Editorial

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Diagnosis: A new era, a new journal

“Diagnosis is not the end, but the beginning of practice.”
Martin H. Fischer

With the number of medical journals now numbering in the tens of thousands, why do we need one more? What’s so special about diagnosis? The question actually contains the answer: Diagnosis is special. Sherwin Nuland may have said it best: Diagnosis is ...“The most critical of a physician’s skills... It is every doctor’s measure of his abilities; it is the most important ingredient in his professional self image.” [1].

Besides being important to physicians, diagnosis is critically important to patients as well, and we will all be patients some day. We will want someone who excels at diagnosis who can tell us what’s wrong with us and what can be done to return us to health. It all starts with diagnosis.

A journal that focuses on diagnosis and how it can be improved will hopefully address many different goals. The needs are many; we need a journal that will focus on this topic because:

a) there is a renaissance of interest in diagnosis.
   The past decade has seen an explosion of quality and safety measures, all focused on treatment. There are literally hundreds of such measures sponsored by the Leapfrog Group, the Joint Commission, the National Quality Forum, and many other groups, all devoted to medical treatment. The pendulum has swung too far, and needs to return to the diagnosis side of the equation. Interest in diagnosis is growing in many circles, sparked in part by Diagnostic Error in Medicine conference series, and the first Overdiagnosis Conference held just this year. Interest in the physical exam has been rekindled [2], accompanied by a parallel interest in clinical reasoning [3].

b) the topic of diagnostic error is lost in the larger patient safety world. Google tells us there are at least 16 journals in the field of patient safety alone.¹ But patient safety is a big world, and with the exception of the BMJ Quality and Safety, few of these journals have been a welcome home for authors publishing in the field of diagnostic error. The topic of diagnostic error has been neglected from the start of the patient safety movement [4]. Over a decade ago, the Institute of Medicine published the seminal report “To Err is Human” highlighting the frequency of deaths and injuries due to medical errors. In that report, the phrase medication error was used 70 times while diagnostic error occurs twice [5, 6]. No one wants to own the problem of diagnostic error; As we’ve said before: “In the quality and safety family diagnostic error is essentially an orphan” [7].

c) there is a need to unite the various stakeholders and give them a common forum. Diagnosis is the starting point in every medical specialty, but just like responsibility, when it belongs to everyone it belongs to no one. The new journal will provide common ground for contributions in this field, and will hopefully spark more fruitful interactions amongst the many different parties that have an interest in medical diagnosis: Patients, clinicians, healthcare organizations, the laboratory medicine [8, 9] and medical imaging communities [10], insurers, payers, the medical diagnostics industry, the medical informatics industry, educators, researchers, and healthcare policy experts. We come from so many different perspectives, but we all share a common interest.

d) it will help the field advance. The science of safety is immature, and the science of diagnostic safety is especially so. We are just beginning to understand the cognitive psychology that underlies clinical reasoning. The field of human factors is just starting to sink its teeth into the complex interactions between the cognitive aspects of diagnosis and the healthcare system [11]. Over-diagnosis, under-diagnosis, and misdiagnosis are each separate problems, but all worthy of attention and research. Besides the immense amount of work needed to understand the pathophysiology of diagnostic error, there is a commensurate need to start evaluating interventions aimed at reducing diagnostic errors [12–14]. There is work to be done on every front, and a journal dedicated to promoting such advances can only help in this effort.

e) the problem of diagnostic error can no longer be ignored. Diagnosis is dedicated to all of the Rory Staughton’s and Aimee Copeland’s and John Riterr’s of the world, and the other hundreds of thousands of patients already harmed by diagnostic error, and the millions more who will be harmed in the future. We can do something about that.

Diagnostic error has been described as the “next frontier” in patient safety [15]. Our hope is that now, diagnostic error will no longer be an orphan and that the Journal will be the home and host to everyone who wants to see the quality and value of diagnosis improve, and the likelihood of harm from diagnostic error diminish.

We started off with the question of why a new journal focusing on diagnosis is needed. We hope we have answered the question convincingly. Because there is a need, a pressing need, and given the magnitude of the diagnostic error problem, one could argue that a journal on diagnosis is actually long overdue.

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References


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