

Letter from the Senior Editorial Advisor

The current editorial staff of the University of Pennsylvania Orthopaedic Journal created high standards which I believe you will agree that they have met and exceeded with the publication of the current issue of the Journal—the thirteenth volume. They have built upon the recent tradition which has placed emphasis upon the scientific content and advancement of our discipline with communications focusing upon new clinical observations and exciting developments emanating from laboratory investigations. They have also added new features that continue to make the journal an exciting endeavor.

The *University of Pennsylvania Orthopaedic Journal* is the product of the endeavors of almost two thirds of the orthopaedic residents in the Department of Orthopaedic Surgery at the University of Pennsylvania. Drs. Freedman and Esmail have refined the organizational structure which has been created over the past five years that has proven to be so successful. The delegation of responsibilities to a highly talented group of residents has permitted a large number of individuals with a variety of capabilities to contribute to the success of the Journal. The development of sections within each publication has permitted the editors to create areas of responsibilities that are not overwhelming for any individual resident for whom the Journal is but one of many commitments. Also the gradation of responsibilities creates a continuity among the residents who find this endeavor challenging and rewarding. The editors have developed a cadre of consultant reviewers who provide that critical ingredient in any journal—peer-review.

The editors have managed to include in this issue of the Journal coverage of almost all of the recognized subspecialties of orthopaedic surgery, as well as include communications of a more basic nature. This is the first year that a Resident Research Award has been included in the Journal and I believe you will find the Dr. Della Valle's work addressing the Genetic Markers and Thromboembolism after Total Hip Arthroplasty and Total Knee Arthroplasty to be deserving of this recognition. The Current Controversies included in this issue highlights the extensive experience and knowledge of Marvin E. Steinberg and two of his former students - Jon Garino and Richard Moore. The multidisciplinary nature of the musculoskeletal system has been a focus for the last three issues of the Journal. The current issue continues that philosophy with the inclusion communications by Murray Dalinka of the Department of Radiology and Dr. Khella of the Department of Neurology. Three years ago the decision was made to include communications from educators and residents from other institutions. Almost forty percent of the communications included in the current

issue of the Journal represent efforts by individuals from institutions other than the University of Pennsylvania. While there has been a proliferation of medical journals over the last two decades, none have been devoted to resident authors. I believe there is a role for such a journal that could be published more frequently than the *University of Pennsylvania Orthopaedic Journal*. I suspect that it would not be difficult to produce a quarterly communication of high quality clinical and basic investigations.

Unfortunately, this educational opportunity, as well as others created to enhance resident education are threatened by the changing milieu in American healthcare and academic medical centers. While society appears willing to finally place education in the national spotlight, the internationally recognized American undergraduate and graduate medical education systems are under assault from all directions. It appears that leaders of government and business have decided that society at-large should not participate in the decisions that will impact the education of future generations of American physicians. It has become obvious that Health Maintenance Organizations cannot control costs and provide quality healthcare for all Americans. It may be possible to do so when coverage is limited to selected subpopulations who represent those with minimal or modest healthcare needs but when broader patient populations are included, health maintenance organizations are finding it necessary to raise premiums and reduce payments to providers. These practices are both directly and indirectly eroding the resources used to support both undergraduate and graduate medical education. Simultaneously, the Medicare Balanced Bill of 1997, even with modifications of 1999, threatens further the solvency of medical education. While healthcare insurance executives and Washington bureaucrats believe that it is easy to dismiss American undergraduate and graduate medical education as over priced and over supported, they fail to consider that the majority of healthcare rendered to the forty-four million American citizens who are uninsured or under insured, is at least in-part provided by medical students or resident physicians. It is time that practitioners, residents, medical students, and their patients educate the American public on these issues so that they can participate in the forthcoming debate on the future of American medical education.

I congratulate the orthopaedic residents who worked so hard to ensure publication of a high quality Journal with broad appeal. They have again exceeded their own expectations and developed a product of which they can be most proud.

Robert H. Fitzgerald, Jr., M.D.