

The Best Years of My Life

IT is traditional for a retiring editor-in-chief to review the accomplishments of his or her term. I'd rather not do that, at least not in detail. I inherited a publication that had been exceptionally well managed for 11 yr by Larry Saidman, and I'm turning it over to another outstanding individual, Jim Eisenach, who is the perfect person to guide us for the next 10 yr. ANESTHESIOLOGY was unquestionably the premier journal in our specialty at the end of Larry's tenure—and I am proudest of the fact that ANESTHESIOLOGY is *still* the best our specialty has to offer, both in America and throughout the world. I'm also certain that Dr. Eisenach will maintain this excellence and take the Journal to a position of even greater prominence.

I've been associated with ANESTHESIOLOGY for a very long time. I think I first reviewed an article for the Journal in the early 1980s, and I joined the editorial board as the "neuroanesthesia expert" after Harvey Shapiro's retirement in 1989. I was elected Editor-in-Chief in 1996. This was, without a doubt, the culmination of my career. I was once asked, "Do you want to be a department chair?" and answered "No, I'd rather be the Editor-in-Chief of ANESTHESIOLOGY." I now serve as a department chair, but I don't think there is any job in our specialty that is better or more rewarding than Editor-in-Chief of the Journal. I will miss just about everything about the job—but I also believe that the Journal is unquestionably better served by a change in leadership.

During my tenure, I've had a chance to think about—and discuss—a number of important issues facing our profession and the Journal. Rather than just discuss accomplishments, I'd like to comment on a few of these broader matters. First, I've learned a great deal about the state of research and science in our specialty. We've published articles that I hope most of you have read, and we've heard lectures bemoaning the decrease in funding for anesthesia research in the United States, the decrease in publication output, the problems facing the academic anesthesia community, and so on. These concerns are real and demand attention. But ANESTHESIOLOGY is an international journal, and my impression is that the scientific underpinnings of our specialty have never been stronger, thanks largely to the growth in high-quality work that has occurred around the world. The US anesthesia community should be proud of this because we are largely responsible for training many of the international leaders who are responsible for this success. These people came to the United States to learn from us and they did exactly what we hoped. They returned to their home countries and succeeded in developing high-quality research activities. Yes, there has been a decrease in

articles from institutions in the United States, but they have been more than replaced by articles of the highest possible quality from our colleagues in Asia and Europe. In fact, it was the recognition of this fact that led ANESTHESIOLOGY to radically alter the makeup of its editorial board, adding both Editors and Associate Editors from Canada, Japan, France, Germany, Switzerland, Great Britain, and elsewhere. The American anesthesia community is in trouble, but the *specialty* of anesthesia—around the world—has never been in better condition.

Second, I've had a long time to think about the core values of this Journal. The primary mission of ANESTHESIOLOGY is to receive, peer-review, and make available to its readership the best material that is available. Typically, when we say "readership," we think of our subscribers. However, I think this view of our readership is obsolete, or should be. Of all the changes we've made over the past 10 yr, I'm perhaps happiest about our decisions (a) to publish in an all-electronic Web-based format and (b) to make access to all published articles freely accessible only 6 months after publication, making many of our articles freely accessible immediately upon publication. I believe this signals a fundamental change. I believe it is now appropriate to view our readership as every anesthesiologist in the world, subscriber or not. Moving to electronic publication has made this much easier because it frees us from the expenses and delays associated with mailing the print journal around the world. Opening our content to those who may not be able to afford a subscription is a way to fulfill an unwritten mandate to get our articles—which I believe to be worthwhile, important, and of the highest quality—into the hands of as many anesthesiologists as possible. By doing so, we have allowed an opportunity to further the work I mentioned in the previous paragraph, to educate, train, and advise anesthesiologists everywhere, something that can only benefit patients everywhere. But I think our efforts—which place us at the forefront of open access—have just begun. I would like to see ANESTHESIOLOGY move to totally free access, and I'd like to see all of the journals in our specialty follow suit. I'm not worried about economics. Yes, it costs money to publish a journal, and we may need to explore differences in ways to support these costs. But I believe we can easily afford the relatively small cost per reader that free access entails.

