

Rehabilitation after critical illness – don't overlook technological and social factors

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Dear Editor,

We support the call from White and colleagues for more expert, multidisciplinary, integrated and consistent follow-up for all patients admitted to Intensive Care Units (ICUs) in the UK. [1] We would like to highlight two additional factors that play significant roles in recovery after critical illness – technology and community.

Besides creating a 'tsunami of need' which threatens to overwhelm NHS rehabilitation services, [2] the COVID-19 pandemic has fundamentally changed the nature of ICU aftercare. Where services are available, strict lockdowns and social distancing have necessitated a switch to 'virtual rehabilitation'. Even with widespread vaccination rollouts, it is likely that post-ICU follow-up will incorporate some form of virtual rehabilitation for years to come. Virtual consultations may benefit ICU survivors by reducing the frequency of expensive and inconvenient journeys to hospital appointments. However, remote consultations may obscure subtle clues suggesting unmet psychological and physical needs and depersonalise the professional-patient relationship. Virtual rehabilitation could also exacerbate health inequalities by excluding patients with unreliable internet access and those who speak English as a second language. Future research must compare long-term clinical outcomes and staff and patient experiences of face-to-face and virtual ICU aftercare.

Wider pandemic circumstances have also sidelined carers and relatives in the rehabilitation process and curtailed social factors that are integral to recovery after critical illness. An expert multidisciplinary team can identify and address complex and myriad physical, cognitive and psychological consequences of prolonged ICU admission, but this is only part of the puzzle of recovery. For many patients, rediscovering a sense of purpose and reconnecting with friends, family and the wider community are equally important. Patient-led post-ICU support groups provide space

for reflection on the personal and collateral impact of critical illness, and access to a network of ICU survivors with lived experience and expertise in navigating local health services. Even with optimal ICU aftercare, the postponement of support group meetings and social isolation resulting from lockdown may have left patients feeling alone and rudderless. Although we face the daunting prospect of substantial unmet need in recent ICU survivors, hope springs from the end of lockdown and social reconnection.

References

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2. Thornton J. Covid-19: the challenge of patient rehabilitation after intensive care. *BMJ* 2020;369:m1787

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