Mini-profile:

a day in the life of a medical editor/clinician

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Thanks to my dual roles, this is really two days in one: a combination of editing and emergency medicine.

I am lucky in many ways, one of which is that most of my days are very different from each other – there is no typical 'day in the life of'. Thursdays are particularly so as these, like the rest of my career, are an often frantic mixture of clinical work and editing, and so always full of surprises! Having trained as a clinician at The Royal Free Hospital in Hampstead, I went on to specialize in medicine followed by a stint in radiology, and finally settled on emergency medicine as the clinical speciality which excited me the most. However, as a lecturer in emergency medicine, I realized that although I loved seeing and helping patients, I also really enjoyed research. Within research it was not conducting the experiments which I liked (much too like awful and frequently disastrous chemistry and physics classes at school!), but rather thinking about what the results meant, how they fitted in with everyone else's results around the world, and crucially whether or not they were reliable and useful. And so combining clinical practice with medical editing seemed like a dream of a career – and it has certainly lived up to this expectation so far.

Back to Thursdays! Mine usually start with an early walk through Regent's Park towards The London Library in St James's Square. The exercise gets my brain moving, and allows for phone calls to catch up with events overnight. One of the joys of editing is that it is a truly global profession, and so while I have been sleeping, colleagues in the US or the Far East have been working away, throwing up questions and solutions as they go. A quick call is far better from my perspective than a long e-mail to share these thoughts. A conversation also allows me to find out what else has been happening to my colleagues in Shanghai or Johannesburg apart from work – always helpful in putting UK issues into perspective.

The Library is an absolutely brilliant place to work when I am out of the office, and very close to St Thomas' Hospital for the afternoon/evening clinical sessions. The vastness of the knowledge that surrounds me while I am there, dating back through hundreds of years, impresses upon me how fickle information can be. What is written as fact in the books which line the Library's walls is now

frequently disputed and sometimes even humorous in its apparent naivety. But at the time it was written, by the very serious looking gentlemen in the faded black and white photographs of the time, it was 'cutting edge' information. I wonder, 200 years from now, which of the pieces of information I am appraising and refining while I sit there will turn out to be laughable in their absurdity, and which will persist as facts used by clinicians such as myself to help save lives and prevent suffering. An editorial ex-colleague of mine used to say that the most we could hope to achieve using biomedical information was to "... improve diagnostic and therapeutic confidence". I could not disagree with this more: biomedical information can and should be used to directly improve health, transforming the lives of patients, relatives and doctors on a global population scale. As medical editors, it is a great privilege to be involved in this process but we should be wary of underestimating its importance and potential influence – both vast.

Moving from the past to the future, I have just changed editorial roles, leaving my job as editor-in-chief of *Clinical Evidence, Best Practice*, and *BMJ Point Of Care* at the BMJ Group to become Publishing Director for Global Clinical Solutions at Wiley. This is a fantastic opportunity to work in a huge publishing company with unrivalled partners such as the Cochrane Collaboration, and to try to use the massive array of Wiley information resources in a way which will be clinically helpful on a global scale. Increasingly, the challenge for publishers is not how to get new content (which is often duplicative and wasteful of resources), but how to use and refine existing content to answer real questions and so help real users. Wiley is ideally placed to make a major impact in this respect. Back to the future of Thursday, I leave the Library and move towards a strenuous afternoon/evening of emergency medicine, walking past Downing Street and the Houses of Parliament on my way to the Emergency Department.

Working in the Emergency Department is invaluable to me as an editor, as well as allowing me to help people who are in trouble. Emergency medicine lets me experience the practical challenges other doctors face 24/7, and reminds me how terrifying 'real' medicine can be. These challenges are broad in their origins but frequently relate to information-based problems: "What is the best medicine for my individual patient, remembering the shopping-bag of other medicines they already take?"; "Can I safely reduce the total number of drugs he takes by substituting one new for two of three on the current list?"; "Is my patient similar enough to the patients in which the new research was done, to allow me to believe that the research results will apply as suggested?". However, not all my clinical problems are so obviously information based – recently a patient with limited sight asked if I could also help her guide-dog who had a cough! After a couple calls my answer was yes, and both my patients left happier than when they had arrived – always the desired outcome. For me, one of the joys of emergency medicine is that we virtually never turn patients away, regardless of how complex, confusing, or esoteric their problems might be. Emergency medicine also changes the scale at which I work from global, with editing, to individual emergency patients in South London which, as my US colleagues would say "Keeps me real".

After my clinical session has ended, the day has also usually been exhausted and it is time for me to head for home. I have found that, paradoxically in a city with so many roads, the quickest way for me to get back to North London is not by bus, tube, or taxi, but by running instead. So, after changing from surgical scrubs to trainers and shorts, I dash off past the traffic jams, considering Friday's likely editorial challenges as I go. I have found that if I run fast I am often home in time to read Jess, my nine-year-old daughter, a final bedtime story; if I run really fast I may even catch Oscar, my four-year-old son, before he goes to sleep. I usually run really fast!