Cremer O.L., Bonten M.J., Hinds C.J., Wong H.R., Knight J.C., van der Poll T. Classification of sepsis patients as blood genomic endotypes: a prospective cohort study. *Lancet Respiratory Medicine* 2017; 5: 816-826.
2. Van der Poll T., van de Veerdonk F.L., Scicluna B.S., Netea M.G. The immunopathology of sepsis and potential therapeutic targets. *Nature Reviews Immunology* 2017; 17(7):407-420.
3. Van Vught L.A., Wiewel M.A., Hoogendijk A.J., Frencken J.F., Scicluna B.P., Klein Klouwenberg P.M., Zwinderman A.H., Lutter R., Horn J., Schultz M.J., Bonten M.M., Cremer O.L., van der Poll T. The host response in sepsis patients developing Intensive Care Unit-acquired secondary infections. *Am. J. Respir. Crit. Care Med.* 2017; 196: 458-470.
4. Van Vught L.A., Klein Klouwenberg P.M.C., Spitoni C., Scicluna B.P., Wiewel M.A., Horn J., Schultz M.J., Nürnberg P., Bonten M.J.M, Cremer O.L., van der Poll T; on behalf of the MARS consortium. Incidence, risk factors and attributable mortality of secondary infections in the intensive care unit after admission for sepsis. *JAMA* 2016; 315: 1469-79.
5. van Vught L.A., Scicluna B.P., Wiewel M.A., Hoogendijk A.J., Klein Klouwenberg P.M., Franitza M., Toliat M.R., Nürnberg P., Cremer O.L., Horn J., Schultz M.J., Bonten M.M., van der Poll T. Comparative analysis of the host response to community-acquired and hospital-acquired pneumonia in critically ill patients. *Am. J. Respir. Crit. Care Med.* 2016; 194:1366-1374.
6. Claushuis T.A., van Vught L.A., Scicluna B.P., Wiewel M.A., Klein Klouwenberg P.M., Hoogendijk A.J., Ong D.S., Cremer O.L., Horn J., Franitza M., Toliat M.R., Nürnberg P., Zwinderman A.H., Bonten M.J., Schultz M.J., van der Poll T.; MARS Consortium. Thrombocytopenia is associated with a dysregulated host response in critically ill sepsis patients. *Blood* 2016; 127: 3062-72.
7. Cheng S.C., Scicluna B.P., Arts R.J.W., Gresnigt M.S., Lachmandas E., Giamarellos-Bourboulis E.J., Kox M., Manjeri G.R., Wagenaars J., Cremer O.L., Leentjens J., van der Meer A.J., van de Veerdonk F., Bonten M.J., Schultz M.J., Willems P., Pickkers P., Joosten L.A.B., van der Poll T.\*, Netea M.G.\* (\*shared senior authorship). Broad defects in energy metabolism of leukocytes underlie immunoparalysis in sepsis. *Nature Immunology* 2016; 17: 406-13.
8. Scicluna B.P., Klein Klouwenberg P.M., van Vught L.A., Wiewel M.A., Ong D.S., Zwinderman A.H., Franitza M., Toliat M.R., Nürnberg P., Hoogendijk A.J., Horn J., Cremer O.L., Schultz M.J., Bonten M.J., van der Poll T. A Molecular biomarker to diagnose community-acquired pneumonia on Intensive Care Unit admission. *Am. J. Respir. Crit. Care Med.* 2015; 192:826-835.
9. Huson M.A.M., Grobusch M.P., van der Poll T. The impact of HIV infection on the host response to bacterial sepsis. *Lancet Infect. Dis.* 2015; 15(1):95-108.
10. De Stoppelaar S.F., van 't Veer C., Claushuis T.A., Albersen B.J., Roelofs J.J., van der Poll T. . Thrombocytopenia impairs host defense in gram-negative pneumonia-derived sepsis in mice. *Blood* 2014; 124: 3781-3790
11. Angus D.C., van der Poll T. Severe sepsis and septic shock. *N. Engl. J. Med.* 2013; 369: 840-851.
12. Van der Poll T., Opal S.M. The pathogenesis, treatment and prevention of pneumococcal pneumonia. *Lancet* 2009; 374: 1543-1556.
13. Van 't Veer C., van der Poll T. Keeping blood clots at bay in sepsis. *Nature Med.* 2008; 14: 606-608.
14. Van der Poll T., Opal S.M. Host-pathogen interactions in sepsis. *Lancet Infect. Dis.* 2008; 8: 32-43.

