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"Medical Futility in the Critically Ill Patient" and "CAM"

Dr. Louis L. Low and Dr. Larry J. Kaufman presented a provocative report on "Medical Futility in the Critically Ill Patient" at the 1998 Medical-Legal Seminar in Singapore. We publish their paper to stimulate discussion on this increasing problem in medicine.

The manuscript by Carolyn C. Gotay, PhD and her associates on "Use of Complementary and Alternative Medicine in Hawaii Cancer Patients" serves as an excellent follow-up to the review on Complementary and Alternative Medicine (CAM) by Janet Onapa MD, which appeared in last month's issue of the Journal.¹

Complementary medicine is emerging as a new frontier in medicine - using some very old medicines and techniques. Complementary Medicine for the Physician (CMP) published by Churchill Livingstone, has entered its 4th year of newsletters on CAM.²

Complementary & Alternative Medicine has even made entry into the Dermatology literature; a special issue of the Archives of Dermatology on Alternative Medicine and Dermatology - the Unconventional Issue - was published in November 1998.³ Hot off the press, Clinics in Dermatology Complementary Medicine, Part I,⁴ was published in November / December 1998 by Elsevier.

The complete physician in any field must be aware of the alternatives in medicine today. We are fortunate here in Hawaii to have excellent resources for CAM in practice as well as in teaching programs in our Medical School.

References

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3. Amdt, K.A., Ed. Alternative Medicine and Dermatology - the Unconventional Issue; *Arc Derm Nov* 1998
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Special Guest Editorial

Jerome P. Kassirer MD,
Editor, New England Journal of Medicine

"Should Medical Journals Try to Influence Political Debates?"

When Dr. E. Ratcliffe Anderson, the American Medical Association's executive vice president, announced on January 15, 1999, that he had fired the editor-in-chief of the *Journal of the American Medical Association* (JAMA), he said that an important factor in his decision was the publication of a research article on the

sexual attitudes of college students. It was not just the content of the article that was at issue, he said, but the fact that the article had been advanced for publication ahead of schedule with the intent of influencing a major political debate. In this case, the issue studied was whether people consider oral-genital contact to be "having sex."

Setting aside the quality and value of this study, is advancing publication of an article with the goal of influencing political events a valid rationale for firing the editor of JAMA? I think not. In my view, a medical journal should not be a dusty archive of clinical studies and review articles, but a lively forum for exposure and discussion of important issues that involve, even indirectly health and medicine. Articles on ethics, legal issues, health policy human rights, and health economics published in a respected medical journal can have a bearing on ongoing political decision making at the state, national, and international level. Because of the enormous range of issues that are brought to the attention of medical editors daily, they have a unique opportunity to contribute to such debates.

In selecting articles for publication, journal editors do not simply run through a queue of accepted manuscripts in the chronologic order of their acceptance. Some manuscripts are solicited with the very intention of informing debates. Our series of health policy articles in 1992 and 1993 was scheduled to coincide with the national debate on health care reform, and our Legal Issues in Medicine section is often timed to shed light on important legal debates. Sometimes we can time the publication of unsolicited manuscripts as well. We have an established policy of expediting the handling of scientific manuscripts when we believe they contain information that maybe critical to public health,^{1,2} and we move other types of manuscripts forward when we think they may have an impact on public policy.

From time to time I have put editorials on issues about which I held strong opinions on a fast track. Two years ago, when voters in California and Arizona approved propositions allowing their physicians to prescribe marijuana for medical indications and Janet Reno, the attorney general, announced that the federal government would punish physicians if they did so, I wrote an editorial critical of the government.³ Our usual interval between the submission of an editorial and its publication is four to six weeks. In this instance, I wrote the piece over a weekend and it was published 17 days later; when the debate was still active. Last spring, when some members of Congress impetuously drafted bills that would have put an end to all cloning experiments that use human cells, Nadia Rosenthal (our consultant in molecular medicine) and I wrote a dissenting opinion that was published well in time to join the debate.⁴ My editorial criticizing Congress for essentially practicing medicine is still another example.⁵

Editorials are not the only type of article that we have put on a fast track in order to be topical. In 1993 we rushed into print a Special Report on starvation in Somalia.⁶ In the same year, as part of the national debate on the Clinton health care plan, we expedited the publication of several reports and opinion pieces on health care reform.^{7,11} Some were published within four weeks of submission. In 1997 we accelerated the publication of one Sounding Board article that dealt with the impending tobacco settlement¹² and another¹³ that disagreed with a controversial editorial by one of our editors.¹⁴ We now have a mechanism by which an article or editorial in our end section (the section that follows the masthead) can be published