



Editorial

Why a New Anesthesia Journal?

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Anesthesia Research (ISSN 2813-5806) is the new open-access journal published by MDPI [1]. It is intended to include scientific contributions in many fields directly connected to anesthesia and related clinical environments. It is clear that in the topic of “anesthesia” there are, nowadays, an incredible number of experts and specialists. In many countries, the Intensive Care Units (namely, those dealing with postoperative courses) are managed by anesthesiologists, and the background and educational pathway is the same for anesthesiologists and intensivists, sometimes diverging only in later phases of their career. Emergency medicine; pain therapy; hyperbaric therapy; palliative care, are all clinical fields where anesthesiologists are often involved. This expansion of the responsibilities of the anesthesiologist has led to a shortage of human power within this specialty, in many European countries. On the other hand, this wide spectrum of clinical and scientific issues has led as well to the need for sub-specialization. Today, there are national and international scientific societies dedicated to sub-specialties, such as cardiothoracic and vascular anesthesia, pediatric anesthesia, regional anesthesia, pain control, and intensive care medicine.

Given this scenario, it is reasonable to expect a progressive increase in scientific contributions to anesthesia journals. If one looks at the articles indexed in PubMed, a search with the word “anesthesia” produces about 148,000 articles in the last 10 years, whereas the same search with the password “surgery” [2] produces more than 2 million articles (Figure 1). Is this the result of a higher number of surgeons or of a minor propensity of the anesthesiologist to develop scientific items? In my opinion, neither the one nor the other. For every operating room the ratio between surgeons and anesthesiologists is 2:1 to 3:1, so this does not justify a seven-fold higher scientific production. Additionally, this calculation does not consider the number of physicians attending the already-mentioned anesthesia-related tasks outside the operating room. From another point of view, if we look at the percentage increase of scientific publications in the two fields, there is a higher percentage increase for anesthesia than for surgery:



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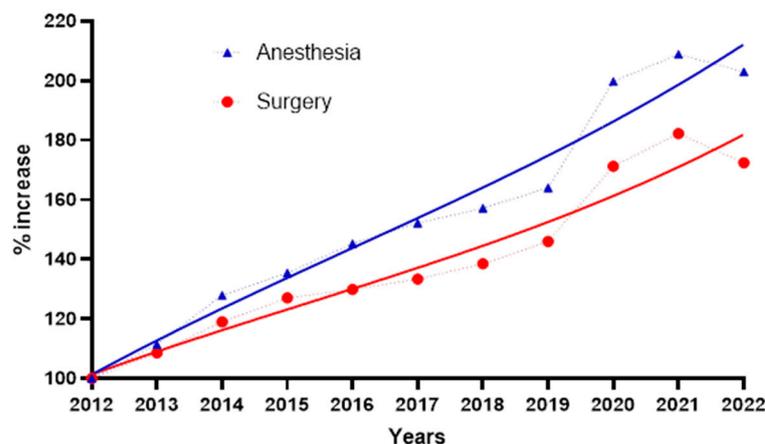


Figure 1. Percentage increase of scientific publication for a Pubmed search with words “anesthesia” or “surgery”.

The real thing is that “surgery” includes an incredible number of specialties, and each one of them has one or more (sometimes, dozen) dedicated journals: cardiac surgery, vascular surgery, orthopedic surgery, otorhinolaryngosurgery, neurosurgery, etc.

Conversely, there are very few scientific journals dedicated to sub-specialties. As a result, it is highly likely that many contributions are going to “general” anesthesia journals, with the result of a congestion and high rate of rejection in these journals.

Whatever the reason for the discrepancy between scientific publications in anesthesia vs. surgery, it is quite clear that the rate of increase is higher for anesthesia-related contributions. This opens the door to a new journal with the characteristics of *Anesthesia Research*. The format of this new journal is open to any kind of scientifically sound contributions both in basic sciences and clinical anesthesia, without excluding the related fields. It is not a sub-specialty journal, but with “Special Issues”, it will give voice to specific topics of sub-specialties. Finally, it is an open-access, online-only journal, without the constraints of paper journals. However, this does not mean a “liberal” process of revision. It is the intention of *Anesthesia Research* to rapidly reach and maintain a good Impact Factor, and to do this, the quality of the contributions is of paramount importance. The quality of work of the Editors, the Editorial Staff, the Publisher, and of course, the Authors, is the only way to hit the target.

Conflicts of Interest: The author declares no conflict of interest.

References

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2. PubMed. Available online: <https://pubmed.ncbi.nlm.nih.gov/> (accessed on 25 March 2023).

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