There are 3 types of anesthesiologists, the one in charge of sleep, the one in charge of pain, and the one in charge of outcomes, which depends on who asks the question or whom you ask the question to. But as part of the anesthesiology community, we must know that what is the ultimate professionalism and expertise as an anesthesiologist by ourselves. Anesthesiologist is a doctor in charge of sleep is the general impression of the public who don't know any professional knowledge of anesthesia and anesthesiology, or it can be an easier understandable answer to those public when they ask what an anesthesiologist does or the similar question.

Anesthesiologist is a doctor in charge of pain is the general recognition of the public or other subspecialty doctors who know some knowledge of anesthesia and anesthesiology, sometimes or commonly it is a quick but inaccurate answer to the question of the responsibility as an anesthesiologist, and many anesthesiologists accept or appraisal it.

Anesthesiologist is a doctor in charge of outcomes should be the answer or perception of the ultimate professionalism and expertise as an anesthesiologist. Just like the ancient Chinese wisdom says: “橘生淮南则为橘，生于淮北则为枳。叶徒相似，其实味不同。所以然者何？水土异也。” (1) The meaning is: the sweet and juicy orange would transform into the bitter and sour trifoliate orange when the tree is transplanted from the south side of the Huai River to the north side, why? It is just because the water and soil are different between these two areas. Let's say the outcomes are the orange, anesthesiologists are the water and soil, it is an easier way to totally understand why anesthesiologist is a doctor in charge of outcomes. This definition should grow up in the mind of anesthesiologists and be endorsed by other subspecialty doctors.

From 2019 to 2021, Journal of Anesthesia and Perioperative Medicine (JAPM) had a break; we stopped published any new manuscripts after the last published theme issue “obstetric anesthesia” edited by Professor Philip E. Hess and Professor Yunping Li (2-7), both from the Department of Anesthesia, Critical Care and Pain Medicine, Beth Israel Deaconess Medical Center at Boston. Since then, we are thinking about what the purpose of JAPM is? What content JAPM and anesthesiologists should really concern? How JAPM can make a difference? Now, it is the time we get the answer when we are reopening JAPM. The answer is outcomes, outcomes, always outcomes. The purpose of JAPM should be the strong support for the anesthesiologists when they are improving outcomes of patients by publishing, in focus, outcomes-related articles and contents, which was generally stated in JAPM’s inaugural editorials (8-9). The responsibilities of anesthesiologists are taking clinical practicing routinely to improve clinical outcomes by meeting the patients’ and surgeries’ or procedures’ anesthesia-related requirements specifically, which is the only field that the reopened JAPM will concentrate on. Nevertheless, an anesthesiologist can’t be in charge of outcomes if they don't know the knowledge and progress of surgeries and related diseases, so JAPM will also cover those related subjects. We believe the answer is not only for JAPM, but also for any other subspecialty doctors.
other clinical journals. By the way, the answer for basic science journals is mechanisms, mechanisms, always mechanisms.

In the reopening of JAPM, we will give priorities to researches and articles highlighting and emphasizing clinical significance, we will not publish basic research articles, which should be published in the basic science journals with identifying mechanisms as their purposes, except they have high connections and relevance with clinical practices. We welcome all the basic science manuscripts submitting to our basic science journal—Opinion, which is the sister journal of JAPM. In addition to clinical studies of RCTs, meta-analysis of RCTs, JAPM welcomes retrospective and prospective non-RCT clinical studies, JAPM values data from the real-world clinical practice. For the review articles, we will not consider non-systematic or non-scoping review articles, which means all the review articles will include a search strategy part. JAPM will publish clinical case reports and clinical opinions as we always did. Protocols for clinical trials are still in JAPM’s coverage.

We sincerely appreciate and thank previous contributions from our sponsor hospitals, editorial board members, authors, peer-reviewers, readers, and editorial departments staffs. JAPM have entered several databases, such as Embase and ProQuest, we expect JAPM being indexed on PubMed this year. In conclusion, standing on the ground of clinical practice stably with great expectation of patients’ outcomes, the reopened JAPM will concentrate on contents related to leveraging clinical practice, let’s do it together, make a difference.

References

Declare of interests: Jin Liu and Tianlong Wang are the Co-Editors-in-Chief, Anhuai Yu is the Managing Editor, of Journal of Anesthesia and Perioperative Medicine (JAPM) and Opinion, both published by Evidence Based Communications (EBC).

Acknowledgement: We thank Alexis Johnson, a non-medical public, for her perception of anesthesiologist is a doctor in charge of sleep.