

“It was the Best of Times, it was the Worst of Times”

Charles Dickens: A Tale of Two Cities (1859)

Can. J. Neurol. Sci. 2010; 37: 157-158

As I write this (our publishing date is always a few months hence, sorry) on the 150th anniversary of Charles Dickens' famous novel, I am well aware of the promising and exciting yet difficult time in which we live.

The Best of Times

We live at a time of momentous discovery. The “decade of the brain” is far from over. There are almost weekly discoveries and insights in basic and clinical neuroscience that capture our interest, imagination, and respect (albeit sometimes mixed with envy).

Through the Internet we have “a window on the world”. Within our homes and offices we can access a vast literature, even before it can appear in print, in various journals that we could never possess. The “net” can help us with differential diagnosis, search out the latest diagnostic test and to know its sensitivity and specificity, and recommend the most appropriate therapy and how to monitor it. It can help us academically in selecting the best papers for journal club, preparing those in training for exams, helping us be current for presentations, and aiding our submissions for publications, ethics reviews and grant proposals. We can communicate with (almost) the speed of light across our cities and around the world.

Through the great Canadian promotion of evidence-based medicine¹, we are given tools to critique the literature, to help us decide when we can trust what we read and to design our projects in ways that provide definitive answers to worthwhile questions.

As Canadians we live in a country where we can function as effective advocates for our patients, where universal health care is provided and, as much as is feasible, we can reasonably expect our voices will be heard and our patients' needs addressed. We are not as “mired in policy restraints”² as are our colleagues in the US, who labor under a much more difficult and inequitable health care system.

The Worst of Times: “It's the economy, stupid!” (Bill Clinton's campaign slogan, 1992)

The economy is our nemesis. Even in more affluent times our governments struggle to cope with the enormous cost of health care in all its aspects. At times of financial crisis, as we have just weathered and from which we are still suffering, health care is getting more squeezed than ever. Cutbacks are felt in all aspects of our work: patient care, support for programs and initiatives, and further reductions in the already inadequate research support. Doctors are losing control and influence as hospital mandarins make unilateral decisions without input from health

care professionals. As much as we value our professions, the respect they command and the relative freedom and independence we had, these are being eroded. As Kraus states, when costs to government are high and growing, there is a strong tendency for control to be taken from the “guild” and usurped by the governing body and managed with a business model.³

Our young are suffering. Medical school fees are producing enormous debt load on their graduates. Faced with economic uncertainty and protected by legislation against age-related mandatory retirement, professors are staying on the job. This has positive aspects in that we can retain some of our best minds rather than practicing ageist policies that arbitrarily cut off productive neuroscientists while they were still at their peak. However, graduates of residency and fellowship programs are finding it difficult to find positions in teaching hospitals. If they do find such positions, competition for acquiring research funds, space and time can be problematic.

Journals are suffering. As with newspapers, the reduction in advertising revenues, related to the financial crisis, has produced deficits for medical journals including this one. Can we continue with deficit financing? As much as we wish to develop an electronic continuing professional development (e-CPD) program for our members, we are forced to do this in a slower, staged manner because of diminished revenues.

What Can We Do About It?

As difficult as times can become, we must preserve our ethos as physicians. We are here because there are patients and we need to do our best for them. This includes advocating for patient management with the best evidence we can find or produce ourselves. Bad medicine wastes money; quality, evidence-based medicine is optimal for care and the economy.⁴ It is difficult for administrators and ministries of health to ignore this. We can improve efficiency in hospitals and avoid wasting money on useless tests and treatments. If we keep up to date and practice principled medicine and stick together as a profession, we should achieve as close to optimal results as possible.

Senior physicians and surgeons might rethink their role in the spotlight and, while still contributing as much as ever, serve as mentors for junior faculty and housestaff. Young specialists need a break; they need to be first authors of papers and lead investigators in projects. Otherwise, if the “old guard” holds onto its collective ego, growth of the young may be blocked or stifled for the early, critical part of their careers. To paraphrase Sydney Carton in *A Tale of Two Cities*, it would be a far, far better thing to do than they (senior staff) have ever done.

Most of journal revenues come from pharmaceutical companies, whose primary interest is to sell us their products

and thus make money for their shareholders. However, medical journals should exist to provide sound information to physicians. Journals and their editors need to have freedom to serve this task and should not be constrained or influenced by Pharma, other profit-driven companies or executives within their organization. As tempting as it may be to generate more funds, we need to hold true to this principle. Although Pharma prefers print journals for now for its advertising, as the next generation of neurologists, neurosurgeons, related specialties and neuroscientists come to the fore, electronic publishing will have the dominant role. This will be much less costly than print journals and will provide greater access in a more timely manner. We need to plan for this.

The economy is turning around and times will be better. However, often our best ideas, initiatives and efforts come during times of hardship. Let us profit from this opportunity.

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