
Letter from the editor

The heading for this piece is 'Letter from the Editor' rather than 'Editorial'. The reason for this is that from time to time I should like to communicate with you, the readers, in an informal way rather than in the context of an editorial. The latter description implies that it will convey some weighty commentary on a particular issue and I do not feel that the journal always needs to carry such a piece. However, effective and open communication is an essential skill in palliative care and it is something we should like to see more of in *Palliative Medicine*. We particularly should like to see more use of the correspondence columns and we are happy to consider letters containing scientific data as well as other types of communication, whether they be commentary or criticism or praise. So please write to us and if your letter is topical, interesting or contains data which you would like to get into print quickly then we shall try to accommodate you as far as possible.

In this issue of *Palliative Medicine* we are publishing some further reactions to the paper on euthanasia from the EAPC Task Force. We also have a response from the Task Force to many of the issues raised in the commentaries that accompanied the paper in issue 17(2). We have had much positive feedback about the publication of the position paper and the commentaries, and this gives me an opportunity to thank both the EAPC Task Force and the authors of the commentaries who all put a substantial amount of time and effort into their thinking and writing and did so to a tight deadline.

The discussion and debate on euthanasia is one that will run and run. We are happy to continue to receive correspondence if there are new points to raise or further clarifications to be made.

It is now just over a year since the new editorial team started to take over the reins of the journal. As we promised, one of our aims was to speed up the processing of manuscripts and in general we seem to be succeeding. We shall be publishing some figures at the end of the year but in most cases our targets for reviewing papers are being met. To reiterate, we plan to carry out an initial screen within four weeks to decide whether or not the paper should be sent out to external referees. Again, I have to draw your attention to the fact that if papers fail at this first hurdle we are not able in general to give detailed feedback to authors. The most frequent reasons are that the work is not original; that the subject is unlikely to be of interest to our international audience; or

that the numbers are too small and/or the methodology questionable. There are times where we receive manuscripts that take the form of clinical reviews. These may be more suitable for the *European Journal of Palliative Care* and we will give that feedback to authors if we think it is appropriate. At the end of the year we shall look at all of the papers that have fallen at this first hurdle and we shall report back with some details about them and also review the policy of rejection without feedback. If there is a simple and helpful way of giving comments to authors that do not stretch our resources too far we will certainly consider that.

Authors of manuscripts which are sent to external referees should get a decision from us within 12 weeks of being notified that the paper is being sent out. Sometimes we are able to give feedback much more quickly, but almost all papers are being dealt with within that period. One of the reasons that we have been able to achieve this target has been that referees have been extremely helpful and timely and some long suffering. We are grateful to everyone who helps us in this way. In general we will email referees in advance with details of a manuscript to ask whether the referee is able and willing to review the paper. This policy, introduced by Debbie Ashby, has been most successful and we shall continue with it.

So, we hope that our service to authors has improved and we hope that the outcome in terms of the content of the journal has not just been maintained but has also improved, and our aim here of course is to aim for continued improvement so that *Palliative Medicine* becomes the natural first choice for the submission of original research for those working in this field.

We need some feedback from readers and authors about all of these topics, about the changes we have introduced in the journal such as the PaPaS update and the Journal Club feature, and the themed issues such as the one on euthanasia. So please write and let me know what you think. Please also write with suggestions for contributors to the Journal Club feature, and with suggestions for review articles, or in fact with any other features you would like to see in the journal. I have previously asked you to suggest subjects for themed issues of the journal and as I have indicated in order to do this we need original papers relating to the theme. With this in mind we should be very happy to know about research which may be in progress, or nearing completion, or completed and awaiting analysis and

writing up if it would be relevant to a particular theme. The topics that we have had in mind are paediatric palliative care, complementary therapies in palliative care, and measurement in palliative care research. We would be interested in working together with authors to plan a themed issue around a group of original papers relating to a particular topic. The papers would of course still need to go through our stringent peer review process

but we would commission commentaries and perhaps a review to accompany the papers if it was appropriate.

Please keep in touch and we shall try to do the same.

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