Why LASI did not endorse the new definitions of sepsis published today in JAMA

Today, JAMA published the new sepsis definitions, an initiative of the Society of Critical Care Medicine (SCCM) and the European Society of Intensive Care Medicine (ESICM). LASI was invited to endorse the document. However, we declined to do so, as did other major American societies such as the American College of Chest Physicians and the American College of Emergency Physicians.

We sent a letter today to JAMA with the reasons for our refusal. We decided it was worth sharing the gist of the letter with you; greater details will follow the letter's acceptance.

1. We found it regrettable that the group of experts selected by SSCM and ESICM did not include any member from the low- and middle-income countries (LMIC), as sepsis care is different in these settings. Unfortunately, receiving endorsement from some societies in the LMIC did not solve this issue, since to refuse endorsement could be difficult given the existing political relationships.

2. The need of 2 points in SOFA or 2 components of qSOFA to define sepsis will select a more severely ill population. This might be of interest to the more privileged countries, nowadays suffering from over-sensitivity, but it is detrimental to the interests of LMIC, where we are trying to raise awareness about this problem. Patients with hypotension or with a reduced level of consciousness will be classified as "uncomplicated infection".

3. Any process of improving quality of sepsis care in the LMIC should focus on early detection of possible infection based on SIRS criteria and the presence of any organ dysfunction. So, we cannot agree with the use of qSOFA as a screening tool as suggested by figure 2. These patients would be already too sick.

4. Elevated lactate levels (even if > 4 mmol / k) are no longer part of organ dysfunction criteria to define sepsis. According to the new concept, high lactate levels will be used only as one of the criteria to define septic shock. Thus, the new criteria assume that

patients with hyperlactatemia and without hypotension have no higher risk of death. We strongly disagree that a patient with lactate higher than 4 mmol/L will have only “uncomplicated infection”.

We would like to invite you all to a careful reading of the new definitions and to join us in the request for proper reassessment.

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