

Reopen *JAPM*: Make a difference

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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 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

1. Ying Yan. 楚王欲辱晏子指盗者为齐人晏子对以橘. In: Ying Yan. *Yanzi Chun Qiu*. Qi, Zhou dynasty, China: Warring States period.
2. Yunping Li, Sanjeev Dalela, Jan Kraemer, Philip E. Hess. Epidural Epinephrine Improves Continuous Labor Epidural Pain Relief. *J Anesth Perioper Med* 2019; 6: 1-7.
3. Yunping Li, Sabrina Shu, Cynthia Tirado, Philip E. Hess. Fentanyl and Epinephrine on the Minimum Local Anesthetic Concentration of Epidural Bupivacaine for Labor Pain Relief. *J Anesth Perioper Med* 2019; 6: 8-14.
4. Yunping Li, Heather Ballard, Jessica L. Carani, Adrienne Kung, Anasuya Vasudevan, Kavita Kantak, Philip E. Hess. Transversus Abdominis Plane Block in Parturients Undergoing Intrapartum Cesarean Delivery. *J Anesth Perioper Med* 2019; 6: 15-22.
5. Yunhe Zhu, Susu Zhang, Caijuan Li, Yao Zhang, Shiqin Xu, Xiaofeng Shen. Hyperbaric Spinal Ropivacaine for Cesarean Delivery: The Optimal Dose in Chinese Women. *J Anesth Perioper Med* 2019; 6: 23-27.
6. Hanwool Ryan Choi, Daniel Fernandez, Alexander Hincker, Chris Lee. Intractable Post-Dural Puncture Headache (PDPH): A Challenging Case Report. *J Anesth Perioper Med* 2019; 6: 28-34.
7. Rong Xu, Xianfei Xu, Yunfei Cao. Successful Resuscitation From Sudden Cardiac Arrest Caused by Gas Embolism During Hysteroscopy. *J Anesth Perioper Med* 2019; 6: 35-39.
8. Jin Liu. Foreword. *J Anesth Perioper Med* 2014; 1: 1-2.
9. Tianlong Wang. The Foreword to *Journal of Anesthesia and Perioperative Medicine*. *J Anesth Perioper Med* 2014; 1: 3-4.

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).

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