15. Wiersinga W.J., Wieland C.W., Dessing M.C., Chantratita N., Cheng A.C., Limmathurotsakul D., Chierakul W., Leendertse M., Florquin S., de Vos A.F., White N., Dondorp A.M., Day N.P., Peacock S.J., van der Poll T. Toll-like receptor 2 impairs host defense in gram-negative sepsis caused by *Burkholderia pseudomallei* (melioidosis). *PLoS Medicine* 2007; 4: e248.

#### Bibliography

Tom van der Poll is Professor of Medicine and Chair of the Department of Medicine in the Amsterdam University Medical Centers, location Academic Medical Center, University of Amsterdam, the Netherlands. Van der Poll is board certified in Internal Medicine and Infectious Diseases. His training included a postdoctoral research fellowship in Cornell University Medical College in New York (1993-1995). Van der Poll's research focuses on pneumonia and sepsis, particularly on pathogenesis, the host response and biomarkers. He published > 800 articles on this topic. Van der Poll has served as a member of Data Safety and Clinical Monitoring Boards of several pivotal phase III sepsis and pneumonia trials evaluating immunomodulatory agents.

Activation in coagulation is a part of the innate immune system and it has been found to play an important role in the early host response to infection. However, when systemically activated, coagulation can cause serious complications associated with high morbidity and mortality. As such, activation of coagulation in response to an infection represents a delicate balance between beneficial host protective and potentially detrimental effects. Thus, the application of the anticoagulant therapy for sepsis patients should be considered carefully.

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(Sat. Mar 2, 2019 5:05 PM - 6:05 PM 第5会場)

#### [ME3-2]

山川 一馬 (地方独立行政法人大阪府立病院機構大阪急性期・総合医療センター高度救命救急センター)  
【同時通訳付き】

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(Sat. Mar 2, 2019 5:05 PM - 6:05 PM 第5会場)

#### [ME3-3]

和田 剛志 (北海道大学大学院医学研究院侵襲制御医学講座救急医学分野)  
【同時通訳付き】

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Meet the Experts

## [ME4] Meet the Experts4

### Moral distress : 映画 “ Just Keep Breathing” の鑑賞と討論

座長:川口 敦(モントリオール大学)

Sat. Mar 2, 2019 5:15 PM - 6:25 PM 第11会場 (国立京都国際会館1F Room C-2)

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## [ME4] Moral distress : 映画 “ Just Keep Breathing” の観賞と討論

Video streaming “ JUST KEEP BREATHING: A film about moral distress in ICU professionals”

Daniel Garros (University of Alberta Stollery Children’ s Hospital, Canada)

(Sat. Mar 2, 2019 5:15 PM - 6:25 PM 第11会場)

## [ME4] Moral distress : 映画 “ Just Keep Breathing” の観賞と討論

### Video streaming “ JUST KEEP BREATHING: A film about moral distress in ICU professionals”

Daniel Garros (University of Alberta Stollery Children's Hospital, Canada)

Daniel Garros, MD, is a Canadian-Brazilian PICU attending/staff physician at the Stollery Children's Hospital in Edmonton, Alberta, Canada.

He is also a Clinical Professor, Department of Pediatrics and John Dossetor Health Ethics Centre, Faculty of Medicine, University of Alberta.

He co-lead of the PICU Quality&Safety committee as well as the PICU Bereavement &Compassion Committee and is a member of the same committee at the hospital level.

He sits at the Stollery Child Health Quality Assurance, Improvement &Patient Safety Collaborative QAC. He is also responsible for the PICU database system.

Dr Garros has published on moral distress in the PICU, end of life care in pediatrics, supporting staff in the PICU, end-of-life decision-making, quality and safety, ECMO and Renal replacement therapy.

