

# CMAJ priorities for 2020

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As I write this, I have been editor-in-chief of *CMAJ* for 6 weeks. During that time, I have been impressed by the wisdom, professionalism and collegiality of the journal's staff and editors, and am grateful for their patience as I ask endless questions. I look forward to my visits to Alberta and London, Ontario, this month, as I start to meet with and learn from current and future readers across Canada.

Looking to 2020, I have 3 main priorities for the journal, informed by my long experience of working as a physician, researcher and governor in Canada's health systems.

I graduated from Queen's University in 1979. Since then, I have seen truly unbelievable strides in how we treat diseases and in our awareness of the profound impact of social determinants of health. However, over my 4 decades of clinical practice, I have increasingly felt like neither I nor the health care system were meeting the needs of my patients. And, despite my greater awareness of the importance of the social determinants of health, it didn't feel as if I, or our country, were doing much to address them.<sup>1</sup>

Although Canadians have universal access to physician and hospital care, access to home care and medications still very much depends on ability to pay. Wait times for many essential services, such as specialist and long-term care, are often ridiculously long. Knowing how to "navigate the system" has become an essential skill for patients and families. Many clinicians feel unsupported by the health care system within which they work and are frustrated by the apparent unwillingness to try and test new ideas.

Our health care system and the way we address the social determinants of health clearly need improvement, which must be informed by evidence. This brings me to my first priority: to publish more research that is of clear relevance to the practice of Canada's physicians and their clinical colleagues, and the governance and management of our health care system.

As much as possible, we need to focus on solutions. Canada urgently needs timely, high-quality research to inform front-line and policy decisions. I will strive to make *CMAJ* the journal to which research that has the potential to change Canada's health care systems is submitted, and in which it is published.

My second priority is to enrich and expand the nonresearch part of the journal. Physicians turn to their national journal for material that prompts them to reflect on their practices and read about policy debates, such as who should be eligible for medical assistance in dying or the amount of resources Canada should spend on health research. They read it to learn from the experiences of their colleagues, and remember why they went into medicine in the first place. *CMAJ's* Practice and Humanities sections currently house such offerings, but we can do more. When visiting different parts of

the country during the next few months, I will meet with clinicians who work outside academic centres to understand what they want to see in the journal. The membership of *CMAJ's* editorial advisory board will be diversified to include them.

Every day across Canada, clinicians and managers implement and test new models of care as they try to improve patient care and outcomes, often with no research funding. Because such innovations are tested in the messy real world, appraisals are frequently methodologically imperfect. But others can learn from these experiences; indeed, our seeming unwillingness to learn from others prompted the observation that Canada is "a country of perpetual pilot projects."<sup>2</sup> A new section will be established in *CMAJ* for brief descriptions of local health system innovations that have improved quality of care, to aid scale and spread of such new approaches across Canada.

My third priority is to substantially increase the involvement of patients and caregivers in the journal. Their perspectives about what is important often align with those of physicians, but are sometimes dramatically different. Patients and their families live with their medical conditions, often for decades. Most physicians (including this editor) have no clue what it is like to hold a tenuous, poorly paying job and live with many chronic conditions. Or to be Indigenous and live in a remote community. We need patients to guide us — it is the right thing to do and will improve the journal.

Patients are already involved with *CMAJ* — they write blogs (<https://cmajblogs.com/category/patients-blog/>) and publish patient-oriented research<sup>3</sup> — but in the future, we will seek even more patient contributions, beginning with appointing patients to the editorial advisory board by early 2020. Over the next year, we will consult widely to determine how the priorities and perspectives of patients can best be reflected in the journal.

I am eager to hear from you about these priorities, and your ideas on how to improve *CMAJ*. Please send comments and suggestions to [cmajgroup@cmaj.ca](mailto:cmajgroup@cmaj.ca).

## References

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**Competing interests:** See [www.cmaj.ca/site/misc/cmaj\\_staff.xhtml](http://www.cmaj.ca/site/misc/cmaj_staff.xhtml)

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