

Making sure information goes where it is needed

This is the combined second and third issue of the journal. Why a combined issue? Ultimately it relates to our determination to sustain a high standard for the journal. To do this requires not just quality material, but a commitment to a quality process and in the early days of many enterprises, achieving this can take time.

This focus on quality was reflected in the theme of the recent regional Wonca conference, held in Kuala Lumpur in early April, which also saw the official launch of the journal. In a keynote address at that conference Dr Rajakumar eloquently discussed this issue of quality in family practice. He reiterated the point that 'quality is not the good intention to do better, but the process of measurement of behavioral change against set targets' (see page 74 this issue). In many countries of this region, the difficulty of achieving this is not underestimated. Some countries have the frustrating situation of having full computerized clinics juxtaposed against areas within the same country that have no computer access at all, and if a computer is available, usage may be limited due to the unreliability of the telecommunications.

The recent World Health Organization (WHO) initiative of providing a number of clinical journals free to 100 of the world's poorest countries is a welcome development in an effort to disseminate knowledge and raise the standards of patient care and medical research within these countries. 'Medical colleges in developing countries face enormous financial constraints. They exist on low budgets and cannot afford subscriptions to journals.'¹ The *Asia Pacific Family Medicine* journal is very proud to be part of this program.

However, this may not be enough or indeed may work against the development of science in these countries if vigilance is not maintained. In 1995 an article in *Scientific American* warned about the problems journals from developing nations faced when trying to get indexed in the prestigious International Scientific Institute or Medline databases.² Lack of indexing means limited use of scientific articles. To counter this problem researchers were offered both financial and professional incentives for achieving publication in an indexed journal. The theory being that this would raise the standards of local science.

However, 'some scientists warn that by favoring papers published in international journals, incentive programs may forever doom local journals to leftovers.' This would ultimately mean that 'domestic journals did not gain prestige and international circulation because scientists published their best results abroad' and that the results may not be penetrating to the audience who could best use them. The other problem was that international publication still did not necessarily bring prestige and recognition to the scientist's work as it was noted that 'even when they are published in highly influential prestigious scientific journals they are far less cited than writings from their colleagues.'

'Information underpins the learning, research and debate that drives a country forward'.³ If research results are not disseminated, they can have little impact on practice and all practitioners worldwide need to have access to important work being undertaken in all parts of the world, but regionally important information also needs to reach the people who can best use it to develop local medical practice. Supporting regional journals is an essential part of that process in order to provide a forum for local researchers to have a voice and be able to contribute to the ongoing development of the discipline.

This emphasizes the need to think globally but act locally. Fostering local sources of information helps local researchers build on each others work. However, if there is continual disincentives against this, ultimately it will affect the quality of practice and the discipline in the region. This is another reason why we intend to establish and maintain strong standards for this journal and we are proud to be part of the WHO initiative.

This issue contains information as diverse as the region, with a summary of the postgraduate continuing education debate from Hong Kong, a look at how family practice has survived in Fiji after their recent political upheaval and the continuation of a number of regular features such as the research methodology section and the dermatology quiz. In addition, we are proud to publish an edited version of Professor Wes Fabb's inaugural oration from the Wonca conference held in Malaysia this year. Wes provides a succinct



Figure 1 Dr Amanda Davis, Dr Lyn Clearihan, Professor Lam Tai Pong and Professor Zorayda Leopando officially launches the *Asia Pacific Family Medicine* journal in Kuala Lumpur, Malaysia.

view on where we have come from as family practitioners and gives some erudite advice on how to achieve a global perspective on our work (see page 67 this issue). Wes is now the Wonca web master and has pioneered the global doctor website which is packed with useful information.⁴

Next year we are confident that the journal's establishment will mean that our goal of four issues per year will be realized and that the journal will become an essential component of the practising and academic GP's weekly reading habits.

Lyn CLEARIHAN

References

- 1 Parthasarathy KS. Free supply of knowledge is good for developing countries. *BMJ* 2001; **323**: 810.
- 2 Gibbs WW. Lost science in the third world. *Sci. Am.* 1995; **273**: 92–9.
- 3 Godlee F. Global information flow: publishers should provide information free to resource poor countries. *BMJ* 2000; **321**: 776–7.
- 4 <http://www.globalfamilydoctor.com>