New members of *BMJ* editorial board

Richard Smith

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WC1H 9JR
Richard Smith
editor

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As an experiment the *BMJ* started an editorial board in 1996.¹ The board has now met four times, and we have no doubt that it's a success. We described at the beginning what we wanted from a board: "The main purpose for developing a board is to help us to prepare the journal for the next century. The members will ensure a steady flow of new ideas from a wide range of specialties, countries, and disciplines. We look to the editorial board as well for frank criticism of the *BMJ* and advice on how it can develop in both the short and the long term. Our board members are increasing our range of contacts, helping us find new writers and reviewers, writing and reviewing for us themselves, and representing us in their countries and disciplines."

The board has helped us with all these aims, and we are enormously grateful to those who have served. We never cease to be mildly amazed that people will travel thousands of miles to attend the board and give of their time so generously.

The board clearly needs to turn over, and the main point of this piece is to describe new members. We also list at the end those who have left. One innovation is that we now have two consumer representatives. Our existing representative told us that two were needed to make sure that the consumer voice was heard above the professional hubbub.

Nicholas Christakis, US

Associate professor of medicine and sociology and codirector, Robert Wood Johnson Clinical Scholars Program, University of Chicago

He believes that social science research is critical to the understanding of human health and to the amelioration of human suffering. So he spends as much of his time as possible conducting research on subjects such as prognostication, hospice care, physician decision making, and iatrogenic complications. Recently, he has become especially interested in the health benefits of marriage, a topic his wife finds ironic. He spends the remainder of his time teaching quantitative research methods, medical sociology, and public health, and caring for patients near the end of life, a population that he thinks is as neglected as it is vulnerable.

Luis-Gabriel Cuervo, Colombia

Assistant professor of family medicine and clinical epidemiology at the Pontificia Universidad Javeriana, Bogotá

After graduating as a specialist in family medicine at the Universidad del Valle in Cali, he completed training as a clinical epidemiologist at the Pontificia Universidad Javeriana in Bogotá. He is an active member of the International Clinical Epidemiology Network (INCLIN) and the Cochrane Collaboration. Together with other members of his clinical epidemiology unit he has guided the development of evidence based clinical practice guidelines throughout Colombia since 1996. He spends his spare time sailing with his wife Monica and playing with his nephews. A passionate ambassador for his country, he will always be ready to share an aromatic cup of 100% Colombian coffee.

Roger Goss, UK

Patient advocate

He read economics at Cambridge and spent most of his professional career in the international energy industry. On retirement, he decided to work at promoting better doctor-patient relationships. Since 1996 he has built up a helpline giving independent information and advice to patients, is now a volunteer with several medical charities, and represents patients' interests on various national committees and advisory boards. He has written and spoken mainly on ethical issues such as informed consent, the use of patients in medical research, and end of life discussions.

Leonard Lebovici, Israel

Head of department of internal medicine E at the Rabin Medical Center and associate professor at the Sackler Faculty of Medicine, Tel Aviv University

His main duties are clinical, taking care of old and sick inpatients with far too few beds. His research interests are computerised decision support aids, antibiotic treatment, and bacterial infections. He is fortunate to have outstanding partners, both in Israel and abroad. He is married to Ofra, an endocrinologist and master of public health, and is the proud father of Ya'ara and Adi. He has been befriended many a time by cats and dogs.

Michel Lievre, France

Professor in pharmacology, faculty of medicine, Lyons

Being neither a doctor nor pharmacist, he has been considered sometimes as an alien in the Lyons Faculty of Medicine. He is, however, not

entirely devoid of any clinical experience, since his background training is that of a vet. He tries to introduce the principles of evidence based medicine to the teaching of pharmacology. He is involved in the design and conduct of cardiovascular outcome controlled clinical trials in general practice and believes that patients should act as partners more than as subjects of clinical research. He would be a liar if he did not mention that he loves above all spending time with his wife and three children.

Gretchen P Purcell, US

Resident, general surgery training programme, and adjunct assistant professor, division of medical informatics, at Duke University Medical Center

Before beginning her surgical training at Duke, she earned her MD and PhD in medical information sciences at Stanford University, and taught in the department of community health systems at the University of California, San Francisco. When not operating or taking every third night call, she develops information retrieval systems that facilitate searching and using the medical literature. During those rare moments when she is not in the hospital or in front of a computer, she spends as much time as possible outdoors. She hopes to bring evidence based practice to surgery and to become a better skier.

Rosalind Smyth, UK

Brough professor of paediatric medicine, University of Liverpool

A native of Northern Ireland, she trained at Cambridge and London and is now a respiratory paediatrician with interests in cystic fibrosis and asthma. As coordinating editor of the Cochrane Cystic Fibrosis Group she has a major interest in systematic reviews, clinical trials, and related methodological research. She has conducted several epidemiological studies in childhood respiratory disease as well as laboratory studies to investigate the immunopathology of bronchiolitis. Outside work her feet are kept firmly on the ground by two young children.

Paul Stewart, UK

Professor of medicine and a Medical Research Council senior clinical fellow, University of Birmingham, Queen Elizabeth Hospital, Birmingham

A Yorkshireman who graduated from Edinburgh University and worked in Edinburgh, Dallas, and Birmingham, he is involved with many national and international endocrine organisations and journals and locally directs the Wellcome Trust Clinical Research Facility within the hospital. His scientific and clinical interest in hormones has rendered him an embarrassment to his developing children but has left him with the conviction that most things in life have an endocrinological basis.

Hugh Watkins, UK

Professor of cardiovascular medicine, Oxford University

As a clinician-scientist Hugh Watkins divides his time between the development of a basic science research programme and clinical practice in cardiology and general medicine. To justify taking on too much in this way he clings to the belief that clinicians should contribute to basic science research programmes. Having worked on the identification of genes that cause inherited heart muscle disease, he is particularly interested in the application of molecular genetics in medical research and practice. In his view, this complex issue illustrates the need for increasing attention in general journals to developments in basic science that will affect health care.

Thank you to the following who have left the board:

George Alberti, United Kingdom
Alba DiCenso, Canada
Carl Kjellstrand, Canada
Dennis Lincoln, Australia
Pisake Lumbiganon, Thailand
David Mant, United Kingdom
Joel Menard, France
Indraneel Mitra, India
David Naylor, Canada
John Savill, United Kingdom

It's worth noting that being on the *BMJ* board is one path to glory. One member became the president of the Royal College of Physicians of London and another became chief medical officer of France. Anybody who would like to be considered to join the board should contact us.

¹ Smith R. *BMJ* creates an editorial board. *BMJ* 1997;314:52-4.