

Rebel with a cause

Intensive care units are supposed to be about saving lives. So why is Deborah Cook, a world leader in critical care best practices, so focused on patients who are dying?

For her, caring for critical care patients doesn't end when treatments no longer work in the intensive care unit (ICU). "We don't know the figures in Canada, but an estimated one in

five deaths in the U.S. occurs in a critical care bed," says Cook, who holds McMaster professorships in both medicine and clinical epidemiology and biostatistics. "As clinicians, we need to engage with patients and find ways to honor them in their final hours."

The Canada Research Chair of Research Transfer in Intensive

Care, whose many honors include Officer of the Order of Canada, a Distinguished Investigator Award from the American College of Critical Care Medicine, and a lifetime achievement award from the American Thoracic Society, is as passionate about end-of-life care as she is about improving intensive care unit (ICU) procedures to save lives in the ICU.

Her leadership of the Canadian Clinical Care Trials Group helped

shape it into the most productive national ICU research consortium in the world while earning her a reputation for provocative research debunking many accepted ICU practices, and clarifying others.

Her landmark studies documented how to decrease the risk of bleeding from the stomach in patients on life support, how to lower the risk of

potentially fatal blood clots with blood thinners, and how the common practice of lowering blood sugar levels in critically ill patients could actually raise the risk of death. Her findings have been taken up into daily practice in ICUs the world over.

The first intensivist in Canada formally trained in CE&B, she credits McMaster's Health Research Methodology

program for instilling in her a passion for clinically relevant research that makes a difference. She urges investigators to be "thoughtful in the research questions they pose and careful in the studies they design" and clinicians to "call forth their humanism", especially when caring for palliative patients.

Argues Cook: "With a compassionate, individual, sensitive approach, dying with dignity is possible."

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