

Local research is *lekker*

Welcome to Durban for the first World Federation of Societies of Critical Care Medicine Congress to be held in Africa. We hope that this event will trigger a landslide of local research in critical care. While the clinical practice of intensive care is well established in South Africa, research output in this field is relatively limited. As the leading scientific journal covering critical care medicine and nursing in Africa, we look forward to publishing your forthcoming original papers.

In this issue of the *SAJCC*, we publish the Critical Care Society of Southern Africa's position statement on extracorporeal membrane oxygenation (ECMO).^[1] The statement came about owing to a concern in both academic and medical aid circles that this costly intervention is being increasingly practiced in the private sector and could be used inappropriately. An invited comment by Firman *et al.* discusses the recent advances and benefits of ECMO.^[2] Implicit in both these articles is the need for centres of excellence to be established before this complex therapy can be advocated.

The role of antioxidants in the management of critically ill patients has been reviewed in a meta-analysis by Miller and colleagues.^[3] This is an area of considerable interest and controversy; a new systematic review including some recently published trials is to be welcomed. This paper confirms previous studies showing an improved clinical outcome using this low-cost intervention. This analysis, however, did not include the results of a recently published large study which showed that antioxidants had no effect on outcome.^[4] The reasons for this discrepancy are not clear.

Staying with the nutritional theme, we also publish an invited review by Hill on the mechanisms and clinical implications of gut dysfunction in the critically ill.^[5] This is a very common problem that is poorly understood and has a direct bearing on both the nursing and medical care of patients. Dysmotility has many potential causes and hampers enteral feeding, while impairment of the gastrointestinal barrier may play a role in the pathogenesis of nosocomial infection and the development of multiple organ failure.

Patients with conditions associated with infection from the human immune deficiency virus (HIV) are commonly admitted to South African intensive care units (ICUs). Naidoo conducted a survey on the attitudes of doctors to ethical dilemmas related to HIV patients in ICU.^[6] While the survey showed no evidence of discrimination against HIV patients, it is concerning that over 40% of respondents would provide intensive care to patients who refused it, and a similar number would not involve ICU staff or patients' families in decisions to withdraw therapy.

We trust that you find these papers edifying and that, when you return home from this exciting meeting, you feel stimulated enough to do a research project in your own ICU, for it is only by studying what we do that we can improve our clinical practice and better teach our students.

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Editor

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