

EDITORIAL • RÉDACTION

Editor-in-Chief • Rédacteur en chef
John Hoey, MD

Associate Editor-in-Chief • Rédactrice en chef associée
Patricia Huston, MD, MPH

Book Review Editor • Rédactrice, recensions de livres
Catherine Younger-Lewis, MD

News and Features Editor • Rédacteur, informations générales
Patrick Sullivan

Editors • Rédactrices
Carolyn Joyce Brown, Jill Rafuse, H. Kate Schissler,
Anne Marie Todkill

Editorial Assistant • Assistante à la rédaction
Shirley M. Waddell

Manuscript Coordinators • Coordonnatrices des manuscrits
Carole Corkery, Lorna Lang

Translation Coordinator • Coordonnatrice de la traduction
Marie Saumure

Scientific Consultants • Conseillers scientifiques
Mary L. Chipman, BSc, MA, Thomas J. Elmslie, MD,
Derek Gellman, MD, Bart J. Harvey, MD, PhD,
David Moher, MSc, Linda Pederson, PhD

Contributing Editors • Rédactrices invitées
Gloria Baker, Charlotte Gray

**University-based Editorial Consultants
Conseillers universitaires en rédaction**
Leonello Cusan, MD, Université Laval
Christopher J. de Gara, MD, McMaster University
Kenneth M. Flegel, MD, McGill University
Candace Gibson, PhD, University of Western Ontario
Paul Hébert, MD, University of Ottawa
Norman M. Kneteman, MD, University of Alberta
Thomas J. Marrie, MD, Dalhousie University
Tewfik Nawar, MD, Université de Sherbrooke
J. Curtis Nickel, MD, Queen's University
William E.M. Pryse-Phillips, MD, Memorial University of Newfoundland
Margaret L. Russell, MD, University of Calgary
Yves R. Talbot, MD, University of Toronto
C. Peter W. Warren, MD, University of Manitoba
Thomas W. Wilson, MD, University of Saskatchewan
Robert F. Woollard, MD, University of British Columbia

**Associate Director, New Media
Directrice associée, nouveaux médias**
Ann Bolster

PRODUCTION

Production Manager • Gestionnaire de production
Kathryn A. Freamo

Production Assistants • Assistantes à la production
Nicole Barbeau, Julie-Line Danis, Lianne Johnsen

Graphics Consultant • Conseiller graphique
Raymond Rocan

**Canadian Medical Association Journal
•
Journal de l'Association médicale
canadienne**

1867 prom. Alta Vista Dr.
Ottawa ON K1G 3Y6
613 731-9331, 800 267-9703
fax 613 523-0937

E-mail • Cour. élect. : pubs@cma.ca

<http://www.cma.ca/journals/cmaj>

Français à la page suivante



When we speak of “experience” we often mean the lessons of the past, the knowledge gained from the accumulation of events. Through experience we acquire practical skills, beliefs and sometimes a little wisdom. As professionals we value our hard-won experience and often rely on the collective experience of our peers. With experience comes confidence and often a degree of conservatism. But the truths — or science — that we depend on can be challenged by further experience. As Dr. Mark Longhurst wrote in *CMAJ*,



Science has confused us by giving us miraculous cures. Yet we are constantly confronted with the fragile nature of these cures and the unscientific nature of humans. There is more to disease and illness than is seen in a microscope or laboratory. Each disease is so uniquely personal that every patient requires an individual approach. The uncertainty of an outcome is humbling.¹

Thus “experience” also describes our engagement with the present: times of difficulty, moments of new insight. For physicians, it begins with direct encounters with individual patients. Indeed, it is a meeting-point at which the “illness experience” of the patient enters the professional and personal experience of the physician.

A person becomes a patient when, in that person's own perception of existence, he or she passes some point of tolerance for a symptom or a debility and seeks another person who has professed to help. . . . Not everyone can become a healer. Not all chosen can withstand the encounter with people in the extremes of their human predicament. It is a profound experience to confront, as a physician, the fears, trepidations and expectations of someone who is ill.¹

For Longhurst the “critical requirement to becoming an effective healer” is the self-awareness that is won through experience:

One's personal self is intimately connected with one's professional role. . . .¹

It behoves physicians to acquire the broadest possible awareness of their own feelings, needs and conflicts and so bring to the healing act the greatest good.¹

The patient must sense that the physician does care. To appreciate the patients' feelings doctors must be willing to confront their own feelings; they must not be overwhelmed by them, but should recognize their existence in the relationship.²

The new Experience section in *CMAJ* offers a forum for physicians to reflect on the often unanticipated opportunities for growth that arise in their professional and personal lives. In this issue (page 53), M. Klein counters the conventional wisdom of excluding physicians from the care of loved ones by describing a personal ordeal. In the next issue, S. Cameron will describe how a singularly determined patient raised uncomfortable questions about her right to die on her own terms. Our launching of the Experience section is inspired by the essays of Mark Longhurst and is dedicated to his memory. Mark Longhurst died in a car accident in September 1996. — JH

References

1. Longhurst M. Physician self-awareness: the neglected insight. *Can Med Assoc J* 1988; 139:121-4.
2. Longhurst M. Angry patient, angry doctor. *Can Med Assoc J* 1980;123:597-8.

Section icons, such as the tree of life indicating “experience,” are an important feature in the new-look *CMAJ*. They are the creation of Ottawa-area artist Susan Laurie-Bourque.