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## Beyond the State of the Journal

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The 1990s have already proven to be a decade of unprecedented change. A war has been completed in 100 hours. Countries have been born overnight. Medicine, like world politics, is in a period of marked uncertainty. As a result, medical journals must strive to be more informative and more timely if they are to continue to be useful to physicians in keeping up with advances in technology and changes in the organization of health care.

It is interesting to review the papers published just a decade ago in the March 1982 issue of *The Journal of Family Practice*. One described the use of radiographs in prenatal diagnosis ("The abdominal films appear to have provided useful and necessary information in the management of labors and deliveries . . .").<sup>1</sup> Another described the severe limitations of routine pregnancy tests in the diagnosis of ectopic pregnancies ("These slide and tube tests are not very useful in the diagnosis of ectopic pregnancies because they lack sensitivity").<sup>2</sup> Another, which described the state of health in Kenya, was seemingly prophetic in light of the current AIDS epidemic in Africa (" . . . the roots of illness lie deep in the economic, social and political fabric of the nation").<sup>3</sup>

There has never been a time as challenging or exciting as today for medicine and medical science and technology. By the end of this decade there will undoubtedly be implantable insulin-producing beta-cell systems that effectively "cure" diabetes. The results of the Human Genome Project will dramatically alter our understanding of disease. The findings from this research are expected to be used to develop simple blood tests that accurately predict the likelihood of a woman developing breast cancer. Cancer screening activities could then be targeted, instead of the "universal screening" approach used today. Imaging methods will increasingly focus on organ function rather than simply on anatomy. For imaging of the brain this will open the door to a real understanding of many psychiatric disorders. These and other scientific breakthroughs will have a profound effect

on what family physicians do each day. It will change how we understand disease, which tests we order, and what therapies we prescribe. The year 2001 will be an exciting time to be a family physician.

It is also apparent that the organization of medicine will change. Never before have so many segments of our society agreed on the need for health care reform. The public is frightened that they will not get medical care when they need it. This is an obvious concern for the millions who are uninsured, but is also a fear for those with the best medical insurance. Affordable health insurance can now be purchased only by those who maintain excellent health and therefore do not need it.

The business community is also demanding health care reform. They have seen the rising cost of insuring their employees grow to the point where it represents the difference between profitability and bankruptcy. Atlantic Richfield must sell 192,000 gallons of gasoline to pay for a single employee's appendectomy!

Health care reform has become a rallying cry for both Republican and Democratic politicians. As Aetna Life Insurance President Ronald Compton joked, "Health care is a growth industry for politicians."<sup>4</sup> Over 200 different health care bills have recently been introduced by members of the US House of Representatives and the US Senate. The frenzy of an election year is just the sort of stimulus that Washington needs to produce radical changes in the organization and reimbursement of medical care.

Given the uncertain environment that physicians will face in this decade, what should they expect from a medical journal? First, it should keep them abreast of the most important developments in the field. Manuscripts sent to the Journal over the past year have come from a wide range of authors: university-based family medicine faculty, clinicians in full-time practice, and specialists in other medical disciplines. Approximately 290 experts served as reviewers of these submissions and completed over 500 detailed critiques that were used by the authors to revise and improve their manuscripts. Only 27% of the submitted manuscripts were eventually published.

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This highly selective acceptance rate means that only the very best work appears in the Journal.

Readers should expect a journal to be timely. In this day of modems and fax machines, it is just not acceptable for a journal to take its time in preparing a manuscript for publication. Our average time from manuscript submission to completion of the initial review is now 2 months. The average time from a manuscript's acceptance to publication is 5 months. While this is excellent by most journal standards, we hope to do better in 1992.

Finally, readers should expect a journal to be interesting to read. In 1991 we introduced a variety of new features: Technology Review, Software Review, From Washington, and Prevention in Practice. These are intended to complement the Journal's primary purpose: to publish the very best, clinically relevant primary care research. In the Journal's research section we have introduced studies that used qualitative research methods, decision analysis, and meta-analyses. The research topics have varied from the treatment of bronchitis, to the

dispensing of pharmaceutical samples, to the patient encounter as "drama."

A special call for papers was announced in the January 1992 issue. These papers are to focus on the practice of family medicine in the year 2001. We hope that these papers will help readers look beyond today's problems to how we will be practicing medicine a decade from now.

Journals that continually strive to meet the needs of their readers and authors will flourish. This fact will ensure that we do our very best to bring you the most relevant, credible, and interesting reading during the exciting decade of the 1990s.

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