EJA 2011: Finding the balance between science and politics

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EDITORIAL

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One year has passed since the advent of the new European Journal of Anaesthesiology (EJA). Have we achieved our plans? Does the EJA satisfy all expectations? This is wishful thinking as there are too many ideas and opinions on what our specialty journal should be, and what priorities should be set. Some would like a journal devoted to continuous medical education, publishing primarily narrative review articles, with related multiple-choice questions to assess readers’ acquisition of the new knowledge. Others would like us to concentrate on primary research papers, reporting original data from both animal and human studies. Also, there is significant disagreement, even among the editors, on whether we should continue to publish reports dealing with basic science or chronic pain, because papers in these categories only arrive in the editorial office following rejection by several other specialty journals. What we have realised these last 12 months, however, is that the EJA, in contrast to similar specialty journals, is expected to play a role in both the science and politics of anaesthesia in Europe, and we cannot overlook that.

Let us first consider the science. Ideally, all studies reporting original human or animal data are of valid and reproducible methodology, are free of bias, are bound to the widely accepted rules of good quality data reporting, and truly advance anaesthesia. Unfortunately, for this journal, this is still rarely the case, and there is much to do. As editors, we cannot modify trial methodology, choose primary endpoints, or test the validity of the study model. Once a study is done, it’s done. A biased study design cannot be made unbiased through peer review and the editorial process; a biased paper can only be rejected. However, editors are able to improve the quality of data reporting, and in the months to come we intend to bring our weight to bear on this issue. This initiative will consist of new requirements that will include clearer labelling of the study architecture in the report title, more detailed structuring of abstracts and strict adherence to internationally approved statements of adequate reporting, as a minimum. These changes will not be implemented at once; there will be a step by step approach. Peer reviewers and authors first need to be informed and educated, and we are keen not to burden authors’ administrative workload further. However, although we cannot influence an author’s initial research question, nor the choice of the study methods used, our ultimate goal shall be to publish papers that fulfil the highest standards of data reporting. Readers of the EJA can expect scientific communications that are clear, complete, unbiased, without redundancy, and reproducible.

Secondly, there is the politics. Within this category there are “scientific” issues that deal with, education, quality control, safety standards or evidence-based guidelines, and recommendations for prevention, therapy and diagnosis. However, the scope of politics allows for the establishment of principles and the expression of opinions. The EJA is the official organ of the European Society of Anaesthesiology (ESA). The mission statement of ESA is to aim for the highest standards of practice and safety in anaesthesia, intensive care, emergency medicine and pain treatment through education, research and professional development throughout Europe. Thus, automatically and logically, the EJA becomes the main tool of ESA for the dissemination of guidelines with which to standardise clinical practice throughout European anaesthesia. Recent examples of these deal with the pre-operative cardiac risk assessment and perioperative cardiac management in non-cardiac surgery, and sedation during endoscopies. These documents are testimony to the will of ESA to collaborate with other European specialty societies on common issues. Further examples will hopefully emerge soon from the multiple activities of the recently initiated ESA guidelines committee.

In addition to those scientific reports that have a political background, there are others dealing with political principles, opinions and statements. These are equally fundamental for the adequate function and further development of anaesthesia within Europe. The political arm of ESA is the European Board of Anaesthesiology (EBA). The EBA is the official anaesthesiology section of the European Union of Medical Specialists (UEMS), and as such it closely collaborates with ESA. Being so closely linked to the EBA, it follows that our journal becomes the official publication for anaesthesia-related political issues within Europe. Examples of this political voice are the recently published declaration on patient safety in anaesthesia and surgery, and the proposal for evaluation and assessment of postgraduate training in European anaesthesiology, resuscitation and intensive care. Typically, reports of this nature often raise more questions than answers. Their main role may be highlighting those, possibly controversial, issues that need to be addressed by the European anaesthesiology community in the near future.
In conclusion, the EJA continues to offer a platform for both scientific and political publications in relation to European anaesthesia, intensive care, emergency medicine and pain treatment. Readers who would prefer to read more about science than politics are reminded that this is the only anaesthesia journal in Europe that offers a forum for all issues related to European anaesthesia, and in any case, the two are indivisible.

References