Change in Editor. Some Things Change: Many Things Remain the Same

You may have noted that the masthead of RESPIRATORY CARE changed in January 2008. After 10 years as Editor in Chief, David J Pierson MD FAARC has stepped down. I am honored to be selected to follow Dave as Editor in Chief. A change in leadership is bound to raise questions and bring about other changes. However, my vision for the Journal is quite consistent with that of my predecessor, and I suspect that the change in editor will be seamless for most readers.

A Salute to Past Editors

Five editors have preceded me: James Whitacre, Allan Saposnick, Philip Kittredge, Pat Brougher, and Dave Pierson. Each editor deserves much credit for the mark they left on the Journal and the respiratory care profession. In 1986 I first joined the RESPIRATORY CARE Editorial Board. My first meeting with the Editorial Board would influence my career in several important ways. The chairman of that Editorial Board was Dave Pierson. Others members of the Board included Bob Kacmarek, who has been my colleague and friend for the past 15 years at the Massachusetts General Hospital, and Neil MacIntyre, who was to become a good friend and trusted colleague. That was also where I first met Ray Masferrer, Managing Editor of RESPIRATORY CARE, who was also to become a close friend, colleague, and confidant.

In my early association with the Journal, no one influenced me more than Phil Kittredge. Phil encouraged my academic career like no other and soon became my role model. He was the first to challenge me to get the words right. I really wanted to publish in RESPIRATORY CARE. Phil's encouragement and my persistence made it happen. I remember Phil telling me that good writers are good readers. Good readers pay attention to sentence structure and the details of published papers. Twenty years ago, the Journal editor also doubled as copy editor. I can recall Phil rewriting my papers and sending them back to me for review. I would study those copyedited versions; they taught me a lot about correct usage of the language. Without any formal training in writing beyond freshman English, I was eventually able to write in a way that could pass as literate. Today, fortunately, we have an assistant editor, professional copy editor, and editorial assistant who continue to help me get my words right. I am sorry that Phil did not live long enough to see his protégé become editor of the Journal.

I was also influenced by Pat Brougher. Pat, like Phil, gently reminded me that although I had something to say, I needed to work harder on saying it right and saying it well. I worked closely with Pat on the Clinical Practice Guidelines (CPGs) project. Together, and with the help of a lot of expert volunteers, we were able to introduce CPGs to the respiratory care profession. My involvement with the CPG project and RESPIRATORY CARE while Pat was editor had a great impact on my career at that time and since.

The leadership that Dave Pierson brought to RESPIRATORY CARE has no equal. Words are inadequate to describe what he has done for the Journal. Over the past year, I have had a number of persons ask me if I was replacing Dave as Editor in Chief, to which my typical response was, "No one can replace Dave Pierson, but I am fortunate to follow him as Editor in Chief." It was under his leadership that RESPIRATORY CARE was listed in PubMed (Index Medicus). Moreover, in the past 10 years RESPIRATORY CARE has become recognized as the premier journal of its subject matter. The current state of the Journal is very healthy because of Dave's leadership. Dave has been a friend and colleague for more than 20 years. I cannot thank him enough for everything that he has done to make this transition as seamless as possible. Dave will continue as Editor Emeritus and will be responsible for book reviews and the sage advice that he will be able to offer from time to time.

I would also like to recognize Ray Masferrer, Managing Editor, and Sam Giordano, Publisher. Ray and Sam have been unwavering in their support of the Journal for many years. They serve as the link between the science journal RESPIRATORY CARE and its sponsor, the American Association for Respiratory Care (AARC).

What is Science?

On the cover of the Journal are the words, *RESPIRATORY CARE, The Science Journal of the American Association for Respiratory Care*. What does it mean to be a *science* journal?

This was addressed by former Editor in Chief Dave Pierson in a paper published in the Journal 20 years ago. He defined science as systematic knowledge derived from observation, study, or experimentation carried out in order to determine the nature or principles of what is being studied.[1] Ten years later, Dave went on to point out that RESPIRATORY CARE is the only peer-reviewed journal dedicated specifically and exclusively to the subject area of respiratory care.[2] As a science journal, RESPIRATORY CARE publishes papers related to the systematic knowledge derived from observation, study, or experimentation related to the subject area of respiratory care. A primary goal of the Journal continues to be that of remaining the leading journal for applied clinical pulmonary medicine, respiratory-related critical care, pulmonary rehabilitation, pulmonary diagnostics, sleep-related breathing disorders, and respiratory home care. Because a health-related profession needs a strong scientific basis, it follows that the AARC would sponsor the publication of its science Journal, RESPIRATORY CARE.

