

A comprehensive journal, and the opportunity for discussion

*John J. Frey, III, MD
Medical Editor, Wisconsin Medical Journal*

A general journal should be general enough to include most areas of medicine. The *Wisconsin Medical Journal* is noteworthy because it covers the major clinical disciplines and includes information about the health of the public, important trends in chronic and acute illnesses, and occasional pieces such as that by Krall in this issue, which crosses all of the disciplines by raising important questions about professional behavior. Feedback from readers and authors are encouragingly showing us that we are going in the right direction by including something for everyone, but not so exclusively narrow as to render articles inaccessible. We are able to do this in great part because of the participation of authors—you think of the *Journal* for your work and write about what you do in an interesting and direct fashion. Thank you.

Two examples of good work that are helpful to colleagues are the 2 surgical articles in this month's *Journal*. Shapiro and colleagues (A Comparison of Open and Laparoscopic Techniques in Elective Resection for Diverticular Disease. *WMJ*. 107:6;287-291) describe a case series of laparoscopic resections for diverticular disease that highlight the positive benefits that this surgical approach offers. Their study, which was quite well done, uses sufficiently large numbers of cases to show that, on the whole, laparoscopic surgery saves patients

time in hospital, which most would be happy to avoid, and has similar outcomes in readmission and complication rates to traditional surgical approaches. I personally had a patient who was going to undergo surgery for diverticular disease and had been presented the option of laparoscopic approach. She wanted my opinion. Fortunately, this manuscript was in process and I could say with some authority that the data were pretty good and encouraged her to move ahead. The attraction of a shorter stay and quicker recovery was a real positive in her choice.

Stacey and colleagues' article (Exploring the Effect of the Referring General Surgeon's Attitudes on Breast Reconstruction Utilization. *WMJ*. 107:6;292-297) presents the case for a better dialogue between surgical specialties. Breast cancer continues to be a high visibility disease that is a concern for women and their families. Reconstructive surgery where possible offers many women the sense of comfort and self esteem that is an important component of recovery and moving back to a more normal life. In arguing for both performing mastectomies that would permit reconstructive surgery, and being in touch with plastic surgeons who perform them, Stacey and colleagues also suggest that we have more widely known standards about women who would benefit and those who would not.

Clearly there are women who are not candidates for reconstructive surgery post mastectomy. Primary care doctors, gynecologists, and surgeons providing consistent information for women who want the best advice for surgical management of breast cancer is essential. In a time of substantial emotional turmoil, women need to know the options open to them, and we need to work together to make those options clearer among the medical community.

Finally, as mentioned, the article by Krall (Doctors Who Doctor Self, Family, and Colleagues. *WMJ*. 107:6;279-284) and its accompanying commentaries should be a good source for discussion about the nature of self and family care. Physicians are notoriously difficult patients and the general press is full of books by and about doctors as patients. The bottom line is that doctors should have a doctor—and see them. Removing drug samples from offices has probably decreased the likelihood of self medication, but the tendency continues. What is acceptable and what is not should be a matter for discussion. Krall's article and the commentaries following it should be an excellent stimulus for conversations that need to take place among medical students, residents, and practicing groups. Whatever the outcomes of those discussions, we owe it to ourselves and our families to have them.

advancing the art & science of medicine in the midwest

WMJ

WMJ (ISSN 1098-1861) is published through a collaboration between The Medical College of Wisconsin and The University of Wisconsin School of Medicine and Public Health. The mission of *WMJ* is to provide an opportunity to publish original research, case reports, review articles, and essays about current medical and public health issues.

© 2008 Board of Regents of the University of Wisconsin System and The Medical College of Wisconsin, Inc.

Visit www.wmjonline.org to learn more.