

Editorial

This issue of *Palliative Medicine* signals a new phase in the life of the journal, with a new Editor-in-Chief, several new Editors and an enlarged Editorial Advisory Board. Stephen Kirkham stands down after 10 years in the post, during which the journal has achieved inclusion in *Index Medicus* and also acquired, for a time, the highest impact factor in the field of palliative care. The journal is healthy and thriving and it is with a considerable sense of responsibility that I and my colleagues take over the reins.

Our objectives are simple: to continue the development of the journal so that it remains the pre-eminent source of original research papers in palliative care, to maintain and encourage the multidisciplinary nature of its contents and readership but with a clear emphasis on clinical aspects of the speciality and to broaden its international base. New editors join us from the USA, Italy and Norway, together with a number of new advisory board members from overseas. We shall be actively encouraging more submissions from outside the UK and have already taken on a large number of overseas referees.

We aim to improve the service we provide to authors by considerably shortening the time from original submission to publication and for those submissions that are not suitable for publication we shall try to let authors know very quickly. We are already on track to improve this aspect of the journal's work and intend to continue to increase the efficiency of the handling of submitted papers.

Two major developments start with this issue. *Palliative Medicine* has been designated the Official Peer-Reviewed Journal of the European Association for Palliative Care and sits alongside the European Journal of Palliative Care, which remains the Official Journal of the Association. We are delighted with this new relationship and look forward to forging ever-closer links.

This issue also marks the beginning of an increase in the frequency of publication to eight issues a year. We anticipate moving to monthly publication in a short time.

The journal will carry some new regular features which begin in this issue. The Cochrane Collaboration has already become an essential focus of 'evidence-based medicine' and the PaPaS group is that part of Cochrane that is concerned with pain and palliative care. On page 75, Phil Wiffen, the co-ordinator of PaPaS describes the background of the PaPaS group and gives details of current reviews and protocols. This will become a regular quarterly feature to keep us informed about what

systematic reviews are currently in progress or about to start/be published.

On page 78 we have the first in a series we have called 'Journal Club' in which we shall invite a specialist in an area of importance to palliative care to provide a critical review of recent publications in that area. This will be a regular feature in every issue and we would be happy to receive suggestions for specialist areas and authors. You may even volunteer yourself (though only on the understanding that we may not be able to accept your offer!)

Finally on page 11 is a review by Stein Kaasa and Jon Loge on Quality of Life. This is an abbreviated version of a chapter by the same authors that will appear in the Third Edition of the Oxford Textbook of Palliative Medicine, due to be published in the autumn. We plan regular high quality reviews particularly about research methodology and welcome suggestions for topics and authors. We are most grateful to Oxford University Press for allowing us to publish this abbreviated version of the chapter.

We have other plans and innovations which we shall unveil over the next few months. We hope that *Palliative Medicine* will become much more interactive and encourage you to write to us. With more frequent publication we shall give more emphasis to the Correspondence column and this will be a way for you to get something into print quickly if you have something urgent to say. Scientific letters to the editor will in general still be sent to referees, though occasionally the editors will make their own decisions.

We have already instituted a 'fast track' so that we can quickly publish papers we feel are of particular significance. We plan 'themed issues', which will focus on particular topics of current interest and again we encourage you to make suggestions of relevant topics. The editors have discussed some themes, such as palliative care for non-cancer patients, paediatric palliative care and complementary therapies. In order to pursue this we need high quality original papers to provide the bulk of the themed issue and we will commission reviews and commentaries to go with them. So please write with your ideas, but more importantly submit (good) relevant original research.

Many of our readers and authors (and we hope a substantially increasing number) do not have English as their first language. There is widespread feeling amongst authors that this makes it much more difficult to get their work published. We have an interesting idea to try to help

such authors and we will announce details of this in the next issue.

We shall also regularly give some indication of what to expect in the following issue of *Palliative Medicine*, especially when we plan something out of the ordinary (which is the case for 17(2) to be published in March). You will find this near the back of the journal, or as in this case (because it is particularly unusual) here in an editorial.

So welcome to a 'new' *Palliative Medicine*. We hope to take forward what is already the pre-eminent journal in the field to greater heights and further achievements in its service to the palliative care community. Please do write and let us know what you think, whether it be praise or criticism. We can take it either way!

In this issue of *Palliative Medicine*...

Two important editorials. The first from Derek Doyle who was the first Editor-in-Chief of *Palliative Medicine* and who has achieved innumerable other 'firsts' in palliative care that have so shaped the speciality that I sometimes feel it should be called Doyle care. He looks back on the 15 years since the first issue of *Palliative Medicine* and writes particularly about definitions and terminology. And the second from Mike Richards, National Cancer Director for England and Wales (and Sainsbury Professor of Palliative Medicine at the United Medical Schools of Kings, Guys and St Thomas' Hospitals), who writes about the government's recently published guidance on Supportive and Palliative Care.

In the next issue of *Palliative Medicine*...

Dr Kathy Foley from Memorial Sloan Kettering in New York will write an editorial reflecting on the development of palliative care in North America. Our next issue will be the first 'themed' issue. We will publish a new position

paper from an Expert Task Force of the European Association for Palliative Care, which has focussed on the issue of euthanasia. Professor Alastair Campbell, Director of the Centre for Ethics in Medicine in the University of Bristol, an eminent ethicist who was formerly President of the International Association of Bioethics, will write a commentary and we have invited reactions and commentaries on the position paper from distinguished contributors from many countries around the world. Professor Campbell will also reflect on those commentaries, and Richard Ashcroft, Leverhulme Senior Lecturer in Medical Ethics at Imperial College London, will review recent publications on euthanasia in the Journal Club feature.

A final note. Needless to say the bulk of all of our issues will be original papers that have successfully come through our rigorous review process. There is one important message to authors relating to that process that I should draw your attention to here. We are not, I'm afraid, able to give feedback to authors of papers, which on the basis of an initial read by several editors, are rejected without any review by external referees. This is purely because of a lack of resources. I realise that this will be frustrating but it is as well for authors to know about this 'up-front'. Papers that are sent out for review will always get some detailed feedback, whether accepted or rejected. We will try to ensure that whenever papers fall at this first hurdle authors are told within four weeks of submission. We aim also to give feedback about those papers that are sent for external review within 12 weeks of notifying authors that that will happen.

Geoffrey Hanks
Editor-in-Chief