THE JOURNAL OF
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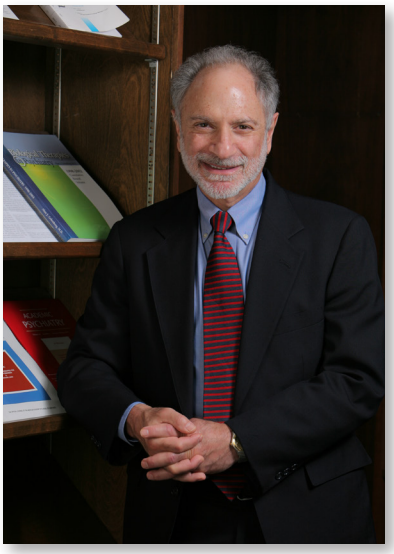
EDITORIAL

All Good Things…



I assumed the editorship of JCP in July 1987. Now, 30 years later, it is time for a handoff.

Journals like this one play a vital role in informed patient care. Medical publications constitute a nexus of knowledge, providing a bridge between science and its application to clinical care. Thanks to the invaluable generosity of peer reviewers, journals sort through a growing number of submissions to select those that are outstanding, trustworthy, and relevant to practitioners.

I have seen many changes in my long career in academic psychiatry and 3 decades as JCP's Editor in Chief. Through scientific advances, new medications have come to the psychiatric clinic, and a broad range of psychotherapies have been developed, refined, and validated. I envy junior colleagues who may someday witness the era of precision medicine in our field, when today's syndromes will be carved into distinct diseases, with targeted, tolerable, and effective treatments.

Not all changes during my career have been positive. Science today, while imperfect, supports an array of evidence-based treatments for mental illness. These interventions are usually safe, moderately effective, and capable of alleviating much suffering. Unfortunately, shortsighted budget constraints in public and private health systems, combined with lax administration and oversight, allow many patients today to receive suboptimal treatment or none at all.

Psychiatry's nosology and diagnostic nomenclature have evolved but not necessarily improved. *DSM-III* and its progeny have forged diagnoses that, if properly applied, allow for greater reliability than what we had in *DSM-I* and *-II*. However, in the real world of clinical application, the newer *DSM* versions have given rise to "checkbox," superficial interviewing that was never the intention of the thoughtful scholars who created the schema. The responsibility to correct this falls to educators and clinical managers to return curiosity, empathy, compassion, and "listening with the third ear" to the clinical encounter.

A journal is designed to transmit knowledge, and clinicians today can choose among many ways to learn: we can listen, watch lectures on screen, or read electronically or on paper. But having practiced for a half-century in many areas of America, I worry that today too many physicians, including psychiatrists, devote too little time to keeping their medical knowledge current and systematic.

Editing this journal has been one of the greatest honors and privileges of my life. Dr John Shelton has recruited and retained a superb publishing staff, some of whom have been with Physicians Postgraduate Press longer than my 30 years. They are consummate professionals—hard-working, dedicated, honest, and highly competent. And handing the serious responsibilities of the job of Editor in Chief to someone I have admired and respected for many years is a crowning joy. Dr Marlene Freeman is one of the most talented and devoted academic physicians I have ever known. JCP plays an important role in Psychiatry today. Under her leadership, it can only get better.

Alan J. Gelenberg, MD
Editor in Chief

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