

# What to read – that is the question!

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Keeping up-to-date is a constant headache for doctors, and that headache is compounded by lack of time, particularly for those in clinical practice. This problem, however, is not new, though it has certainly worsened. Andrew Duncan, a past President of this College (1790–1792; 1824), started the first medical book abstract journal in English in 1773 to help busy doctors (*Medical and Philosophical Commentaries* later becoming the *Edinburgh Medical Journal*), and in so doing, he stated that: ‘the greatest part of those who are engaged in ... (medicine) ... have neither leisure nor opportunity for very extensive reading.’<sup>1</sup> Richard Smith, a former Editor of the *British Medical Journal* and a fellow of our college, commenting on the present situation, has noted that ‘the average doctor spends not much more than an hour a week on professional reading’, mostly synoptic educational articles.<sup>2</sup> Physicians maintain their knowledge in a variety of ways, but journals (print and electronic) are an important part of continuing professional education. Most physicians, particularly younger ones, practice within a specialty, and consequently general journals and specialty (even subspecialty) journals compete for the attention of physicians. Trying to keep up with general and specialty medicine may account for the finding that individual members of this College subscribe, on average, to between one and three general medical journals and between one and three specialty journals.<sup>3</sup> Even so, personal journals do not always meet specific needs, and doubtless this contributes to the increasing use of information databases.

So, what is the place of a general medical journal, such as the *Journal of the Royal College of Physicians of Edinburgh*? Patients seeking the help of physicians want, and should be able to rely on, their physicians being knowledgeable and competent within their specialties. However, those confused by illness need, and, I believe, usually want, more than specialist knowledge and competence. They need and want good general advice and guidance. This is especially the case for patients with limited ability to fend

for themselves, where illness affects many systems, in chronic disease, and where treatment is more supportive than curative. These factors are increasingly common in all countries where life expectancy is increasing. Accordingly, if patients (and their carers) are to avoid having to visit several specialists, and then being left to make important decisions alone, physicians’ specialist knowledge needs to be supplemented by general knowledge of areas other than their own, and awareness of medical matters engaging the attention of the wider public. Furthermore, physicians also need to be aware of matters pertinent to societal health as well as that relevant to patients. In other words, physicians can only achieve the highest standards of care (the objective of our College) if we are well educated generally, as well as proficient in our specialties.

So, how does our *Journal* seek to resolve these several requirements? First, the *Journal* sets out to be a source of information, interest and education for physicians worldwide, based on original and commissioned articles, all of which are peer reviewed. Second, we remember that doctors in active practice have limited time to devote to reading. The original articles published by any journal are determined by what material is submitted, and we accept (usually after revision) about two thirds of submitted material. Four articles are usually published in each issue, including two illustrating useful clinical images (*Images of the Quarter*). Short reviews are focused on medical topics which have attracted public interest through the world media (*Behind the Medical Headlines*); these can be seen on the Scottish Royal Colleges public website which also supplies extensive continuously updated links to medical reports in the world media ([www.behindthemedicalheadlines.com](http://www.behindthemedicalheadlines.com)). Short reviews are all limited to 1,000–2,000 words for easy rapid reading and are all commissioned from specialists in the field. Expert opinion on recently published papers relevant to clinicians is provided by appropriate specialists (*Clinical Opinions*), and brief summaries of a selection of published

papers seek to widen appreciation of the current literature (*Medibytes*). The College has an extensive educational programme, reflected in articles derived from a rolling programme designed to cover growing points in most specialty areas over a three-year period as well as extended abstracts and reports from symposia and update meetings held in the College (*Continuing Medical Education*). Our *History of Medicine* section, highly regarded by medical historians, brings awareness of the importance of the past for the present of medicine, and *Etcetera* pieces aim to inform and entertain our readers between periods of heavier reading.

When Andrew Duncan established *Medical and Philosophical Commentaries* in 1773, his aim was to provide his readers with a journal which would inform physicians 'without the necessity of examining a great variety of books.'<sup>1</sup> No medical journal could begin to do that now, but the more modest aim of the *Journal* (along with our

*Behind the Medical Headlines* website) has been to maintain our readers' interest in medicine beyond their specialties, to contribute something to their practice, and to tempt them to look a bit further into the world medical literature relating to the medicine of the present and the past. The extent to which this aim is being achieved can only be judged by our readers. Last year, a questionnaire answered by 1,140 readers gave encouraging support to the *Journal*<sup>2</sup> and this year we hope to include another questionnaire in *Issue 2* which will give you the opportunity to let us know which parts of the *Journal* you like more, which less, and whether there are other ways in which the *Journal* might be improved. Please take advantage of this opportunity. The editorial team wants to receive your comments (even adverse), we look forward to comments on anything we publish, and we would be delighted to receive your (best!) articles for possible publication.

## REFERENCES

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