

Reflections on the role of the *MJA* as we begin a new year

The beginning of a new year is always a good time to take stock of where we are. It's also 12 months since I joined the *MJA*, and that's a good time to reflect too. I came to the *MJA* with a long background in medical journal publishing, although only a short part of it has been during my time in Australia. I have therefore taken this past year to learn about the Journal and consider its relationships with its authors, reviewers, and the wider Australian community. I've learnt that there is a great deal of affection and respect for the *MJA* in Australia — I've heard many stories from *MJA* authors about articles they are very proud to have published with us — and that we have a wide reach. But there are areas where we can certainly do more to better reflect the diversity of the Australian health landscape. I am keen to encourage a dialogue on that and I am keen to hear views on the Journal. Below I've noted two reflections on what I would like the journal to be.

First, we want to be considered a constructive part of the medical community in Australia — to inform health policy and influence medical practice in Australia by publishing high quality research and commentary. To support authors, we have updated our instructions for authors (<https://www.mja.com.au/journal/instructions-authors-reviewers>) to make clearer, for example, our current requirements with regard to reporting of research. We have also looked at our manuscript handling, including during peer review. We aim to provide authors with a constructive, collaborative process during peer review and publication — a challenge when we receive more than 1300 diverse submissions per year. Initial analyses show that we have sped up; we will be looking at our processes further during 2024 in terms of both speed and quality of processes. To help reviewers, we have a new set of reviewer guidelines (<https://www.mja.com.au/journal/reviewing-for-mja>), which we hope will be useful not just for reviewing for the *MJA* but for any journal.

Second, with the reach that we have, we have an important role in advocating for health and society in the widest sense, nationally and internationally. To that end, in 2023 we lent our support to the Aboriginal and Torres Strait Islander Voice to Parliament and, with many other journals, published on the

health implications and role of health professionals in addressing the threat of nuclear war and the climate emergency. We will continue to advocate strategically in 2024.

So, what does 2024 hold? Our first issue of the year reflects several issues that are likely to be topics of ongoing discussion in the year ahead. Susan Rees and Batool Moussa write on the horrendous Israel–Gaza conflict and remind us that it has far-reaching effects (doi: [10.5694/mja2.52168](https://doi.org/10.5694/mja2.52168)). As they say, “the impact on the mental health of populations living in multicultural Western countries is significant and should not be overlooked... The level of stress has been exacerbated by its enduring nature, including systematic oppression, economic hardship, violence, human rights violations and national struggle.”

Turning to a more local issue, Bruce and Joshua Powell write from a personal perspective, one of whom was a doctor and is a survivor of brain injury, on the recommendations, handed down in September 2023, of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (doi: [10.5694/mja2.52178](https://doi.org/10.5694/mja2.52178)). Their story is a powerful one — they ask that “all Australian jurisdictions care enough about the plight of the disabled community to act swiftly and decisively upon the Royal Commission's recommendations”.

Finally, the thoughtful article by Neda So and colleagues advocates a move from “cultural competency” to “the more advanced conceptual frameworks of cultural humility and cultural safety” (doi: [10.5694/mja2.52182](https://doi.org/10.5694/mja2.52182)). In doing so, they provide an important framing that resonates across all of health care and research. Their final point has wide relevance: “Improving our shared understanding and application of cultural humility and cultural safety stands as a key factor in minimising health disparities and optimising health outcomes for all Australians.” ■

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