

Editorial

Relaunching the Pro–Con section at *Critical Care*

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At a recent Editorial Board meeting of *Critical Care* that was held in conjunction with the International Symposium of Intensive Care and Emergency Medicine in Brussels, there was a fairly lively discussion about the Pro–Con section of the journal. Despite data demonstrating that the diverse and provocative Pro–Con debates published over the years have been popular, there was a sense they could offer more to our readership. As a result we decided to embark on a makeover for the section that finds its beginnings in the present edition of *Critical Care*.

A primary goal of the Pro–Con section of *Critical Care* is to provide our readership with information that is both relevant to their practice and can be incorporated rapidly into patient management decisions. If you think about the current format of Pro–Con debates frequently held at international meetings – and mirrored in our original approach to the Pro–Con section – this goal may not be achieved. In a standard Pro–Con debate, two experts are asked to take opposing points of view on a particular topic. The combatants intentionally take polarized, provocative stances in an attempt not only to engage the audience but to win the debate. Many times, the opinions presented do not represent the combatants' actual approaches or beliefs but are part of the gamesmanship. Frequently both experts have an actual practice more central or similar. Although at meetings these debates are exciting and are often a highlight, we are not convinced the audience is given practical advice useful to patient care.

As part of this section's relaunch, for the foreseeable future we shall ask one expert/expert team to review a common clinical scenario in which clinicians caring for critically ill patients frequently come to a crossroads in decision-making and are unclear on the ideal route to take. The expert/expert team will present both the pro and con sides of a particular approach in succinct fashion. Importantly, after having laid out the evidence for the contrasting approaches, the expert/expert team will be asked to decide for the readership what they would actually do in the situation. In this way, we hope readers will not only be given a summary of all the latest

data on an issue but will also be given suggestions translatable to the bedside.

The editorial board believes the makeover of the Pro–Con section more closely mirrors our clinical practice where clinicians quickly weigh the pros and cons of a particular management decision and then make a decision. This rapid decision-making is one of the arts of being a good critical care provider.

We hope you continue to enjoy reading the Pro–Con section of *Critical Care* and that you find information that informs improved patient outcomes. We would be interested in your feedback on our changes and any suggestions you might have for future Pro–Con topics.

Competing interests

The author declares that they have no competing interests.