Editorial

Changes and challenges

I am taking the opportunity to introduce myself as the new Editor-in-Chief of the British Journal of Anaesthesia in what is my first full issue at the end of the transitional period. Taking on the leadership of a well-known and successful venture is a major challenge in any walk of life and this applies to taking on the editorship of the British Journal of Anaesthesia. My pride at being entrusted with such a prestigious role is counterbalanced by the anxieties of maintaining the standard of excellence achieved by my predecessors Graham Smith and Jennie Hunter. I am particularly grateful to Jennie Hunter for her regular and continuing guidance on the steep learning curve that I have been on in the past few months.

I am very fortunate in the editorial team that I have supporting me. Professors David Rowbotham and Philip Hopkins and Dr David Lambert have between them many years of experience as editors of the British Journal of Anaesthesia. This has been invaluable during the transitional period while I have been taking over from Jennie Hunter; their sound judgement and huge capacity for work has made the transfer very smooth. I am pleased, also, to welcome two new editors, Professor Donat Spahn from Lausanne, Switzerland, and Dr Ravi Mahajan from Nottingham, UK. In their first 6 months they have both shown a natural ability and flair for the task. I am particularly pleased to welcome Donat as the first non-UK-based editor of the British Journal of Anaesthesia. The use of electronic manuscript submission and handling has made it possible for the journal to easily incorporate appropriate talented individuals independently of location, and I am sure that Donat will be the first of several international editors.

It is appropriate to describe some of the changes I will be introducing to the journal and also to address some of the challenges that will need to be met in the next few years.

As you will have noticed, from January 2005 I have introduced section headings for the contents page. This has been done to assist the reader in identifying research and clinical articles that may be of particular interest to them. The initial feedback on this change has been positive. The headings that will be used include Cardiovascular, Clinical Practice, Critical Care, Neurosciences and Neuroanaesthesia, Obstetric anaesthesia, Paediatric anaesthesia, Pain, Regional anaesthesia, and Respiration and the Airway. I do not intend that each heading will be used in each issue but, likewise, I will not delay publication of any article to fit with creating a larger section in a subsequent issue.

The second change that will be introduced follows on from the development by Jennie Hunter of the eletter site for letter submission, which went on-line in November 2004. This site gives the opportunity to submit a letter to the British Journal of Anaesthesia electronically through the website http://bja.oupjournals.org/. Letters can be submitted either in response to a recently published article using the ‘Recent article eletters’ button or on any subject using the ‘Out of the blue eletters’ button. The latter facility will allow our readers to draw attention to areas of research and clinical practice in which they have an interest. All submissions will be reviewed by a member of the editorial team and those of most interest will be included in the Correspondence section of the journal. Following on from the unqualified success of introducing electronic-only manuscript submission 2 years ago, it is my intention that over the next year the journal will move entirely to electronic letter submission as well.

There will, of course, be other changes in the future as the journal evolves to meet the demands of the specialty.

The challenges facing an editor are similar to those facing the specialty of anaesthesia. Anaesthesia is a clinical specialty and to some outside anaesthesia it can be perceived as an area where all the big questions have been answered. However, within anaesthesia we know there are many advances still to be made. I have been an anaesthetist for 25 years and the drugs and monitors we use now are clearly superior to those of 1980. However, are these drugs and monitors the best we will ever have? The answer to that is obviously ‘no’, as, for example, understanding of mechanisms of action will lead to more specific induction agents and analgesics and assessment of neural function to depth of anaesthesia monitoring. The challenge to anaesthesia, and in particular to academic departments, is to ensure our involvement in the forefront of these developments. Can this be achieved, and if so, how? I think the answer to the former question is ‘yes’
and the evidence for the latter is contained in this issue and others of the *British Journal of Anaesthesia* and other major anaesthesia journals. If one looks at the section headings described above, they show the spectrum of clinical and research links available to anaesthesia. Within these sections the manuscripts include molecular biology, genetics, randomized controlled clinical trials and case reports. The major drive in research and, hence, the allocation of funding, is towards interdisciplinary studies involving not just basic scientists and clinicians, an area in which anaesthesia has a good track record, but also engineering and the social sciences. There are already collaborations in these latter fields but the opportunities are there for the future development of, for example, computer modelling of clinical problems and quality assessments of outcome.

Many universities, both in the UK and internationally, have structured their research into targeted themes with the aim of focusing their efforts into high-quality interdisciplinary programmes. For anaesthesia, there are opportunities for direct involvement in many of these. To use a UK example, in the last Research Assessment Exercise there were units of return in cardiovascular medicine, neurosciences, musculoskeletal and infection and immunity, in which it is easy to envisage anaesthetic involvement as a major partner in both clinical and basic science programmes.

To suggest a simple, problem-free future for anaesthesia research would be naïve. There are many threats to the viability of academic anaesthesia units and to clinical research in general. These have been discussed widely and, as always, are under review. However, the opportunities for making anaesthesia a key component of interdisciplinary research programmes is there to be taken.

I look forward in my tenure as Editor-in-Chief to publishing the results of these collaborations in the *British Journal of Anaesthesia*.

Charles S. Reilly

*Academic Unit of Anaesthesia*

*Floor K*

*Royal Hallamshire Hospital*

*Glossop Road*

*Sheffield S10 2JF*

*UK*

*E-mail: bja@sheffield.ac.uk*

[doi:10.1093/bja/aei050](https://doi.org/10.1093/bja/aei050)