Reason for existence and the way forward

It was with some trepidation that I accepted the nomination for editor-in-chief of JEMDSA, and I wish to thank the constituent membership for entrusting me with this position. My first official duty is to thank Professor Stephen Hough, the outgoing and founding editor of JEMDSA, for his tireless efforts over 16 years to establish and nurture the journal to become the success that it currently is. In his last editorial, Stephen outlined a number of challenges and also set several goals for the incoming editor-in-chief and editorial board. With the support of the newly elected editorial board and with the aid of Dr Douw Greeff and his capable team at Medpharm Publications, it may be possible to achieve most, if not all, of these objectives.

As JEMDSA is on the brink of leaving adolescence behind and being transformed into a mature medical journal, it may be worthwhile to ponder on what readers’ expectations are in this highly technological era. It is crucial to remind ourselves that JEMDSA is the official mouthpiece of several related professional organisations in the South African endocrine-metabolism family. JEMDSA depends on regular contributions from all its constituent organisations in order to survive and flourish.

In recent times, JEMDSA served its constituent organisations exceptionally well as the official mouthpiece for guidelines and position statements. The recently published guidelines for the management of type 2 diabetes and dyslipidaemia are examples. This edition serves as a vehicle for the valuable and timely guidelines on insulin pump therapy, with a guest editorial by Dr David Segal setting the scene.

Furthermore, JEMDSA provides a medium for the dissemination of high-quality, peer-reviewed articles that showcase new knowledge generated by local basic and clinical scientists. The article in this edition, Lipid accumulation and alkaline phosphatase activity in human preadipocytes isolated from different body fat depots, by Ali et al, contributes towards unravelling the complex physiology of the adipocyte. Contributions such as this make a significant contribution in assisting JEMDSA in becoming a mainstream medical journal with full international recognition.

Endocrinology, in the broad sense, never fails to surprise clinicians with unique and stimulating clinical presentations that provide material for unusual clinical cases, such as those featured in this edition. In this regard, it is necessary to realise that JEMDSA is also the logical choice for endocrinologists and other colleagues from sub-Saharan Africa to publish their research findings and stimulating clinical cases. JEMDSA has a responsibility towards these colleagues too.

A modern medical journal should also provide continuing medical education (CME) for professionals. Regular, high-quality review articles, both invited and self-initiated, should feature regularly in the journal’s list of contents. For the first time, this edition of JEMDSA provides an opportunity to earn CME points by completing 20 multiple-choice questions in the best-of-four options format. These questions were compiled from all the published material in this edition, apart from the Congress abstracts. A remaining challenge is the future provision of CME material on medical ethics and professionalism.

JEMDSA also provides an opportunity for young researchers to publish their research findings in abstract form. Both poster and oral presentations at the annual Congress provide first-time and experienced presenters with the opportunity to share research findings with colleagues, before preparing and submitting manuscripts for publication. This edition of JEMDSA features a bumper number of abstracts that indicate that research in the endocrine-metabolism domain is alive and well in South Africa.

An underutilised function of JEMDSA is to provide a forum to debate controversies in endocrinology and metabolism. JEMDSA also provides a platform from which to discuss and debate healthcare policies that pertain to endocrine-metabolic matters. It will be stimulating to learn innovative ideas from readers on how government’s National Health Insurance policy could be implemented, e.g. to improve diabetes care and to combat obesity.

Finding itself between a private healthcare environment that is becoming increasingly commercialised and competitive on the one hand, and an inefficient public healthcare system on the other, the journal will have to take steps to safeguard against conflict of interest at all times and to uphold stringent ethical principles.

Since only three editions of JEMDSA are currently published annually, the journal will have to find ways in which to utilise modern technology and embrace electronic means to communicate with its readership and keep it abreast of new developments.

The editorial board and I are looking forward to building on past achievements and tackling the challenges outlined by Professor Hough in order for JEMDSA to secure a place among foremost, international peer-reviewed medical journals.

Willie Mollentze
Editor-in-Chief: JEMDSA