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## The story of critical care in Asia: a narrative review

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**Group Author:** [Asian Critical Care Clinical](#) (Asian Critical Care Clinical)

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### JOURNAL OF INTENSIVE CARE

**Volume:** 9 **Issue:** 1

**Article Number:** 60

**DOI:** 10.1186/s40560-021-00574-4

**Published:** OCT 7 2021

**Indexed:** 2021-10-22

**Document Type:** Review

#### Abstract

Background Asia has more critically ill people than any other part of our planet. The aim of this article is to review the development of critical care as a specialty, critical care societies and education and research, the epidemiology of critical illness as well as epidemics and pandemics, accessibility and cost and quality of critical care, culture and end-of-life care, and future directions for critical care in Asia. Main body Although the first Asian intensive care units (ICUs) surfaced in the 1960s and the 1970s and specialisation started in the 1990s, multiple challenges still exist, including the lack of intensivists, critical care nurses, and respiratory therapists in many countries. This is aggravated by the brain drain of skilled ICU staff to high-income countries. Critical care societies have been integral to the

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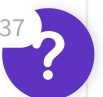
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development of the discipline and have increasingly contributed to critical care education, although critical care research is only just starting to take off through collaboration across groups. Sepsis, increasingly aggravated by multidrug resistance, contributes to a significant burden of critical illness, while epidemics and pandemics continue to haunt the continent intermittently. In particular, the coronavirus disease 2019 (COVID-19) has highlighted the central role of critical care in pandemic response. Accessibility to critical care is affected by lack of ICU beds and high costs, and quality of critical care is affected by limited capability for investigations and treatment in low- and middle-income countries. Meanwhile, there are clear cultural differences across countries, with considerable variations in end-of-life care. Demand for critical care will rise across the continent due to ageing populations and rising comorbidity burdens. Even as countries respond by increasing critical care capacity, the critical care community must continue to focus on training for ICU healthcare workers, processes anchored on evidence-based medicine, technology guided by feasibility and impact, research applicable to Asian and local settings, and rallying of governments for support for the specialty. Conclusions Critical care in Asia has progressed through the years, but multiple challenges remain. These challenges should be addressed through a collaborative approach across disciplines, ICUs, hospitals, societies, governments, and countries.

### Keywords

**Author Keywords:** [Critical care](#); [Asia](#); [Intensive care unit](#); [Epidemiology](#); [Culture](#)

**Keywords Plus:** [RESPIRATORY-DISTRESS-SYNDROME](#); [LIFE-SUSTAINING TREATMENTS](#); [INTENSIVE-CARE](#); [GLOBAL BURDEN](#); [ILL PATIENTS](#); [CRITICAL ILLNESS](#); [MORTALITY](#); [INDIA](#); [EPIDEMIOLOGY](#); [WITHDRAWAL](#)

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### Document Information

**Language:** English

**Accession Number:** WOS:000705846300001

**PubMed ID:** 34620252

**ISSN:** 2052-0492

### Other Information

**IDS Number:** WE8CF

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### Journal information

[JOURNAL OF INTENSIVE CARE](#)

