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## Controversies in Critical Care

Textbooks and monographs were the foundation of medical education for decades and centuries. These were supplemented by journals that explored more recent advances in the field. The evolution of the internet, the availability of information in the form of soft copies, and the widespread ability to share this material over the internet has completely changed the landscape of medical publishing. One wonders about the role of standard textbooks, monographs and updates in paper versions. Nevertheless, medical textbooks seem to be persisting, and the book "Controversies in Critical Care" is a very interesting read.

The basic format of the book is as follows. Each chapter addresses a single clinical question. This question is one that has not yet been adequately resolved, e.g., "should we do early or late tracheostomies?" The background, the basic science and physiology of the topic is covered, followed by a concise review of the actual RCTs that address the question. This is followed by a brief appraisal of these RCTs and each chapter ends with the Key Points. The book covers all the major topics and systems that an intensivist has to deal with in daily practice.

Though the title is controversies in critical care, I see this more as a very thorough EBM update in critical care. For me, the undoubted highlight of the book is the table that covers all the relevant RCTs in each of the chapters. These four authors have done all the hard work of collating all the relevant studies on each of the topics covered, making it easy for the reader to be fully updated with minimal effort. The other strength of each chapter is the summary of Key Points. I personally find this a much more satisfactory approach to dissemination knowledge, than the standard "Guidelines". The problem with guideline-based medicine is they sacrifice scientific accuracy and robustness in an attempt at making therapy uniform. Readers of guidelines feel compelled to follow the guidelines. This book by Chacko et al. does not do this. It lays out the evidence and lets the reader make an informed decision.

My bottom line is that this book will serve practitioners and students very well. Each chapter answers the initial question thoughtfully, after a brief but comprehensive exploration of the physiology, rationale and evidence. I hope this book is easily accessible to intensivists in practice and in training, as it is a very valuable resource of information. I would like to applaud the huge effort it must have taken the four authors to put all this material together. Medicine changes very rapidly, and I wonder if the authors and publishers could come up with a system that updates each chapter as and when new information emerges. That would make this an even more valuable fount of knowledge.

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