

EDITORIAL

The Netherlands Journal of Critical Care in a changing landscape

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A critically ill patient is not merely a standard medical or surgical patient who is sicker than normal. The definition of a critically ill patient is a patient in need of intense monitoring and nursing, due to life-threatening abnormal physiology, either following major surgery or acute injury, or an overwhelming stress response to these insults. The linking denominator most often is a hyper-inflammatory response, resulting in dysregulation of body systems, which translates into clinical problems that we deal with on a daily basis, including shock, failing organs, delirium and nosocomial infections.

Recognition and management of these specific conditions requires specialised skills. Care of critically ill patients has evolved into a 'closed format' with intensivists in the lead, working in a multidisciplinary environment. Current aspirations are to mature towards a separate medical speciality with a scientific society, with the aim to improve the care of the critically ill, by increasing autonomy of intensivists, improving education of ICU fellows and improving ICU-related research. However, this model also has challenges, such as the development of an education program as well as logistical challenges, rendering the movement towards becoming a separate medical speciality complex.

The Netherlands Journal of Critical Care has provided a national platform for ICU-related research since 1996. Given the development of Intensive Care Medicine towards a scientific society in the Netherlands and the fact that the international

field of ICU-related research is developing at a fast pace, we think that it is critical to continue with this platform for ICU-related research.

In the midst of the current changes, the editor-in-chief Johan Groeneveld has unfortunately resigned due to health reasons. Given his great contribution to the development of the journal to maturity, the editorial board was at a loss of how to ensure adequate follow-up after his resignation. The board has decided to expand the role of editor-in-chief from a person to a team. Also, it was decided to rotate this responsibility. Thereby, intensivists involved in ICU-related research at an academic ICU will rotate in the role of 'editor-in-chief' for a period of two years. The ICU department of the Academic Medical Center is the first to take on this role.

We hope that this new organisational design will inspire the contributors as well as the readers of the journal, bringing it forward towards indexing in the major databases. We thank Johan for his ground-breaking, essential and frequently timely contributions to our journal, and hope that the journal continues to flourish.

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