European Journal of Cardio-thoracic Surgery/Interactive CardioVascular and Thoracic Surgery – Reach out for the next decade!

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‘Imagination is more important than knowledge’.
Albert Einstein

The Editor-in-Chief of the European Journal of Cardiothoracic Surgery/Interactive CardioVascular Thoracic Surgery (EJCTS/ICVTS) can be appointed for a maximum of two terms of five years each. The former Editor-in-Chief, Ludwig von Segesser, has served these two terms and I am proud to be chosen as the new Editor-in-Chief of these prestigious journals (Fig. 1).

This change in the incumbent of the post of Editor-in-Chief every five or 10 years allows new ideas to be implemented and the further development of the already very successful story of EJCTS and ICVTS.

In addition to a new Editor-in-Chief, it was also necessary to appoint a new Managing Editor when Ian Beecroft retired after serving for 15 years as Managing Editor of EJCTS/ICVTS. We are very happy to have Birgit Knapp on board, a very experienced, educated and innovative person who is perfect for this demanding position. In addition, Rita Brightwell retired and was replaced by Tanja Gunser, a very reliable and knowledgeable person in the Editorial Office. Judy Gaillard, who has already worked for EJCTS/ICVTS for more than eight years, is now the valuable person with the longest experience within the Editorial Office. In addition, the location of the Office changed from Martigny in Switzerland to Freiburg in Germany in order to allow close collaboration in a timely manner between all members of the Editorial Office during the busy surgical day. I am happy to be supported in this task by my entire team in Freiburg (Fig. 2).

The goal of scientific journals is to spread new knowledge [1–4], push forward the frontiers of current knowledge in every aspect [5–7], allow publication of creative ideas and form the basis for ongoing innovations. Furthermore, our aims are to present and discuss the results of new or standard forms of treatment and to provide an overview of existing guidelines, accepted treatment strategies and overall to improve the quality of care for patients [8–10]. There is a saying that ‘cardiothoracic surgery is 70% competence and 30% confidence’, and our journals – together with all the other journals in our field – exist to promote skills in both aspects.

During the coming years we will see many advances both in the way results are published, as well as in our surgical techniques and underlying scientific background. This will include an increase in material published on-line, an increased usage of multimedia for teaching purposes, fundamental changes in all kinds of valve surgery, an increased use of surgical revascularization for coronary heart disease based on guidelines and results of prospective controlled trials, significant improvements in treatment with mechanical circulatory support systems, advances in cell, tissue and organ transplantation, as well as advances in the basic sciences.

A new and as yet unknown path lies before us with numerous opportunities and unlimited possibilities for those who...

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are able to see the chances that are intimately involved in all change.

‘The best way to predict the future is to create it’

References


