

From the Editor and Publisher

So, the year 2000 has arrived. Now the celebrations are over, we must look to the future. This means the future for the care of children with cardiac disease and, as part of that, the future of this journal, *Cardiology in the Young*. Turning points in the tide of events can only be recognised in retrospect, but there are many indications that the turn of the millennium will be such for both clinical paediatric cardiology and medical publishing.

Rising expectations of patients are proving to be a challenge to doctors in all specialities, and paediatric cardiology is not immune to this. In practice, it seems particularly susceptible. The care of children with cardiac disease is especially emotive. Successes and failures in that care easily reach the headlines and the public consciousness. On top of this, children with cardiac disease are accompanied by strong advocates for their care, namely their parents. Parents are better informed than ever before. They are becoming more assertive in demanding the best care for their children

This new assertiveness is not uniform throughout the world. Different cultures have always approached the topic in different ways. When, a few years ago, I practised in the United States of America, it was very noticeable that parents often asked direct questions about the quality of the care on offer. When I returned to the United Kingdom, in contrast, I found I was never asked “How good is the surgeon?” And only occasionally “How good are you?” Questions such as this were only rarely heard in the paternalistic European culture. But that is changing. Parents here in the United Kingdom now increasingly look to the internet to discover more information about their child’s heart, and the options for treatment available. The internet knows no national boundaries. Increasingly, it carries data on outcomes that parents can use to judge the care they are offered. Now they challenge us, not by comparing our care with neighbouring hospitals, but by comparing us with the best in the world. When first encountered, this new assertiveness can seem threatening. With reflection, I think we should welcome it. We, the doctors, and the parents, have a common interest in trying to achieve the best for the children in our care. We need to find a new way of working in partnership with families.

It is not just parents who are challenging our services. Rising expectations from the patients are inevitably leading to politicians becoming involved. Here in the United Kingdom, a storm over the results of paediatric cardiac surgery in one particular centre has engulfed not just our services, but the whole medical establishment. And we are not alone. Similar events have happened in several other countries around the world. To many, this seems to be unfair. During the last 10 years, since this journal started publication, the outcomes for children with cardiac disease have improved dramatically. But the public, and our patients, always demand better – and so they should.

How should we react to these changing public expectations? This is perhaps the greatest challenge our specialty faces at the beginning of the new century. *Cardiology in the Young* is determined to inform, and support you, to meet this challenge. We are keen to ask questions such as: How do we measure the quality of children’s cardiac services? What information should we supply to parents and children? How should we organise our services to provide the optimum outcome for our patients? We would like to hear from you if you have views to contribute to this debate. As we said in our last edition, we welcome submissions of good quality scientific papers related to the care of children with cardiac disease. This includes topics such as configuration of services, measuring the quality of care, and communicating with parents and children about their care. As ever, we will endeavour to provide a rapid editorial assessment of any submissions. We anticipate a maximum of 6 months between acceptance of any manuscript and its publication.

For the last 10 years, I have observed this journal from the editorial office of its main rival. *Cardiology in the Young* seemed a little brash at first, but soon carved out a place for itself. As the years progressed, it has developed its own personality as a journal. It has, of course, always been an attractive journal, and has consistently published articles that demanded to be read. It has always been superbly illustrated, and has included colour figures as a matter of routine. It has led the way, and other journals have been forced to follow. The success of the journal has now been consolidated by its listing in

Index Medicus and *Medline*. This achievement does not mark the end of the development of the journal. Far from it. *Cardiology in the Young* will continue to develop in response to the needs of our readers and the challenges of the new century.

While the internet is becoming an important source of information for our patients, it is also set, over the next few years, to have a major impact on medical publishing. Quite what the outcome of this will be is still not clear, but *Cardiology in the Young* is determined to be at the forefront of this development. We will be setting out our plans to develop the journal, and how we intend to respond to this new technology, over the course of this year. In the

meantime, it is our intention to ensure that the paper edition remains essential reading for all those involved in the specialty. We welcome suggestions of further topics for our section devoted to continuing medical education, and we continue to welcome the submission of good scientific papers. The editors are committed to producing a journal of the highest quality, one that will inform, stimulate, and challenge you. You will be our judges, but ultimately we cannot achieve this without your support.

Edward Baker
Executive Editor