

From the editor

Welcome to the third issue of the year.

I am nearing the end of my term as Editor-in-Chief of the Journal. The College – wisely, I believe – appoints the Editor-in-Chief typically for a 3-year term. I have agreed to serve an extra year in order to ease the transfer of power to the new editor, as I found working alongside my predecessor, Sandy Raeburn, very helpful.

The Editor-in-Chief should be a Fellow of the College who has wide-ranging interests in medicine and its place in society. Substantial experience of writing and reviewing medical and/or scientific papers is crucial, but previous experience as a journal editor is not. The work of Editor-in-Chief (and indeed our other editorial roles) can be managed remotely and accommodated around other professional and personal commitments (within deadline requirements). The editorial board meets monthly (a hybrid ‘real’ meeting at the College and teleconference), but the large majority of the work occurs by email (and telephone). We welcome applicants from the UK and overseas.

Mohaned Egred’s term as Editor of the Education section is ending shortly, and the College is also seeking his replacement. The Education editor’s roles include commissioning papers across the broad spectrum of education and training in the UK and internationally. I am delighted that Mohaned will be continuing as Clinical Editor.

One of the developments in the Journal over the term of my editorship of which I am most proud has been the expansion of the History section to include Medical Humanities, broadly interpreted, and the appointment of an Associate Editor to oversee this. Seamus O’Mahony, a busy gastroenterologist, general physician and writer on medical issues, has admirably filled this role. He is demitting from post in order to focus on his own writing. The College is seeking his replacement as Associate Editor to work with Allan Beveridge, who continues as History and Medical Humanities Section Editor.

The editorial team receives excellent in-house professional editorial and developmental support; the Senior Production Editor (Rona Gloag) has responsibility for the day-to-day management of the Journal and works collaboratively with the Editor-in-Chief and Section Editors to ensure they are supported in undertaking their roles. The Editors also receive administrative support from our Editorial Assistant (Russell Davidson) who manages the process of manuscript submission, peer review and communication with the authors.

Jeanette Stevenson, Head of Education and Training at the College and I are very happy to receive informal enquiries about these posts. Jeanette may be contacted at j.stevenson@rcpe.ac.uk or +44 (0)131 247 3628. I may be contacted at martyn@rcpe.ac.uk

I am sure many of our readers have enjoyed Seamus’ contributions to this (and indeed other) journals; we have another of his trenchant pieces in the current issue. Robert McNamara was a brilliant US economist who applied detailed statistical analysis to improve the efficacy of aerial bombing missions during the Second World War, and then to the Ford Motor Company (the world’s largest car manufacturer), returning it to profit. However, he will be most remembered for his service as US Secretary of Defense from 1961 to 1968. During this time he applied a similar rigorous statistical analysis to the conduct of the Vietnam War. This led to an over-reliance of a simple metric – ‘things you can count, you ought to count; loss of life is one’ – that itself was based on flawed data. Despite its vastly superior economic and military might, the US lost the Vietnam War. I am certain many of our readers will feel a chilling echo in the healthcare systems in which they work. We measure what we (think we) can measure and assign it great importance. Other genuinely important matters cannot be quantitated properly (or indeed at all), and become perceived as less important. Certainly in the UK NHS this has led to a target culture that has distorted clinical priorities, reduced the autonomy of physicians to act in the best interests of their patients, and worsened patient care. Indeed, it has harmed the very institutions it is supposed to improve.

Robert Downie, a professor of philosophy who has written for the journal before, challenges another concept that appears to be becoming an accepted orthodoxy: that we should apply a consumerist model of choice (the patient as customer) even in a healthcare system, such as the NHS, free at the point of delivery.

In addition, we have our usual range of, I hope, less contentious papers in our Clinical, Education, and History and Medical Humanities sections.

Martyn Bracewell
Editor-in-Chief

Details for all the above posts can be found on the College website:

<http://www.rcpe.ac.uk/college/vacancies>

The closing date for applications is **13 November 2017**