He was the co-PI on a large multicenter study on Moral Distress in PICU, supported by a CHIR(Canadian Institute for Health and Research) grant. He was the technical director and co-producer of a Movie on Moral Distress for health care Professionals, titled "Just Keep Breathing", as the result of this project. His research interests include end-of-life care, bereavement, medical ethics, professional well being, and quality and safety in health care delivery.

Father of 3 teenager kids and still a soccer player on his spare time!"

He has been to Japan twice, the first time was in 1989 as a young PICU fellow presenting for the first time ever outside Brazil 2 papers at the World Conference in Critical Care in Kyoto!

\*同時通訳はありません。

皆さん、今までに以下のようなことを感じたことはないだろうか？

私はいったいこの患者に何をしているのだろうか？

この患者に間違った治療を施していないだろうか？

われわれはここで何をしているんだ？

この患者の「命」を延ばしているのだろうか、あるいは苦しみを与え続けているだけなのだろうか？

なぜ他のメンバーは私に反対するのだろうか？

— こんなときあなたは道徳的苦痛（モラルディストレス）を経験しているのです。

「 Just Keep Breathing」は実際に PICU（小児集中治療室）で日々忙しく働く医師、看護師、呼吸療法士、栄養士から聞き取った数々の実話を元に作った映画です。2007年から5年間 CIHR (Canadian Institutes of Health Research)からの助成を受け、カナダの8つの PICUで行われた道徳的苦痛に関する研究の一環として作成されました。

集中治療で働いていると、患者あるいは親からの同意取得、無意味と思えるようなケア、延命医療、患者やその家族の生活の質などについての倫理的な問題に日々遭遇するのではないのでしょうか。このような時、倫理的な問題があることを指摘し解決しようとする努力を怠ると、チーム医療は音を立てて崩れ落ちることになります。道徳的苦痛が解決されずに放置されると、悲惨な結果が待っているのです。つまり、このことをチーム内で理解しあい解決策を探ることが非常に重要なのです。

この映画は、多職種チームにおける同情、献身も描いています。多忙極める PICUでの診療の中で、「見えないところ」にあるもの、つまりチームワークや各専門家としての個人個人の意見がどのようにこの事象に影響を与えているのかについても描いています。

「Just Keep Breathing」は集中治療領域において学際的（interdisciplinary）チームワークや健全な仕事環境を達成維持するために必要であろう「対話」や「理解」を促進することを目的に作成されました。専門性が極めて高い PICUの医療従事者の不必要な離職を防ぎ、ひいては重症患者あるいはその家族により良いケアを提供することにつながることを祈っています。

As a clinician, have you ever had thoughts like these?

*What are we doing to this patient? It feels wrong to put this patient through this treatment! What are we doing here? Are we extending her life or her suffering? Why is everyone on my team against me on this?*

You may be experiencing Moral Distress!

Just Keep Breathing is a film depicting real stories of Moral Distress, as told by doctors, nurses, respiratory therapists and dieticians, who work in a busy Pediatric Intensive Care Unit (PICU).

The film was created to disseminate the results of a multidisciplinary research project done from 2007 to 2012 in 8 PICUs in Canada. It was funded by the CIHR (Canadian Institutes of Health Research).

The ICU team faces daily ethical questions regarding issues such as consent, futile care, use of life sustaining technology, and quality of life for patients and their families. Team functioning can be severely affected when ethical challenges are not addressed or resolved successfully. Given the serious implications of unresolved moral distress, it is necessary to gain a better understanding about this important issue among ICU teams.

At the same time, the movie shows the compassion and the dedication of the multidisciplinary team, by revealing the “behind the scenes” motions of a busy PICU, the team work that it is necessary and elements of personal reflection about our profession as care givers.

“Just keep breathing” aims to facilitate dialogue and understanding within the ICU community, contributing to the promotion of interdisciplinary teamwork and ultimately fostering a healthier work environment. This may positive impact on the retention of highly specialized PICU staff and, consequently, improve the care provided to the critically ill patient and their families.