I do believe that the world of electronic publication creates some problems. When readers can easily access individual articles, rather than turning the pages of the printed journal, and can quickly click from an article in one journal to an article in another, the distinction between journals can begin to blur. Electronic publication also makes it easier for individuals to publish their work,

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both good and bad, and someone navigating through this literature may have a harder time being certain of the quality of what they are reading. How does a journal like *ANESTHESIOLOGY* maintain its identity and its reputation in the face of this freedom? I believe the answer is easy. We do it by maintaining the very high quality of our Editorial and Associate Editorial Boards, by picking the best reviewers available from every country in the world, and by maintaining the high standards that we've set over the decades. If we do this, I have no concerns that someone seeing the *ANESTHESIOLOGY* logo on any article they access will know that they can trust the content of that article to be the best available.

There is a dark side to this issue of quality. Like it or not, problems related to conflicts of interest and to research misconduct will continue to plague us. To most readers, these problems are invisible, but they are very real. This concern was the impetus for *ANESTHESIOLOGY*'s taking a strong stand about disclosure on behalf of authors *and* editors; *ANESTHESIOLOGY* is still the only journal in our specialty that publicly discloses (on the Web) the potential conflicts of all of our Editors and Associate Editors. We also demand full disclosure from our authors. I believe that this process needs to be expanded and strengthened, not just by *ANESTHESIOLOGY* but by all journals. We've also encountered some serious examples of misconduct, ranging from plagiarism and duplicate publication to frank falsification of data. In some cases, we've made these discoveries public. In others, as well as communicating with the authors involved, I've personally communicated with department chairs, deans, and other editors-in-chief about these actions. But I believe we need to go further. Although I firmly believe in the confidentiality of the peer-review process, I also believe that no author has the right to hide his or her misconduct behind such confidentiality. As a result, I would urge both my successor and the editors of all of the other journals in our specialty to band together to make it impossible for someone who is discovered to have violated the basic rules of scientific and publishing integrity from simply sending their work to another journal.

Before ending, I must thank some of the people who have made my job a joy. Perhaps the most important of these individuals is Barbara Bewyer, our Managing Editor for my entire tenure. Those of you who know Barb—our editors, reviewers, and authors—know that she has set a new standard of commitment to her job. Without her efforts, this would not be the Journal it is today. She has been ably aided by an incredibly strong team of people

in our office—Vicky Farrington-Howrey, Shawn Platt, Tom Smith, and others.

Second, I want to thank the people at Lippincott Williams & Wilkins. When I started this job, I was convinced I knew everything about scientific publishing and that these “business people” were only interested in money and were in my way. Boy, was I wrong. Without the guidance of people like Shelley Andrews, Craig Percy, and our current Publisher, Nancy Megley, I'd have naively dragged us into some very interesting but nonproductive ventures. I've learned more from them than I would have ever imagined 10 yr ago. The American Society of Anesthesiologists (ASA) is incredibly fortunate to have a company like Lippincott Williams & Wilkins working on our behalf.

Third, I've learned a great deal about the ASA itself. When I began my role as Editor-in-Chief, I thought of the ASA as a big bureaucratic organization with little interest in the academic community. Again, I was wrong. I've learned that the ASA is a remarkable organization, lead by remarkable people, who are just as committed to excellence in our specialty as anyone anywhere. I'm talking of everyone from the Executive Directors (Glenn Johnson and now Ron Bruns), the Officers of the ASA, and the Board of Directors (who have shown nothing but respect for me and the Journal) to all of the Park Ridge, Illinois, headquarters staff. When we've needed help, they've given of their time and resources freely and willingly. They share my pride in *ANESTHESIOLOGY*.

I'd also be remiss in not thanking my Editors. On several occasions, I've privately and publicly characterized the Editors as “the biggest bunch of prima donnas in the academic world.” I don't mean this in a derogatory way. They are the most incredibly bright, hardworking, accomplished group of academic anesthesiologists anywhere in the world, and they care about this Journal as much as I do. I'm honored to have been selected as Editor-in-Chief by them and proud to have served with them.

Finally, I thank Linda, my wife. On uncountable nights, on weekends, and on vacation, she's tolerantly watched me work on manuscripts to the exclusion of many family activities. My son Anthony has also been critical; he literally grew up with the Journal, watching his father (at home and in the office) being an editor. Without their support, I would never have been able to successfully juggle the many tasks that make up my professional life.

Thank you for the best years of my life.

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