



Mitchell Levy

The European Society of Intensive Care Medicine proudly awards this citation for Honorary Membership to Professor Mitchell M Levy MD for his outstanding contributions to the care of critically ill patients, especially those with severe sepsis, and his unceasing efforts to build collaboration and partnerships between professional societies as well as individual critical care practitioners around the world and, most notably, to build upon and further reinforce the crucial relationship between the Society of Critical Care Medicine and the European Society of Intensive Care Medicine.

Dr Levy gained degrees in Medicine and Psychology from the State University of New York in Buffalo, before going on to train in Internal Medicine at the University of Colorado. After positions in Canada and Hawaii, Dr Mitchell came to Brown University, Rhode Island in 1997, where he remains, having become Professor of Medicine in 2004, and subsequently Chief of the Division of Pulmonary and Critical Care Medicine; positions he still holds. As a successful academic, he has published in excess of 100 peer-reviewed papers and chapters, and has served upon a number of important bodies influential in the critical care arena, most notably in the areas of quality initiatives, ethics and end of life care. He played a particularly important role in 2000 – 2001 as Chair of the NIH ARDSnet panel investigating OHRP complaints against ARDSnet.

Dr Levy has been especially active within the Society of Critical Care Medicine, serving in a number of senior roles, culminating in President-Elect and President in 2008 – 2010. Dr Levy is widely travelled, and is a Europhile, and it is perhaps this, together with his strong grounding in the quality and process initiatives, that made him uniquely suited to his role as a founding member of the Surviving Sepsis Campaign. Originally conceived as a joint initiative of the Society of Critical Care Medicine, European Society of Intensive Care Medicine and the International Sepsis Forum, and subsequently (and still) supported and developed by SCCM and ESICM, the Campaign has been the product of an enormous amount of effort by many dedicated people, but three extraordinary leaders have played outstanding roles in its success. Professor Graham Ramsey (Past President of ESICM led the First Phase, developing the narrative around why the Campaign was and remains necessary. Professor R Phillip Dellinger leads the Second Phase; the pivotal development and updating of the guidelines that are distilled from the rapidly changing evidence base, and which provide the most authoritative statement of how best to treat severe sepsis and underpin the Third Phase – the implementation phase, led by Dr Levy.

This aspect of the Campaign has been its most original and transformative aspect, and is an initiative unique within critical care, and arguably unequalled within any major speciality area. Building on the foundations of the guidelines, and working with the Institute for Healthcare Improvement (IHI), Dr Levy championed the introduction of the concept of bundles to critical care, at a time when this was still an entirely new concept, allied with a formal process improvement methodology and a database to allow the effects of this initiative to be measured and reported. As a consequence, there are now some 30,000 patients with severe sepsis in whom the effects of this initiative have been recorded, demonstrating a substantial improvement in outcome, and establishing a new standard of care, both clinically, and as a benchmark in research studies of new therapies for this challenging patient group.

Dr Levy has a formidable list of achievements and honours, and his style and success has always been collaborative and generous, in particular in the manner in which he reinforced the importance of the fundamental relationship between SCCM and the European Society. Ultimately, though, it is his achievement through his leadership role in the Surviving Sepsis Campaign that will perhaps be regarded as his greatest achievement to date. Very few can genuinely claim to have changed fundamentally for the better the way we treat our patients, and to have established a new paradigm of care. Dr Levy, through his personal leadership and generous encouragement of others, together with Drs Ramsey and Dellinger, has been largely responsible for just such a change.

I have been personally privileged to witness Dr Levy delivering the highest standard of care to his patients in Rhode Island, but there are many more patients with severe sepsis who will have survived in large part due to his efforts, but without ever knowing his face or name. Ultimately it is for this achievement that the European Society is proud to recognise and honour Dr Levy, and we are confident that the full impact of the work he and his colleagues started has yet to be completely realised. Indeed, the finest tribute we can pay will be to continue to work together to ensure that, in the future, all patients with severe sepsis receive the best possible standard of care, building on the foundation Dr Levy and his colleagues, and the Campaign, have provided.

RICHARD BEALE