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Renewal of the Colombian Journal of Anesthesiology

La Revista Colombiana de Anestesiología se renueva

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Anesthesiology has traditionally been a specialty that combines several human facets: the risk of the profession per se,¹ work load,² family impact,³ risk of suicide,⁴ and risk of use of psychotropic substances,^{5,6} inter alia.

As a medical-surgical specialty, anesthesiology (notwithstanding the broad range of invasive procedures performed, with little or no use of the scalpel), has been the only discipline focusing initially on protecting the patient from experiencing and suffering pain during surgical procedures performed by someone else. Anesthesia enabled the development of a range of surgeries and is actually considered one of the 10 inventions that changed the world.⁷

Hence, it is a constantly evolving different specialty that responds to social commitment and changes in the environment. Anesthesia evolves and innovates, generating new methodologies, techniques, procedures, and medications so that today's anesthesia is totally different from anesthesia 5 years ago, and even more different than 20 years ago.

The Colombian Journal of Anesthesiology has accompanied the development of the specialty, both at the national and international level, undergoing a number of significant

changes in terms of the type of articles, the formatting of submissions, and even changes ranging from articles sent by post mail and delivered in hard copy, then e-mail submissions, and nowadays using editorial management platforms linked to multiple online databases that make content available to readers and authors with considerable ease and functionality.

Over the past 6 years, the Journal was supported by Elsevier's editorial management process in both the English and Spanish versions. The Journal has been available through databases including Embase, ScienceDirect, and Web of Science (via the Scielo Citation Index). So in total, the Journal is currently available in 13 databases, with open access to abstracts and full texts. In addition to the above-mentioned databases, the following should also be noted: Scopus, SciELO, EBSCO, Pubindex, LILACS, IMBIOMED, Index Copernicus, Redalyc, Latindex, and Informe Académico (Gale Cengage Learning).

Moreover, in 2016, the Journal had over 1 million online visitors through Science Direct and Scielo and was rated in the third quartile of impact factor, among the group of "Anesthesiology and Pain Medicine" journals, and "Critical Care and Intensive Care Medicine," both in the Scimago

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Journal Ranking, with an H index of 6. Something similar happens in the Web of Science database, where the Journal's H index is 7, and in Google Scholar, its H index is 16, for all years.

In 2018, the Journal revamps by entering into a partnership with a new supplier, Wolters Kluwer. This partnership pledges to maintain and improve the standards of the journal at the international level. Moreover, with this new alliance the Journal shall join the OVID database, which is frequently consulted in the health area, particularly using evidence-based medicine tools and systematic reviews. For this inaugural issue working together with Wolters Kluwer, the journal publishes a scientific research article highlighting the sociodemographic, academic, and labor aspects of Colombian anesthesiologists,⁸ that disrupt some of the assumptions about the quality of life of anesthesiologists and clearly states that the job of the anesthesiologist in Colombia requires in over 71% of them a work burden exceeding 200 h/month; 49% works more than 6 days/wk, and only 20% are full time employees.⁸ From the income perspective, this is the case for a group which is considered to be privileged among the medical-surgical specialties, but evidently this is at the expense of their personal and family life, and at the expense of their own physical and mental well-being. This situation has also been reported in countries such as Belgium⁹ and Brazil.¹⁰

The changes introduced into the Colombian healthcare system, and the new expected relationship with the group of healthcare professionals, demands repositioning all healthcare professionals with regard to their labor demands, leading to improved quality of life and family life, without affecting their economic position. The scientific growth evidenced through several products such as the Journal, should be consistent with improved quality of life of the Colombian anesthesiologists and profes-

sionals. The goal for communicators is to insist on accomplish the 2015 Colombian Statutory Health Law 1751 aimed at encouraging "equitable and fair labor conditions, with stability and opportunities for improved knowledge, based on the institutional needs," as established under this Law in its 18 article, with regards to "Respect to the dignity of healthcare professionals and workers."¹¹

References

1. Higham H, Baxendale B. To err is human: use of simulation to enhance training and patient safety in anaesthesia. *Br J Anaesth* 2017;119 (suppl 1):i106-i114.
2. Peckham C. Medscape Physician Compensation Report 2016. Available at: <https://www.medscape.com/sites/public/physician-comp/2016>. Accessed December 5, 2017
3. Doppia MA, Estry-Behar M, Fry C, et al. Burnout in French doctors: a comparative study among anaesthesiologists and other specialists in French hospitals (SESMAT study). *Ann Fr Anesth Reanim* 2011;30:782-794.
4. Alexander BH, Checkoway H, Nagahama SI, et al. Cause specific mortality risks of anesthesiologists. *Anesthesiology* 2000;93: 922-930.
5. Lutsky I, Hopwood M, Abram SE, et al. Psychoactive substance use among American anesthesiologists: a 30-year retrospective study. *Can J Anaesth* 1993;40:915-921.
6. Zuleta-Alarcon A, Coffman JC, Soghomonyan S, et al. Non-opioid anesthetic drug abuse among anesthesia care providers: a narrative review. *Can J Anaesth* 2017;64:169-184.
7. History [Internet]. 10 inventos que cambiaron la historia. Available at: <https://goo.gl/bfQY3Q>. Accedido Dic 11, 2017.
8. Bocanegra-Rivera JC, González-Gordon LM, López ML, et al. Sociodemographic, academic, work and satisfaction characteristics of anesthesiologists in Colombia, 2015. *Rev Colomb Anestesiol* 2018;46:11-18.
9. Dercq JP, Smets D, Somer A, et al. A survey of Belgian anesthesiologists. *Acta Anaesthesiol Belg* 1998;49:193-204.
10. Barbosa FT, Eloi RJ, Santos LM, et al. Correlation between weekly working time and burnout syndrome among anesthesiologists of Maceio-AL. *Braz J Anesthesiol* 2017;67:115-121.
11. Congreso de la República de Colombia [Internet]. Ley estatutaria 1751 de 2015. Por medio de la cual se regula el derecho fundamental a la salud y se dictan otras disposiciones. Available at: <https://goo.gl/ynVsd5>. [Accessed Dic 6, 2017].