

## Why Ethics?



It is an honor and privilege to serve as the guest editor of this issue of *Advances in Pulmonary Hypertension: Ethics in Pulmonary Hypertension*.

Why, you might wonder, is it necessary to discuss ethics in pulmonary hypertension? Aren't we all very ethical and devoted to the best interests of our patients? Yes, but the disease has become much more complicated. Realistically, a few decades ago such a discussion probably would not have been necessary; there was little to offer a patient

with this devastating disease. However, as progress in this disease has been made, not unexpectedly, more and more vexing and controversial issues have arisen. These include, among others: 1) true placebo-controlled trials; 2) outsourcing of clinical trials to locales where the drug being tested may not be available to the general population; 3) the relationship of investigating physicians with pharmaceutical companies conducting the clinical trials; 4) the conflict between being the physician/caregiver for PH patients and the procurer/investigator of the same patients for clinical trials; 5) rights of patients (given the small number avail-

able for clinical trials). It is unlikely that this issue will provide answers to the questions raised; however, I would consider it as success if it provokes meaningful discussions about these increasingly difficult topics.

Lastly, I would like to thank the staff of *Advances in Pulmonary Hypertension* for their assistance, the contributors to the issue, and, finally, Al Fishman, who passed away this year and who, directly or indirectly, got all of us interested in this disease.

### Hap Farber, MD

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## Editor's memo

## Out with a Bang



This issue marks my 8<sup>th</sup> and final issue as editor-in-chief. Starting with the Spring 2011 issue, Dr Erika Berman Rosenzweig will be assuming this role, no doubt quite capably. I think we are really going out with a bang, devoting an issue to ethical controversies in pulmonary hypertension. I can think of no better (and ethical) a guest editor to have navigated these rough and changing seas than Hap Farber. He has assembled an august group of experts representing the bioethics, medical, and pharma worlds. They have come at the issue from many different angles, producing what, I hope, is educational and provocative reading.

As the ethical considerations in our field are evolving and changing, I would like also to reflect on the changes we have implemented in *Advances* during the past 2 years. What hasn't changed is the state-of-the-art quality of each and every review we have published. I am extraordinarily grateful to the many contributors who exhaustively reviewed the literature, distilling complex issues into clinically relevant pieces. I continue to receive feed-

back from the readership that this is one journal which is definitely not thrown away.

In addition, the fundamental mission of *Advances* has been unwavering: to provide information for practitioners that can be directly applied to their care of patients with pulmonary hypertension. On many occasions, we have considered "transforming" the publication into a more research oriented one in which we would consider unsolicited original investigative articles. Although this concept has some appeal, the editorial board has consistently concluded that we should remain a clinicians' resource. For the cardiologist or pulmonologist who sees a patient with possible chronic thromboembolic disease, we want him or her to think: "I recall a nice review of this disorder in *Advances in Pulmonary Hypertension*. Let me pull that out (or review it on the PHA website) before deciding what to do with Mrs. Jones."

While sticking to the "basics," we did broaden the scope of the journal. Four new sections were added which have also been well received: 1) Clinical Trials Reviews, which discusses new findings from completed or ongoing trials, 2) Ask the Expert, which focuses on clin-

ical questions, 3) PHR Network, geared toward allied health personnel, and 4) Article Reviews, brief discussions of recently published papers throughout the literature.

Finally, we submitted an application for inclusion in Medline. We hope to hear the National Library of Medicine response to this request within the next few months. Inclusion in PubMed will dramatically broaden access to *Advances* and we are keeping our collective fingers crossed.

I have learned much and greatly enjoyed my time as eEditor. Meeting deadlines is definitely not one of my strong suits. This time the shoe was on the other foot and I have gained a new respect for the importance of timeliness (hopefully!).

What I can say, unequivocally, is that without Deb McBride, the Managing Editor, who did a flawless job in putting things together, with amazing diplomacy (you can imagine trying to get 10 or so busy clinicians to complete writing tasks), this journal would not exist. Thanks to all.

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