**Introduction:**
The aim of this study was to assess the accuracy of physician’s prediction of hospital mortality in critically ill patients in an intensive care unit (ICU) scarcity setting.

**Methods:**
Prospective cohort of acutely ill patients referred for ICU admission in an academic, tertiary hospital in Brazil. Physicians’ prognosis and other variables were recorded at the moment of ICU referral.

**Results:**
There were 2374 analyzed referrals. Physician’s prognosis was associated to hospital mortality. There were 593 (34.4%), 215 (66.4%) and 51 (94.4%) deaths in the groups ascribed a prognosis of survival without disabilities, survival with severe disabilities or no survival, respectively (p<0.001). Sensitivity was 31%, specificity was 91% and the area under the ROC curve was 0.61 for prediction of mortality. After multivariable analysis, severity of illness, performance status and ICU admission were associated to an increased likelihood of incorrect classification, while worse predicted prognosis was associated to a lower chance of incorrect classification. Physician’s level of expertise had no effect on predictive ability.

**Conclusion:**
Physician’s prediction was associated to hospital mortality, but overall accuracy was poor, mainly due to low sensitivity to detect mortality risk. ICU admission was associated to increased incorrect classification, but there was no effect of physician’s expertise on predictive ability.

**Image 1:**

*Association of physician’s prognosis with hospital mortality (p<0.001).*