Editorial

Extending the impact of *CMAJ*

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This is my first editorial as editor-in-chief, after serving for almost a year as interim in the role. As the first woman editor-in-chief in the *CMAJ's* 111-year history, although not the first to be tapped to steer the journal in an interim capacity, I represent change. In 2022, under-resourced and inadequate health systems in Canada face the ongoing COVID-19 pandemic, alongside a worsening health workforce crisis and increasing health effects of global and local social determinants of health that worsen existing inequities. How can *CMAJ* be part of addressing these challenges? How can the journal help facilitate much needed change?

My vision for *CMAJ* during my tenure as editor-in-chief is informed by my extensive experience working as a medical editor; my varied experience as a clinician, a researcher, an immigrant, and a patient in 3 very different health systems; and my understanding that collaborative, open-minded and kind leadership is what is needed now to address the serious threats to health that we face globally and in Canada.

My main priority during my tenure will be to work to tackle inequities, both at *CMAJ* itself and within Canada's health systems, through what is published in the journal. In 1911, the Canadian Medical Association (CMA) launched this journal, declaring it "a medium for the expression of all that is good in Canadian Medicine."[1] Although *CMAJ* has published much that has been worthy of praise,[2] it has also largely reflected a patriarchal, colonialist medical culture and often failed to publish on some important national health problems in a timely fashion. For example, *CMAJ* did not mention the residential school system as a determinant of health in its first 7 decades. A search of the journal's archive reveals that only 1 article made any mention of Canada's residential schools before the last institution was closed in 1996. While thousands of Indigenous children died while enrolled in residential schools[3] and thousands more survived brutal conditions that led to disease and trauma,[4] *CMAJ*, like many institutions, was all but silent. The journal first discussed the health harms of the residential school system in its editorial pages in 2015, when the work of the Truth and Reconciliation Commission of Canada was already well underway.[5] Similarly, conversations about racism as a determinant of health and discussions of discrimination related to race and gender within the medical profession have only recently consistently emerged in the journal despite such oppressions having long existed.

In the last 2 decades, *CMAJ* has raised awareness of health inequities for marginalized populations in Canada through numerous publications detailing the scale of the problem. Most recently, the COVID-19 pandemic has underscored how the poor, the marginally housed, immigrants, racialized people and people with disabilities were, and continue to be, at highest risk of illness and death in Canada.[6] But it is now time to move beyond highlighting this problem over and over, and work on testing and implementing innovative solutions to advance equity.[7] As editor-in-chief, I will build on the commitment of my predecessor, Dr. Laupacis, 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,"[8] and add "particularly research that has clear potential to advance equity and reduce oppression in health care."

Attracting articles that have the potential to make Canada's health systems better — and, by extension, increase *CMAJ*'s relevance for its readers — will take renewed effort from me and my fellow editors to build and strengthen relationships with stakeholders. During my tenure as editor-in-chief I will prioritize reaching out to meet with physicians, health researchers, health system decision-makers, medical educators, medical learners and patients across Canada — including those who do not read *CMAJ* — to listen to what people want and need from Canada's national medical journal. I am as open to hearing criticisms of *CMAJ* as to hearing what we may be doing well. I believe that vulnerability and a willingness to sit with discomfort are necessary precursors to innovation, creativity and positive change.[9]

I also intend to prioritize extending the CMAJ Group's innovations in social media and multimedia. In January 2020, the CMA, recognizing the journal as a public good that should be freely accessible to all, agreed to support the removal of the paywall for all *CMAJ* articles. Readership of cmaj.ca has more than doubled since then. Free content does not guarantee its reach and impact, however. People access information in a variety of ways, and we should strive to meet users' needs. In addition to our new podcast show (https://www.cmaj.ca/page/multimedia/podcasts), launched a few months ago, I will seek to extend *CMAJ*'s use of infographics, videos, visual summaries, interactive media, lay summaries of articles and continuing medical education offerings to help authors increase the impact of their work and to enable a wider audience to use *CMAJ* content.

When my term as custodian of this journal ends, I hope readers will be able to say with pride that *CMAJ* is a medium through which we discover what it means to deliver good and equitable health care.

References

1. Official notice. *Can Med Assoc J* 1911;1:57-8.
2. Turnbull J. 100 years and counting. *CMAJ* 2011;183:16.
3. The Lancet. The past is not the past for Canada's Indigenous peoples. *Lancet* 2021;397:2439.
4. Hay T, Blackstock C, Kirlew M. Dr. Peter Bryce (1853–1932): whistleblower on residential schools. *CMAJ* 2020;192:E223-4.
5. Richardson L, Stanbrook MB. Caring for Aboriginal patients requires trust and respect, not courtrooms. *CMAJ* 2015;187:162.
6. Xia Y, Ma H, Moloney G, et al. Geographic concentration of SARS-CoV-2 cases by social determinants of health in metropolitan areas in Canada: a cross-sectional study. *CMAJ* 2022;194:E195-204.
7. Anderson M. Indigenous health research and reconciliation. *CMAJ* 2019; 191:E930-1.
8. Laupacis A. *CMAJ* priorities for 2020. *CMAJ* 2019;191:E1344.
9. Patrick K. Let statements of solidarity on social media not be the end of allyship [blog]. *CMAJ Blogs* 2020 June 3. Available: http://cmajblogs.com/let-statements-of-solidarity-on-social-media-not-be-the-end-of-allyship/ (accessed 2021 Nov. 21).

Competing interests: www.cmaj.ca/staff.

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