A new journal

Bill Noble

The contagion of medical journalism has become endemic in 171 years since Dr Peter Hennis Green and Dr Robert Streten introduced the BMJ’s forerunner, the Provincial Medical and Surgical Journal. In 1840, few could have imagined the volume or variety of medical publishing on offer today. It is customary, in the first editorial of any new journal, to answer the question ‘Why another journal?’

Some doctors spend their working lives and intellectual energy attempting to ease the distress of patients and their carers. In 2011, in a variety of cultures and institutions, along with other kinds of professional, their work may be categorised as palliative care, supportive care, end-of-life care or terminal care. Many other doctors practise with these objectives within a medical specialty that remains focused on curative or life-prolonging measures. Doctors in primary care or family medicine often see this work as an important element of their role, and it offers some of the most challenging and rewarding clinical problems, particularly in the context of other competing priorities.

The ability of healthcare professionals to ease the burden of severe disease of one sort or another depends not only on skills and technology aimed at cure or extending longevity. We also require knowledge of the impact and consequences of disease, and in addition, we need to understand the mechanisms by which our diagnosis and the patient’s suffering are linked. Skills that enable doctors to elicit the particular nature and extent of distress in an individual are not necessarily the same as those required to elicit a diagnosis or give information about treatment. We require access to the latest detailed information on the range of therapeutic measures with potential to intervene effectively.

Understanding the diversity of patients and carers’ experience as well as the diversity of response to treatments allows us to plan care and communicate what to expect as disease progresses. At an organisational level, national policy and healthcare institutions that aim to support and care for patients with life-limiting disease require different characteristics from those that only offer services devoted to fixing conditions in discrete episodes of care. In these subtle, but important respects, the concepts of supportive and palliative care bring new emphases in medical practice with new challenges for education and new areas of uncertainty for research.

The first journal devoted to our subject, Palliative Medicine, published in 1987. Even then its editor, Derek Doyle, felt the need to mention the proliferation of terms describing services that we would now label as a supportive or palliative care. Medicine has always tended to rename or recategorise problems with no clear solution, so perhaps it is inevitable that every decade brings changes in the words that denote medical activity aimed at the relief of distress in the face of life-threatening illness. Although last year, terminal care was on the wane, papers on supportive care, palliative care, hospice and end-of-life care continued to be published in increasing numbers. So it appears that there is room for a new title, even though there are several international journals in the field. Some are primarily aimed at the academic readership, some specialise in particular strands of practice, but most accept reports concerning research from a wide variety of disciplines. There are review journals as well as those disseminating opinion and accounts of experience in clinical services. Our field is particularly rich in monographs and the grey literature where there is no shortage of new ideas as well as opinions on old ones.

Twenty-four years ago, UK physicians practising palliative medicine had just about agreed that the specialty was here to stay, although UK institutional and health service policy was slower to come to that conclusion. Since then it has been important to define a role and a particular contribution to medicine, in doing so, it was customary to emphasise the specialness of the specialty. Now may be the time to explore what we share with colleagues and look beyond the boundaries of hospice, specialised clinical teams and dedicated research units. Diversity of healthcare systems and cultural attitudes

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A word from two of our Associate Editors

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As a nurse I am looking forward to joining the journal as an Associate Editor working with an international team of academics, clinicians and policy makers from a variety of different disciplinary perspectives. One of our major challenges for the future is to find ways to improve equity of access to good quality care during the end of life period. Advances in medicine and health technologies means that greater numbers of people will survive for longer with complex health and social care needs. The science of palliative medicine and palliative care nursing is going to be challenged by the management of highly complex symptomology of multiple diseases. This means we need to explore new and innovative ways of greater partnership working and finding solutions to breaking down existing specialisms. Greater prominence needs to be given to other team members such as therapists, spiritual experts, nutritionists, to name but a few, as their skills become better recognised and the evidence base for their efficacy more established. Finally it is hoped that we can engage with issues facing palliative care in resource-poor countries. While lessons can undoubtedly be learnt and adapted from palliative developments in resource-rich countries, lessons can also be learnt from the challenges facing resource-poor countries where there are shining examples showing palliative care at its creative best.

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I have a particular interest in overcoming the artificial barriers between mental and physical healthcare - palliative care is a great example where this has - to a large extent - happened successfully. I am excited that BMJ Group has invested in this journal - it gives the field a well deserved boost to have a big name in medical publishing showing interest, and if it shares the values of other BMJ journals it will not only inform, but also inspire and entertain both clinicians and researchers.
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