Sailing distant waters, in search of safe anchorage…

C Niek van Dijk

The International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine (ISAKOS) was formed in 1995 and is now recognised in its field as a world leader. As such, it has long desired to have its own scientific journal. John Bartlett’s task force concluded, ‘ISAKOS has the maturity, the clinical mass, and the global reach to take ownership of their own journal.’

So here it is, our very first issue! Journal of ISAKOS (JISAKOS) will cater to surgeons who specialise in arthroscopy, knee surgery and orthopaedic sports medicine, as well as sports medicine physicians, rehabilitation physicians, physical therapists and athletic trainers. We shall cover all aspects of orthopaedic sports medicine, sports traumatology, arthroscopy and degenerative joint disease, including knee arthroplasty.

There is a ‘dial’ on our cover, which suggests the global nature of ISAKOS. However, to me, it also suggests a compass. I was born a Dutchman, a mariner from a maritime nation, and my ancestors have sailed around the world. I know the importance of a compass, as a guide through uncertainty, as a guide to safe anchorage.

This is how I see ISAKOS—as a voyage into the unknown. JISAKOS is the compass for that journey, and also its record. I am fortunate indeed to have an excellent crew: an editorial board of true leaders in the field, Leendert Blankevoort as its managing editor, and BMJ as its diligent publisher.

ISAKOS has 3000 members from 92 countries. Our editorial board, our authors and our reviewers come from all over the world. This gives ISAKOS a unique global perspective.

Clinical developments in orthopaedic sports medicine have accelerated in recent years. JISAKOS will keep its readers abreast of the latest research and evidence-based guidelines. It will also explore the different approaches to diagnosis and treatment, to rehabilitation and prevention, to follow-up and the sequelae of injuries. We shall explain how patients respond to treatments, and how findings can translate into practical applications.

In all this, our members must identify themselves with the journal: ‘This is what my society has selected, as important for me to study; in my scarce and valuable time.’ JISAKOS will be published every two months, but online it will be constantly updated and mobile-friendly. In the age of satnav and instant information, that is what our generation expects.

We will start by describing our present anchorage. That is our first and major task. The journal will provide a state-of-the-art article cycle, an exhaustive analysis of where we are now: the present state of diagnosis and treatment, the ‘pros and cons’ of various alternatives, and future possibilities for the field. These state-of-the-art articles and systematic reviews will be written by authors from all over the world. Most will be commissioned (although we can accept unsolicited systematic reviews). They will all, however, be global in scope.

Our aim is to spread knowledge and research globally, and thereby to improve our patients’ quality of life. Obviously, we are here to guide our readers, but we can also entertain them with tales of previous voyages, so that they remember where they have come from. Each issue will contain a ‘classic’ article, which describes a major concept or technique, whether it has become central to orthopaedics, or has receded into obscurity.

Healthcare is changing rapidly. As healthcare providers, we have to face that challenge, and change with it. Better than that, we should take the lead. We should encourage prevention and endorse patient power. ‘Why to do it’ is just as important as ‘How to do it’. Patient selection in surgery decision-making will be a theme in our state-of-the-art article cycle. Clarity of indication may enable us to ‘do the right thing’ and avoid unnecessary surgery. But then there is ‘doing the right thing right’. Can we ensure quality of care just by following guidelines? If so, who gets to decide what counts as ‘quality’? Should it be governments or insurance companies, or healthcare providers like ourselves, or patients themselves, through PROMS (patient reported outcome measures)?

Then there is patient safety. Is the ultimate solution a black box in every operating room? Or is volume the decisive factor? Then again, how many procedures make a good surgeon?

One of our global problems is the inexorable rise in healthcare costs. Growing populations and new technologies play their part, but also a widening of indications. The regional differences are otherwise difficult to explain. In the past 10 years, the total health expenditure has more than doubled in all European countries. If we do not make the choices, the choices will be made for us.

At present, there are more questions than answers. I see JISAKOS as guiding the discussion in our field, and facilitating the solutions. In addition to the scientific content, I envisage JISAKOS becoming a platform for ethics and the credibility of research.

Are you aboard for the journey? I cordially invite you.

Competing interests None declared.

To cite van Dijk CN. JISAKOS January/February 2016 Vol 1 No 1. Accepted 1 December 2015. Published Online First 23 December 2015. JISAKOS 2016;1:1. doi:10.1136/jisakos-2015-000040