

Information for the clinician in the 21st century

What will it be like being a clinician in 50 years? Virtually impossible to make a prediction. Twenty years? Ten? Perhaps easier. We will still need the ability to make careful and accurate clinical assessments of children. Good history taking, good clinical examination and observation will still be required despite all the technical aids we'll bring to assist us with such observations. Once one's made the observations, our data banks will give us the diagnosis very readily and produce programmes of treatment and management. A drug regime – if that's appropriate – will be fed out to us. But coming between the clear-cut answers technology gives us will be the cumbersome clinician, failing as ever to fully explain to his clients what goes on, and the continually irritating client who seems not to have the basic knowledge which we think all the world should have. I suspect that working with people who have disabilities will be as hard as ever. That goes not only for the health professionals but the education and social professions too. Of course you might wonder whether in 50 years there will be people with disabilities. Will we have prevented disability? I wonder. Ten or 20 years? I think certainly not. We shall have had some successes but I suspect all our increased knowledge will not have made prevention all that much easier.

Crystal ball gazing is what is required of editors if they are to meet the needs of their readers. DMCN tries to cater for the information requirements of very broad groups of people. The journal is now associated with the American Academy of Cerebral Palsy and Developmental Medicine, the British Paediatric Neurology Association, the European Academy of Childhood Disability, and the International Child Neurology Association. Our readers include many doctors (e.g. orthopaedic surgeons, neuropsychiatrists, epidemiologists) therapists, psychologists and others with all sorts of different individual needs. But people with disabilities must be served by a multidisciplinary team and we need to know, and keep in touch with, not only our own particular discipline but have some understanding of the disciplines of other members of the team. It is useful therefore to look at some of the information paediatric neurologists want as they move towards the diagnosis, alongside the interests of clinical psychologists who are devising behavioural management programmes for particular individuals.

The journal has attempted to do this by presenting information across this whole range. Some people think that they should look at only those papers which they decide are relevant to them and in these electronic days, they can download those articles. But most readers know that it is the article you didn't go to look up, next door in the journal or next door on your screen, which suddenly attracts your attention and which you find has a deep interest for you. A broad range of information has to be presented to the reader.

We have tried to do this by publishing original articles with either a clinical or basic science research basis and presenting

them to the reader. Annotations – short succinct reviews of different topics – have supplemented the original articles and been strengthened in recent years by the type of presentation developed by meta-analysis (prepared by the Outcomes Committee of the American Academy, for example). But one has to realise there are limitations to that approach.¹

One thing that is missing is the more practical information people want on 'how to do' topics. But if one is to retain a high scientific standard, these articles are very difficult to obtain. Lack of information about what is the appropriate thing to do in all sorts of situations makes even experts in their chosen area cautious about publishing. They often prefer to continue to report small bits of the puzzle rather than appear to have the complete answer. These might be excuses on my part which someone else would be able to tackle more effectively. The content of the journal is determined, in part, by what is sent in – but that in return is affected by what people see us publish, and to some extent one can nudge people to send material which we think might be of use to our readers. A nudge I've made has been in the field of behavioural phenotypes because it seemed to me that the new genetics needs a very careful clinical assessment which is developing within the field of behavioural phenotypes. There have been other areas which I have tried to develop.

Hotly debated over the recent years has been what form that the information should take. The electronic web is out there, but curiously I have been sitting in a web since I first came into this editorial office in the early 60s and found arranged along the walls more than 60 journals which we exchanged with. The problem then – and it's the same now – was how to select. Paradoxically, the development of electronic information delivery has not reduced but rather increased the extent to which people have turned to print in the form of journals and books. Indeed, I think our Clinics in Developmental Medicine remain as popular as ever because the review material in them helps clinicians sort out a field of their work. We hope to launch soon a new series of handbooks, which will be shorter and perhaps easier to read than the Clinics in Developmental Medicine, aimed particularly at illuminating a discipline in which one's not oneself had primary training.

An editor in the future is going to have plenty of things to think about. I enter with this number my last two years as Senior Editor of Mac Keith Press, a task which I've been proud to undertake. My colleagues and companions on the Editorial Board and the Board of Directors of Mac Keith Press are looking for my replacement and I look forward to working alongside the next Senior Editor(s) to pass on this international work which was so ably started in 1959 by the late Ronald Mac Keith.

Martin Bax

Reference

1. Egger M, Smith GD, Sterne JAC. (2001) Uses and abuses of meta-analysis. *Clinical Medicine* 1: 478–84.