Editorial

IR Across the Pond—and Elsewhere

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“I am not the same having seen the moon shine on the other side of the world”

– Mary Anne Radmacher

As you have noticed, this peripheral arterial disease (PAD) issue is edited and written by colleagues from Europe. It is one step forward in making *Seminars in Interventional Radiology* more international in scope. That is, actually, one of our strategic goals (as it is also likely a strategic goal of *JVIR*, *CVIR*, and probably every other medical journal in the world). It struck me, however, as I was doing the final edits of this issue how we (North Americans, South Americans, Europeans, Asians, Australians, Africans, etc.) practice medicine in a way that is far more similar than dissimilar. This concept seems particularly true of our field of interventional radiology (IR).

During the editing process for this issue, I was struck by the similarities of the cases/concepts presented by our European colleagues. It seems that what is true here is true there: there are too many people who smoke; there are complications that we have and learn from; cross-sectional imaging of the vascular tree STILL makes the coolest pictures in medicine; and all specialties truly believe that they provide more for their patients than other specialties. In reality, if I didn't know the guest editors personally, I never would have known that they were not American (well, other than the occasional “misspelling”—hemorrhage, embolization—or “funny word”—occlusions flush at the origin, whilst [really—how do you use “whilst” in a

sentence?]). The concepts presented in most of the chapters, as well as the take home points, seem to be identical regardless of the location of the author.

This “globalization” of IR is, for some reason, comforting to me. Perhaps it is the feeling that comes from knowing that what one does is accepted worldwide as something beneficial, or perhaps it is the thought that many people worldwide have access to our services. Perhaps it's even the knowledge that if I or one of my loved ones gets ill while traveling abroad, there will be an IR ready and willing to help out in whatever way he or she can.

One unanticipated affect from this globalization of IR is that lectures delivered by “non-Americans” have changed somewhat—in ways good and bad. I used to love going to international conferences (well, I still do, but for other reasons now) in part to hear how differently things were done in other parts of the world. It seems now that all procedures are regressing toward the mean—we all seem to be doing things in a similar way for similar people with the same tools and identical outcomes. I suppose in many ways this is a good thing, because I can't imagine the entire world latching onto a procedure or an idea that was half-baked and noncontributory (with apologies to Twitter). IR, as it turns out, is mainstream throughout the world.

I would personally like to thank Drs. Kessel and Robertson for their time and efforts on this issue of *Seminars*. I will look forward to more “international” *Seminars* issues from other corners of the world; I'm sure I can find other ideas for editorials whilst waiting (there—I did it!).

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