**ISSN:** 2052-0492

**Current Publisher:** BMC, CAMPUS, 4 CRINAN ST, LONDON N1 9XW, ENGLAND

**Journal Impact Factor:** [Journal Citation Report™](#)

**Research Areas:** General & Internal Medicine

**Web of Science Categories:** Critical Care Medicine

**3.953**

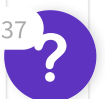
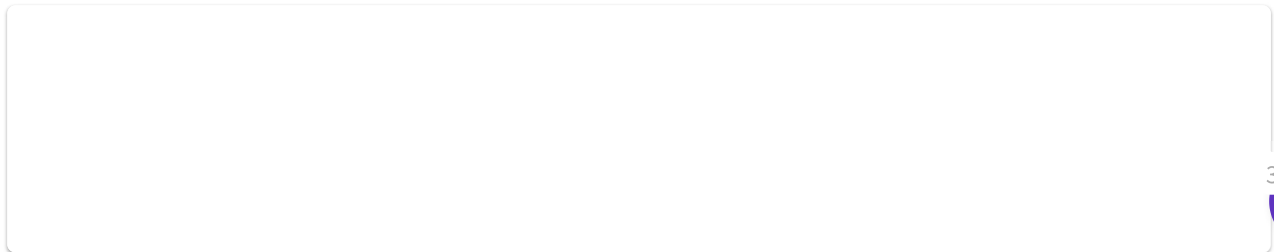
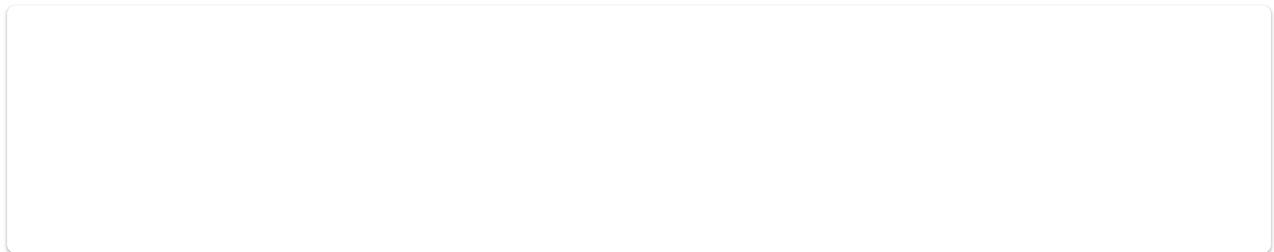
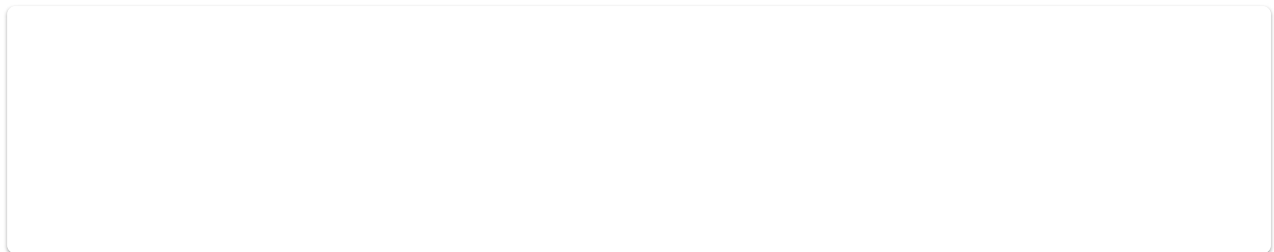
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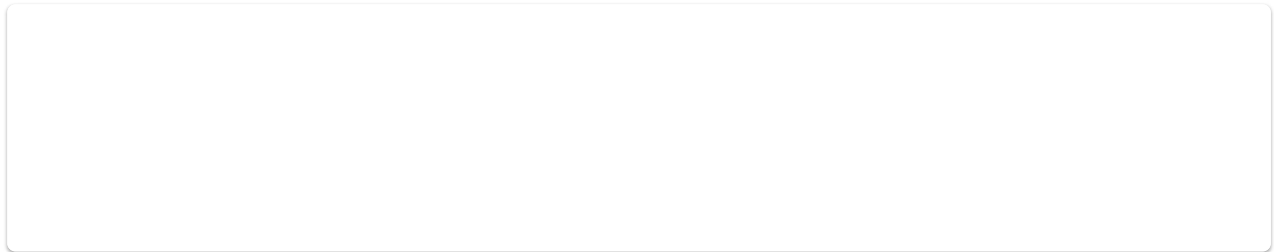
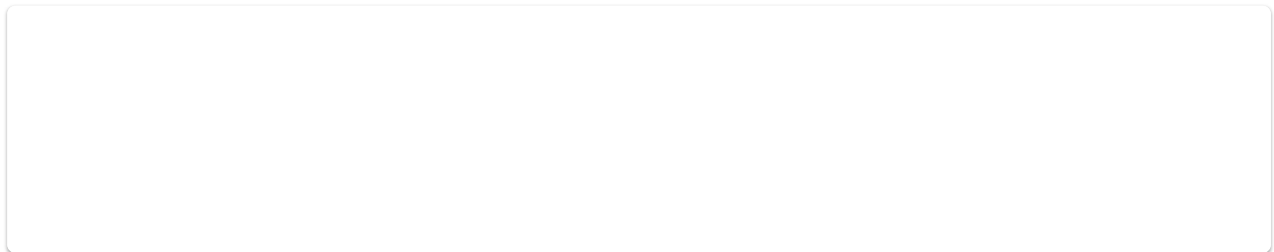
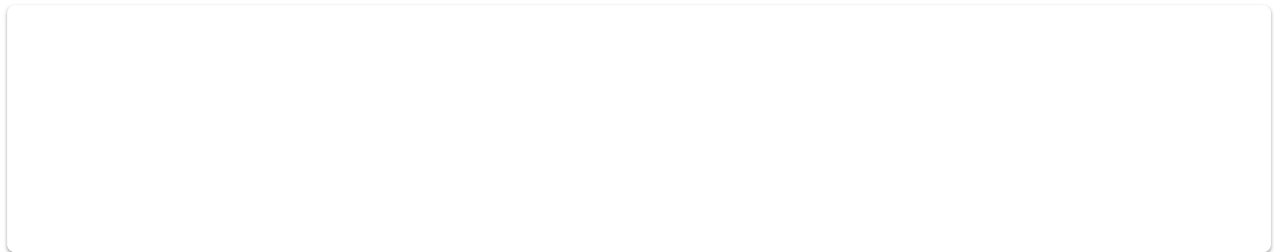
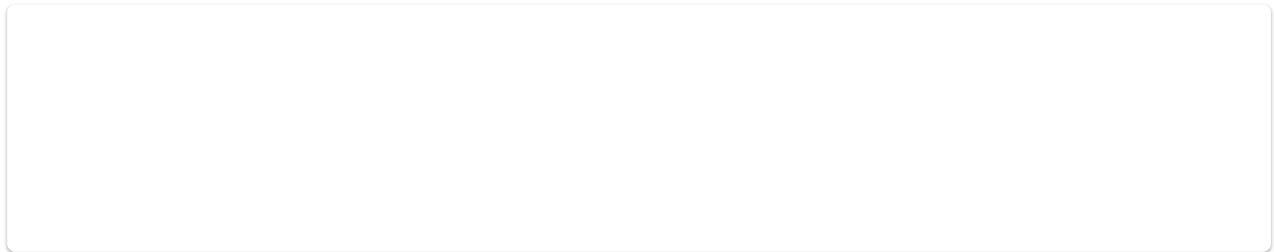
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