

Preclinical research in critical care — the Australasian perspective

Michael J O'Leary



TO THE EDITOR: It may be usual to write something along the lines of “the editorial from Bihari and colleagues is timely...”,¹ but from my perspective, this well written piece has come too late. Few may recall that in 1997 I won the prize for the “Best basic science paper” at the Australia New Zealand Intensive Care Society (ANZICS)/Australian College of Critical Care Nurses Annual Scientific Meeting (ASM) in Hobart.² I can't be certain, but I think this prize was never available at any subsequent ASM.

The reality is that, for many years, those with an interest in basic science or preclinical research have been disparaged, and this approach has sometimes been promoted by some researchers who have now made their names at the altar of the “pragmatic, randomised controlled clinical trial”. This view, sadly, conforms to a more general Australasian intensive care opinion that I hear all too frequently: “thanks for that, but I don't treat any rats in my ICU”. Over about a 10-year period after my 1997 prize, I tried, I believe valiantly, to pursue a career in preclinical intensive care research, to no avail. Even in my own institution, when I had managed to enthuse junior colleagues to complete a preclinical study, the department refused funding to analyse the samples already collected, on the basis that it was not clear that the research would provide any definitive result.

I am pleased to see the editorial of Bihari and colleagues in print but I think that to “foster all domains of intensive care medicine research” will take far more than having a preclinical research session at the Noosa ANZICS-Clinical Trials Group meeting, for example.

Unfortunately, few departments of intensive care in Australia have access to preclinical or laboratory research facilities, and this is a significant barrier to trainees considering such research as a viable career option. To promote preclinical research, we need to feature it in major sessions at all our scientific meetings, prioritise such papers in our journals, and provide incentives for trainees to consider preclinical research (overseas perhaps) as an excellent option between completion of training and accepting a specialist position. Significant progress, however, may need to await the retirement of some of the disparaging dinosaurs.

Australia is rightly considered a world leader in intensive care clinical research, but we are well behind our international peers in the preclinical sphere. This editorial is a great call to action, and I hope that those currently engaged in research, scientific meetings, grants and publications will take heed of it and find the enthusiasm to rise to the challenge of supporting and developing this much-neglected aspect of our research environment.

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1. Bihari S, Maiden M, Deane A, et al. Preclinical research in critical care — the Australasian perspective. *Crit Care Resusc* 2015; 17: 151-152.
2. Abstracts of the ANZICS/CACCN 22nd Annual Scientific Meeting, October 16-19, 1997, Hobart, Tasmania. *Anaesth Intensive Care* 1998; 26: 431-459. □

Correction

In “Oxygenation targets and monitoring in the critically ill: a point prevalence study of clinical practice in Australia and New Zealand” in the September 2015 issue of the Journal (*Crit Care Resusc* 2015; 17: 202–207), the authors should have been listed as “Paul J Young, Richard W Beasley, Gilles Capellier, Glenn M Eastwood, and Steve AR Webb, for the ANZICS Clinical Trials Group and the George Institute for Global Health”.