Editorials



Breathe deeply and say "ninety-nine"

A rich heritage and an optimistic future: the Journal's new Editor-in-Chief contemplates its upcoming centenary

Stephen R Leeder MD, PhD, FRACP, Editor-in-Chief Medical Journal of Australia, Sydney, NSW. sleeder@mja.com.au

doi: 10.5694/mja13.10611

n 4 July 2014, the *Medical Journal of Australia* will celebrate its centenary; so we are about to turn 99. As we contemplate the approaching milestone, we hold our breath a little — a lot of batsmen wobble at 99!

Another significant date is also fast approaching. Whatever the outcome of the federal election on 14 September, new national policies for the financing, governance, quality and scope of publicly funded medical and hospital care will soon be under construction. For these policies to work well, the new government will need the participation of those who will implement them, including, quite obviously, the medical profession. For this participation to be at its best, the profession needs access to the information that underpins high-quality professional performance. Throughout its 99 years, the Journal has helped communicate that information among the profession and beyond.

My historian colleague Milton Lewis points out that in playing this role, the Journal has continued a tradition dating back even further — to colonial days. The first Australian medical journal was born in Sydney as early as 1846. Lacking adequate support, it soon ceased publication. But the better organised Victorian profession (has anything changed?) was able to establish the quarterly *Australian Medical Journal* in 1856.

The Australian Medical Journal continued to be published in Melbourne for over five decades until, along with the younger, Sydney-based Australasian Medical Gazette, it was replaced by the national publication, the Medical Journal of Australia. Throughout this time, the other significant source of intraprofessional unity (and an effective political player at both state and federal levels) was the British Medical Association, the first Australian branch of which was set up in Victoria in 1879 and the second in New South Wales the following year. Its successor, the Australian Medical Association, now operates the Journal.

The Journal has contributed to the development of medical and health care by providing a place where research and clinical observation are published; where thoughtful opinions based on experience and evidence from the sciences and practice are offered; where concerns — ethical, political and legal — about health and health care are raised; where life's passage is marked (often with obituaries), successes are celebrated, and courage and outstanding professional service are recognised. The wit and wisdom of correspondents have entertained and stimulated, and the Journal has been a strong component of the professionalisation of medicine in Australia.

The Journal has regularly changed its format and livery, but its central purposes have remained largely intact. Now it

is also available online — on mobile phones, laptops and (non-medicinal) tablets — anywhere, any time, as it joins the dance of the internet. The dynamism that is challenging print media more generally extends its challenge to the Journal. New business models to sustain it are essential, and work to develop them continues. But, for a near centenarian, it has shown remarkable flexibility, optimism and athleticism. If only we could all do as well at 99!

This is an excellent moment for the Journal to promote and strengthen the publication of research, especially that which assesses clinical effectiveness and new ways of organising and providing care. Policymakers, managers and clinical practitioners are hungry for evidence to help them decide.

As McKeon and colleagues noted in their recent review of health and medical research in Australia, we spend comparatively little on health care research and development. They call for a substantial increase in research and development investment (to 3%–4% of government health expenditure) to overcome the problem of expenditure on delivery of health and hospital care, which is rising faster than our willingness to pay. The Journal is here to publish and disseminate such research.

Medical journals depend heavily on voluntary contributions from doctors and other health service professionals, research workers, patients, politicians, health service managers and experts from diverse fields with an interest in health and medicine. Without the altruism of colleagues presenting their ideas for others to read and critically examine, there would be no journals. Along with professional advancement, the desire to share insights for the benefit of patients features strongly among the reasons why contributors write papers, commentaries, case studies and reviews. A love of the profession leads others to submit material that sustains the spirit, by way of personal stories, art, poetry or letters.

This is a rich background against which to plan for the future. The Journal takes these gifts, these contributions given to it in the past, and sees them as markers of both its heritage and future strength. They explain why we are optimistic and why we look forward to your company when we celebrate our 100th birthday in July 2014.

Competing interests: No relevant disclosures.

Provenance: Not commissioned; not externally peer reviewed.

- Lewis M, MacLeod R. Medical politics and the professionalisation of medicine in New South Wales, 1850–1901. J Aust Stud 1988; 2: 69-82.
- 2 McKeon S, Alexander E, Brodaty H, et al. Strategic review of health and medical research: final report February 2013. Canberra: Australian Government Department of Health and Ageing, 2013. http://www.mckeonreview.org.au/downloads/Strategic_Review_of_Health_and_Medical_Research_Feb_2013-Final_Report.pdf (accessed Apr 2013).

Online first 13/05/13