

Addressing changing needs in medicine

The virus that causes the flu has a very peculiar genome. It is composed of ssRNA that codes for an unstable configuration of haemagglutinin (H) and neuraminidase (N) genes. This allows the virus to constantly evolve in one of two ways: genetic drift and genetic shift. Genetic drift is a collection of small changes in HN assortment that maintains its ability to be infective, whereas genetic shift is a single event that changes the virus so much, it can start a pandemic: a case in point is swine flu (p. 51). Progress in medicine is perhaps more akin to drift rather than shift. It isn't without hope that we await a shift – perhaps a cure for cancer, or an end to heart disease – but in the meantime we continue to make the small changes that keep us effective. We cannot despair at this war of attrition because as we endeavour to progress, we live on to await a shift. In this edition we present the theme of 'Changing Needs in Medicine', an update on the latest drifts.

In the wake of global financial collapse, new life has been breathed into the healthcare debate. Even without a mind for the details, America can be applauded for its effort to reform its notoriously inequitable system. And for better or worse, the HSE has also recalculated its health delivery platform. The success of these reforms is yet to be determined and the collective grumbings against any HSE action may have you thinking that change is not a good thing. But we must drift on. The latest HSE saga has been the development and implementation of new NCHD working hour contracts and consultant terms of employment. In this edition, Aoife Morris helps set the record straight as she breaks down the ongoing battle for satisfactory reform (p. 75). She also spends time with the RCSI's distinguished and beloved Mr Harold Browne in an interview that cuts across generations of surgeons in America, the UK and Ireland (p. 10).

For those of you less concerned with the talk and more about the walk, Hugh McGregor and Aideen Henry present us with the latest in medical imaging technology and physical rehabilitation (pp. 65 and

70). As the squabbles continue about how to better implement our healthcare, and as the fantasy of supreme medical technology slowly unfolds into reality, we cannot lose sight of the question of what kind of medicine should we be practising? Medical ethics is the ultimate forum for this debate and we are excited to include some rumblings on these matters as well. In a comprehensive review, Lucky Sekhon confronts the difficult question of elective caesarean section on maternal request (p. 61). We are also delighted to present the winning 2009 Ethics Challenge essay by Adwait Mehta and Janso Padickakudi (p. 20). We hope other students will follow their lead and start thinking critically about the ethical scenarios they encounter, and perhaps even try their hand at the 2010 Ethics Challenge (p. 5), due in the autumn. If ethics isn't your thing, we are excited to introduce a new ECG Challenge (p. 4).

As we enter a new decade, and as the students of today become the doctors of tomorrow, we hope that the pursuit of medical excellence will continue with the same enthusiasm as it has in the past. I would like to extend a very warm thank you to all our contributors and participants, who have without doubt applied that enthusiasm to help fill this edition with the latest in original research, political musings, clinical landmarks and medical commentary. We invite our readers to keep the *RCSIsmj* close at hand and enjoy drifting through its diverse and stimulating content for the year to come!



Erik Vakil – Chief Editor

Director's welcome

Welcome to the third edition of the *RCSIsmj*! This issue represents the last issue that will be directed by a founding editor, and as I look back on the last three years, I realise how far we have come. The *RCSIsmj* is now a well-established publication, not only within the RCSI, but throughout the medical schools of Ireland, and among RCSI graduates around the world. Every year our readership and our involvement have grown by leaps and bounds to represent a diverse section of the RCSI community from junior cycle medicine to physiotherapy, from Dublin to Bahrain, and more. Each of the last three years has brought more students to the fore, eager to participate in this publication and to present the research they have done. When Gavin Falk first founded this journal in 2007, he wrote of it that he wanted a forum for students to share their work through publication. Moreover, he hoped

that: "The *RCSIsmj* will increase student interest in research and scientific writing by providing both a formal structure and staff mentorship to facilitate these pursuits". This goal has been achieved through continued interest and support from RCSI faculty and staff, and student involvement. As we publish this issue and begin to look towards next year, I am encouraged to think of the students who value this journal as a learning resource, as a forum for their own work, and as a way to introduce themselves to the world of medical research and publication. With this fine base, there is no doubt in my mind that the *RCSIsmj* will continue to grow and improve in the coming years, and I look forward to every future edition.

Kristl Vidya Dorschner – Director