

The heart of the matter

Glenn Duns

Our ability to reach unity in diversity will be the beauty and the test of our civilization.

– Mahatma Ghandi

Society is unity in diversity.

– George Herbert Mead

THE RECENT RENAMING of the journal from *Australian Family Physician* to *Australian Journal of General Practice* (*AJGP*) presents an opportunity to reflect on the varied nature of general practice and the related challenge of publishing articles for such a heterogeneous audience. A general practitioner (GP), by definition, must be able to diagnose and treat a very broad range of conditions, and there are also many GPs who develop specific interests and may pursue additional training in areas such as obstetrics and gynaecology, emergency medicine or men's health. Some GPs are primarily academics and have a keen interest in the publication of research. Others have a passion for public health, or may be primarily administrators. How does one choose articles for such a diverse audience? What about the numerous overseas readers, or the readers who are not medical doctors? Do they warrant consideration as well?

Compare this situation with specialties that focus on a particular organ system, age group or gender. The range of articles in their associated journals will be narrower, and the readership more homogenous and more likely to have a particular article fall within their area of interest.

A primary care journal such as *AJGP*, on the other hand, will almost inevitably have individual readers who find some articles much more interesting than others. One reader may have a great interest in an

article on common neonatal problems, while another reader who mainly practises in aged care would have no such interest. In addition, as the articles in *AJGP* are often meant to address grey areas of medical practice and not simply be a summary of textbooks and guidelines, there will also be differences in opinion regarding treatment recommendations.

In this issue of *AJGP*, we present a range of articles on the cardiovascular system; each article is likely to appeal to different readers for different reasons. Stevenson and Voskoboinik have provided a comprehensive and informative article on cardiac rhythm management devices, including practical advice for patients on matters such as electromagnetic interference and sexual intimacy.¹ Thomsett and Cullen cover the assessment and management of chest pain in primary care,² a common presentation that has potentially life-threatening consequences. Chuen and Theivendran present two articles on abdominal aortic aneurysms. The first article is a detailed summary of current treatments³ and the second is on screening and surveillance, with consideration of public health issues.⁴

What is the heart of general practice, something that all readers of the journal will consider relevant and of interest? Is it the provision of comprehensive, coordinated care that is well suited to addressing the complex and growing challenge of multimorbidity,⁵ or a detailed knowledge of zoonotic diseases?⁶ Is it a confident grasp of common mental health conditions?^{7,8} The answer, of course, is all of the above insofar as they are concerned with the care of the patient, a unique individual with a unique history, biology and environment and a range of qualities both objective and immeasurable.

The mission statement of *AJGP* focuses on the heart of general practice: support and encouragement for GPs to deliver the highest quality care for their patients.

Importantly, this goal extends across the entire range of logistic, geographic and sociocultural domains in which GPs work everyday. The articles published in *AJGP* reflect this breadth of practice. I hope that we can continue to recognise and appreciate each other in all of the diverse roles within our medical society that serve to fulfil the unified goal of high-quality patient care.

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