



## Current Issue

### EDITORIAL

#### **The end of the year — and the start of a new beginning**

In this issue of the journal we are publishing a number of original papers that have used qualitative methods as the basis of their studies. We are delighted to be able to do this and to put the stories that these articles tell about family medicine, into the public domain for discussion and debate. 'Qualitative research restores the importance of theory and culture to our work. It also reminds us of the inherent role of the observer in the observed'.<sup>1</sup> Sometimes this type of research struggles for publication as many feel that research in the health sector needs to have an action outcome<sup>2</sup> with the aim of establishing factual evidence. On a global scale this has provided a well-documented benefit to our understanding of disease management but 'the concept of evidence-based decision-making' has also decontextualized knowledge: often we need answers to our local problems, and the existing evidence established at the global level may not be exactly what is needed to solve them.<sup>3</sup>

As a discipline we are also learning to accept that numbers cannot tell us the total story and that we need to find other ways of 'knowing'. While we often borrow research techniques that work well in other disciplines, applying them in the context of general practice has not always been easy. 'Even if methods are borrowed from other disciplines, only somebody inside the discipline can know the context in which the methods are applied, especially the methodological pitfalls'.<sup>4</sup> In accepting that much qualitative research does not involve probability sampling and often has limited predictability or generalizability, there was a tendency to regard it as the soft option with a very limited contribution to make to the practice of medicine. However, it is now generally accepted that effective general practice needs a 'patient-centred' approach, which embraces the concept of 'meaning' for both patient and doctor. In accepting this, we are also accepting that this area is a legitimate one for research, requiring its own set of effective tools to do so. The articles in this issue are reflective of this fact.

Promoting and disseminating regional research continues to be one of the prime functions of this journal. In spite of the apparent multiplicity of information sources, 'journals are [still] one of the major media for dissemination of information',<sup>3</sup> but in spite of this, authors from the developing world have problems getting their research published. It is also important that regional research is accessible to those who need it. While we are still working toward achieving adequate dissemination, the need for maintaining a source of publication for local authors has never been greater.

The journal, as our regular readers will be aware, has gone through a number of phases on its road to maturity. It started life with Blackwell as publisher and then moved to medi-World and it is now making preparation to move under the publishing umbrella of Wonca via the 'global family doctor'. Each of these phases has been challenging and provided us with new insights and experiences and has contributed to the growth of the journal. While we look forward to 2006 with great excitement and the next phase of the journal, we would also like to take a moment to reflect back on those who have helped us to reach this stage. Initially, the skill and dedication of the Blackwell publishing team enabled the journal to become a reality. Over the past 2 years the support of Ms Lesley Pocock and her publishing team at medi-World have provided the journal with a much-needed home and established our move to an electronic format with a minimum of fuss. Her total commitment to both, regional family medicine and the journal's ethos, have been invaluable to its growth and development. On behalf of the regional family physicians, I would like to extend our thanks to both her and her team.

We hope you enjoy this issue of the journal as much as we have enjoyed preparing it for you. There are a number of new developments in the pipeline for the coming year. We would encourage you to write and give us your thoughts about any of the articles we publish or medical issues that are affecting you, as we are keen to develop a vibrant correspondence column. We are also interested in developing a regular case history section, so please write and tell us about interesting patient experiences. In particular, we strongly encourage all those

original contributors to keep sending articles to APFM. As we move forward on our quest for Medline listing we want to be able to help build a vital research culture within our region.

As this year draws to a close, we the editors, wish to extend to you our personal thanks for your continued support and involvement in the journal. In particular we wish to thank all those reviewers who undertake the faceless and often thankless job of reviewing articles for us, and to thank our editorial board for their suggestions and support. Finally, may the months ahead bring peace and prosperity to all our colleagues in the region, irrespective of race, gender or religion.

## References

1. Crabtree BF, Miller WL. *Doing Qualitative Research*. Thousand Oaks: Sage Publications Inc 1999.
- 2 Abramson JH, Abramson ZH. (eds.) *Survey Methods in Community Medicine*, 5th edn. Edinburgh: Churchill Livingstone 1999.
- 3 Habibzadeh F. *Regional Associations of Medical Journal editors: moving from rhetoric to reality*. *Bulletin of the World Health Organization*. 2005; 83: 404. [Online: cited 14 November 2005]
- 4 McWhinney IR. *A Textbook of Family Medicine*. New York: Oxford University Press, 1989.

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