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Professor of Medicine**

**Specialty:** Critical Care Medicine  
**Institute:** Mount Sinai Hospital and University of Toronto  
**Department:** Interdepartmental Division of Critical Care Medicine  
**City:** Toronto  
**Country:** Canada  
**Function:** Consultant  
**Professional Roles:** Critical care physician, Mount Sinai Hospital; and Clinician Scientist, University of Toronto



**Scientific Foci** Opioid/Sedative administration in the ICU; neuromuscular blockers; delirium; opioid withdrawal; physical restraint in the ICU; sleep in the ICU; post-ICU psychological and cognitive morbidity; the patient and family experience; Outcomes of critically ill patients with hematologic malignancies; Diversity in critical care medicine; Gender parity in critical care medicine

**Key words:** See 'Scientific Foci'

**What else do I want to say?**

I work in a 16-bed medical-surgical-oncology ICU at Mount Sinai Hospital in Toronto, Canada. I completed medical school at McGill University in Montreal, Internal Medicine training at the University of Toronto, and Respiriology and Critical Care training at Brown University in Providence, Rhode Island.

My primary research focus is on the administration of sedation and analgesia, and the occurrence and risk factors for delirium in mechanically ventilated, critically ill patients; as well as sleep, psychological and cognitive morbidity following discharge from the ICU. My sedation/delirium research program has included intensivist and patient surveys, prospective national multi-center practice audits, systematic reviews, and randomized controlled trials.

Other research foci in the ICU include opioid withdrawal, physical restraint use, sleep in the ICU, and the ICU environment.

Recently, I've started a fascinating research program on diversity and gender equity in critical care medicine.

I have served as a Mentor for more than 25 trainees at various levels, including undergraduates, medical students, and post-graduate MDs.

### **Selected Reference List**

1. E Merman, D Pincus, C Bell, N Goldberg, S Luca, M Jakab, K Burns, SE Straus, MS Herridge, **S Mehta**. Differences in Clinical Practice Guideline Committee Membership by Sex. *Lancet Respir Med* 2018 -In press.
2. Venkatesh B, **Mehta S**, Angus D, Finfer S, Machado F, Marshall J, Mitchell I, Peake S, Zimmerman J. Women in INTensive Care [WIN] study: A preliminary assessment of international data on female representation in the ICU physician workforce, leadership and academic positions. *Crit Care* 2018 Sep 10;22(1):211. doi: 10.1186/s13054-018-2139-1.
3. **Mehta S**, Rose L, Cook D, Herridge M, Owais S, Metaxa V. The speaker gender gap at critical care conferences. *Crit Care Med*. 2018 Jun;46(6):991-996. doi: 10.1097/CCM.0000000000003114.
4. **Mehta S**, Burns K, Machado F, Fox-Robichaud A, Cook D, Calfee C, Ware L, Burnham E, Kisson N, Marshall JC, Mancebo J, Finfer S, Hartog C, Reinhart K, Maitland K, Stapleton RD, Kwizera A, Amin P, Abroug F, Smith O, Laake JH, Shrestha GS, Herridge M. Gender Parity in Critical Care Medicine. *Am J Respir Crit Care Med* 2017 Aug 15;196(4):425-429. doi: 10.1164/rccm.201701-0076CP.
5. Marhong J, DeBacker J, Fan E, **Mehta S**. Sedation and mobilization during veno-venous Extracorporeal Membrane Oxygenation (VV-ECMO) for Acute Respiratory Distress Syndrome: An International Survey. *Critical Care Medicine* 2017 Nov;45(11):1893-1899. doi: 10.1097/CCM.0000000000002702
6. **Mehta S**, Cook D, Devlin JW, Skrobik Y, Meade M, Fergusson D, Herridge M, Steinberg M, Granton J, Ferguson N, Tanios M, Dodek P, Fowler R, Burns K, Jacka M, Olafson K, Mallick R, Reynolds S, Keenan S, Burry L for the SLEAP Investigators and the Canadian Critical Care Trials Group. Incidence, risk factors and outcomes of delirium in mechanically ventilated adults. *Crit Care Medicine* 2015 Mar;43(3):557-66.
7. Burns K, Rizvi L, Smith O, Lee Y, Lee J, Wang M, Brown M, Parker M, Premji A, Leung D Hammond-Mobilio M, Gotlib-Conn L, Nisenbaum R, Santos M, Li Y, **Mehta S**. Is there a role for physician involvement in introducing research to surrogate decision makers in the Intensive Care Unit? (The Approach Trial: A Mixed Methods Study). *Intensive Care Medicine* 2015 Jan;41(1):58-67.
8. **Mehta S**, Cook DJ, Martin CM, Muscedere J, Skrobik Y, Burry LD, Stewart TW, Zhou Q, and Meade M for the Lung Open Ventilation Study Investigators. A ventilator strategy combining low tidal volume ventilation, recruitment maneuvers and high positive end-expiratory pressure does not increase sedative, opioid, or neuromuscular blocker use in adults with Acute Respiratory Distress Syndrome. *Annals of Intensive Care* 2014, 4:33.
9. Burry L, **Mehta S**, Williamson DR, Ely EW, Adhikari NKJ, Egerod I, Fergusson DA, Rose L. Pharmacological interventions for the treatment of delirium in critically ill patients. *Cochrane Database of Systematic Reviews* 2014, Issue 10. Art. No.: CDXXXXXX. DOI: 10.1002/14651858.CDXXXXXX.



