

Gender in the ICU

Diversity and Equality During COVID-19: The World Series, *F. Rubulotta, A. Artigas*

Male Sex - An Independent Risk Factor for Mortality in Very Old Intensive Care Patients With Respiratory Failure, *R. Bruno, B. Wernly, B. Guidet, H. Flaatten, A. Artigas, C. Jung*

Working in the Pandemic and Preserving Diversity, *S. Myatra, F. Rubulotta*

Sex, Lies and COVID-19, *S. Einav, A. Bouthors*

Sex in the Intensive Care, *A. Lopez, I. Lakbar, M. Leone*
Women in Critical Care, *S. Siddiqui*

"Help! My Patient Has Duchenne Muscular Dystrophy". How should you handle a chronic ventilator user admitted to your ICU with acute critical illness?
Y. Chan

Should Families Be Allowed To Visit Dying COVID-19 Patients in the ICU? *S. Siddiqui, M. Hayes, T. Sarge*



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Gender inequity in critical care medicine remains a pressing issue as the representation of women and minorities continues to be lowest in this specialty. Women continue to be underrepresented in leadership roles and senior positions. Whether it is overall compensation, lucrative opportunities, recipients of research funding, lead authors and editors, or presence at medical conferences, men continue to outnumber women.

Despite significant debate and focus on gender equity and diversity, a significant gender gap still exists in the field of critical care medicine. It is time to change societal ideas about the roles of men and women, and opportunities for women and people of colour must be enhanced so that they too can succeed in this specialty. Issues like workplace harassment and discrimination from both colleagues and patients must be addressed, and preventive and supportive strategies that promote and facilitate diversity in the workplace must be implemented.

At the same time, it is also important to consider gender-related outcome differences among critically ill patients. Most clinical trials in critical care focus on the overall long-term outcome of critically ill patients as a whole but ignore outcome differences that may be associated with gender. There is evidence to show that males tend to consume more ICU resources and have longer ICU stays compared to women. Mortality and survival among men and women also tend to be significantly different because of gender-related factors. There is thus a need to consider gender as an important variable when evaluating ICU admission, patient assessment, ICU referral, diagnosis, treatment and follow-up.

In this issue, our contributors discuss **Gender in the ICU**. Francesca Rubulotta and Antonio Artigas look at gender, bias and equality through the lens of the COVID-19 crisis and highlight the importance of developing best practices for the post-pandemic future. Raphael Bruno, Bernhard Wernly, Bertrand Guidet, Antonio Artigas, Hans Flaatten and Christian Jung talk about gender differences in elderly critically ill patients and emphasise using gender-specific management strategies to reduce gender-specific outcomes.

Sheila Myatra and Francesca Rubulotta discuss the devastating impact of the COVID-19 pandemic on women and communities of colour and the need for diversity among healthcare workers and public health leaders. Sharon Einav and Anne-Sophie Bouthors highlight the impact of gender on the severity of illness, impact and outcomes of coronavirus disease and, in particular, the treatment of pregnant women with COVID-19.

Alexandre Lopez, Ines Lakbar, and Marc Leone discuss how sex is an important determinant in the trajectory of patients developing critical illness and why it should be considered an important variable for personalised care in the ICU. Shahla Siddiqui provides an overview of gender inequity in critical care medicine, barriers to women's progress and possible solutions.

In our Matrix section, Yeow Chan offers a personal observation and reflection on how to handle a chronic ventilator user and offers suggestions to smoothen the sojourn of the next chronic ventilator user through an ICU while Shahla Siddiqui, Margaret Hayes, and Todd Sarge present an ethical analysis of the pros and cons of having family members present at the death of a COVID-19 positive ICU patient and framework that can be used in future surges.

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