An important aspect of science is peer review. According to the World Association of Medical Editors, "A peer-reviewed biomedical journal is one that regularly obtains advice on individual manuscripts from reviewers who are not part of the journal's editorial staff."[3] The majority of papers submitted to RESPIRATORY CARE are peer-reviewed, and most of those are returned to the authors for revision before they are acceptable. Some papers submitted to RESPIRATORY CARE will not pass the rigors of peer review and will be rejected. This serves as a measure of quality control in that only papers of acceptable quality will ultimately be published.

The ethics of research and publication has received increasing attention in recent years. Two areas that have received the greatest attention are the protection of human subjects and conflict of interest. The United States Department of Health and Human Services has defined "research" as a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. Research involving human subjects must be approved by the local institutional review board, research committee, ethics committee, or surrogate. All papers submitted to RESPIRATORY CARE that involved human subjects must include a statement that the research was approved by the local institutional review board. Research that involves human subjects and has not received institutional review board review is considered unethical and will not be published in RESPIRATORY CARE.

The relationship between industry and researchers has received increasing scrutiny by the lay press. Such relationships are common in respiratory care because of the role played by technology in areas such as mechanical ventilation, aerosol therapy, airway clearance, respiratory monitoring, pulmonary diagnostics, and others. Relationships between industry and investigators are not considered unethical. However, failure to disclose such relationships is unethical. All authors are required to disclose their relationships when papers are submitted to RESPIRATORY CARE.

Respiratory Care is Multidisciplinary and International

RESPIRATORY CARE, the Journal, like respiratory care, the subject matter, is increasingly international. We are receiving increasing numbers of submissions from outside North America. This is reflected in the new Editorial Board, which has representatives from the United States, Canada, Spain, France, Italy, and Korea. Indeed, "the world is flat."[4] This is facilitated by increasing use of the Internet, which makes the Journal readily available worldwide and facilitates the day-to-day operations of the Journal. Each issue of RESPIRATORY CARE is available in full text to anyone with an Internet connection. Journal submissions are managed by a Web-based system called Manuscript Central for manuscript submission, peer review, and manuscript tracking. The electronic age allows the Journal staff to be in Boston, Seattle, and Irving, Texas, and yet have simultaneous and continuous contact with one another.

What Will Not Change and What Will

An important thing that will not change is the committed RESPIRATORY CARE staff. We are fortunate to have such a dedicated staff, which results in the Journal being published on time each month with a minimum of technical errors. We will continue to publish a mix of scientific reviews, such as those from our journal conferences, and original reports of research, case studies, and other material of interest to our readers.

One thing that will change is the sections. *Graphics Corner, PFT Corner, and Test Your Radiologic Skill* had an important place in the Journal in the past. However, submissions to these sections have declined in recent years. Moreover, *Teaching Case of the Month* was implemented a few years ago and many of the submissions that in the past were submitted to other sections can be incorporated into this category or may be able to be submitted as case reports.

Goals for the Journal

- Continue to have RESPIRATORY CARE be the leading journal for applied clinical respiratory care related topics.
- Increase the number and quality of submissions to the journal.
- Continue to publish a mix of review papers and original submissions.
- Increase the multidisciplinary nature of published material with submissions from respiratory therapists, physicians, nurses, physical therapists, scientists, and others

with an interest in respiratory care.

- Publish papers that reflect changes in the scope of respiratory care, such as sleep-related breathing disorders.
- Continue the high level of technical production of the Journal.
- Provide a rapid turnaround for review of papers submitted and rapid publication of papers accepted.

Onward and Upward

We are now publishing the 53rd volume of the Journal. With the help of you, our readers, and with the help of those of you who submit your original research, case studies, and other material, RESPIRATORY CARE will continue to grow and retain its status as the premier Journal in the subject of respiratory care.

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The author reports no conflicts of interest related to the content of this editorial.

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REFERENCES

1. Pierson DJ. Respiratory care as a science. Respir Care 1988;33(1): 27–37.
2. Pierson DJ. What is respiratory care? Respir Care 1998;43(1):17–19.
3. WAME Editorial Policy Committee. WAME policy statements: definition of a peer-reviewed journal. http://www.wame.org/resources/policies. *Accessed December 18, 2007.*
4. Friedman TL. The world is flat: a brief history of the twenty-first century. New York: Farrar, Straus, and Giroux; 2006.

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