*The Intensive Connection*



10. Rose L, Fitzgerald E, Cook D, Kim S, Steinberg M, Devlin JW, Ashley B, Dodek P, Smith O, Poretta K, Lee Y, Burns K, Harvey J, Skrobik Y, Fergusson D, Meade M, Kraguljac A, Burry L, **Mehta S**, for the SLEAP Investigators and the Canadian Critical Care Trials Group. Clinician perspectives on protocols designed to minimize sedation. *J Crit Care* 2015 Apr;30(2):348-52.
11. Burry L, Williamson DR, Perreault MM, Rose L, Cook DJ, Ferguson N, Wong Z, Lapinsky SC, **Mehta S**. Analgesic, sedative, antipsychotic, and neuromuscular blocker use in Canadian ICUs: a prospective, multicenter, observational study. *Can J Anaesth* 2014 Jul;61(7):619-630.
12. Burry L, Rose L, McCullagh I, Ferguson ND, Fergusson D, **Mehta S**. Daily sedation interruption versus no daily sedation interruption for critically ill adult patients requiring invasive mechanical ventilation. *Cochrane Database of Systematic Reviews* 2014 Jul 9;7:CD009176.
13. Rose L, Kenny L, Tait G, **Mehta S**. Ventilator settings and monitoring parameter targets for initiation of continuous mandatory ventilation: A questionnaire study. *J Crit Care*. 2014 Feb;29(1):123-7. doi: 10.1016/j.jcrc.2013.10.018. Epub 2013 Oct 29.
14. **Mehta S**, Burry L, Cook D, Fergusson D, Steinberg M, Granton J, Herridge M, Ferguson N, Devlin J, Tanios M, Dodek P, Fowler R, Burns K, Jacka M, Olafson K, Skrobik Y, Hebert P, Sabri E, Meade M, for the SLEAP Investigators and the Canadian Critical Care Trials Group. Daily sedation interruption in mechanically ventilated critically ill patients cared for with a sedation protocol: A randomized controlled trial. *JAMA* 2012; 308(19):1985-1992.
15. **Mehta S**, Quittnat Pelletier F, Brown M, Ethier C, Wells D, Burry L, MacDonald R. Why substitute decision makers provide or decline consent for ICU research studies: A questionnaire study. *Intensive Care Medicine* 2012; 38(1):47-54.