

## Editorial

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# Risk and safety: What's the point?

For a patient undergoing any clinical treatment, trust in their carers is paramount. Those who work in patient care also need to feel that their environment is totally supportive of the way they work and the dedication involved.

The International Journal of Risk and Safety in Medicine (JRS) is concerned with maintaining these basic principles through publishing papers intended to promote better practices and improve the overall outcomes of clinical care. It was with this in mind that Graham Dukes started the Journal and was keen to have inputs from all staff involved in clinical care. Above all, it seems to us that the Journal must be open to patients to express their views.

The whole of life is risky for us humans but the less we have control over our lives the more we feel threatened as individuals. We want JRS to be a Journal that explores these issues in a balanced way, seeks and publishes information that helps maximise the notion of safety and security in treatment by research that will benefit individuals in health care in the most practical ways possible.

Perhaps the multicoloured hands in the design on the previous covers of the Journal expressed the multiplicity of individuals included in clinical care, but we thought it would be easier to relate to the perhaps more prosaic image of weighing scales together with a selection of medically associated images scattered around, but not forgetting the humanoid image forming the balance!

A journal such as we envisage should facilitate new ideas that forward the aims above and that are rationalised and set out clearly. Original research work that illuminates and furthers practical ways forward in clinical care is clearly welcome, but so is critical commentary on the strengths and weaknesses of work done. How can it be done better? How can it be interpreted differently? How can further useful work be carried out? What impact will all this have practically for good or harm?

For all the above to become useful a transparent and open discussion needs to take place on important issues, which can be followed on the paper pages of the JRS, on the Internet, or elsewhere. Some issues might be worth more weighty debate in a special topic edition: we would welcome hosting such debate as a special edition.

Another innovation we will introduce is an editorial coming from the Editors we have or by invitation. Editorials can be broader in content, have a more relaxed style, and also reflect novel views that affect medical care.

A unique feature of this Journal is the main thrust is not just the science of clinical care and treatment used, it is how we assess and utilise that science. Decisions taken every day by people seeking to improve their health need to consider many factors that are unique to them. Health professionals need all their empathy and understanding to enable patients to reach the best decisions for them. A discussion about ways in which we approach these difficult patient exchanges would also be interesting for JRS.

Finally, and with sadness, at this time we would like to pay tribute to the work and efforts of Chris van Boxtel as Editor-in-Chief. His recent death has been the subject of several obituaries by his many friends, including many reflections from the staff of JRS. Chris was a jovial and sensitive person who wanted to find ways of helping anyone who needed to know about medicines and to be able to use them wisely. The textbook he edited entitled 'Drug Benefits and Risks', has been found useful all over the

world, at all levels of treatment and care. The book reflects just some of the uniqueness, the practicality and indeed the humanity behind his approach.

We will miss him, but we will also work to build on his legacy. To do this we rely on our readers and contributors for their ideas, insights, manuscripts, reviews, indeed anything and everything that will help us move forward.

I. Ralph Edwards and Marie Lindquist