
MESSAGE FROM THE EDITOR-IN-CHIEF

I want to begin what will be my last message as Editor-in-Chief by saying a simple “thanks” to everyone who has worked so very hard to make our Journal what it is today—our Editors, Peer Reviewers, Authors, Editorial Board, and Managing Editor have done a tremendous job in bringing the journal to where we are, and for that I will be forever grateful. Thank you.

There are certain liberties afforded to the Editor-in-Chief, one of them being the ability to write and publish editorials on topics of personal interest or concern and a certain creative license to try and push new ideas for how the profession and the journal can bring the best care possible to our patients and deliver needed improvements to our health care systems. I want to share some reflections to help guide the next generation of leaders within the profession: some of you may be students, some of you may be mid-career respiratory therapists, and others with decades of experience and expertise may be looking for a new challenge. The point is not where in your career you are, it is about what challenges you are willing to take on, how reflexive and responsive you can be in adapting to and promoting new ideas, and how truly reflective you can be about your professional practice and the role of respiratory therapists in driving innovation in our health systems and the best possible care for our patients.

As respiratory therapists, we are given a tremendous privilege to sit with our patients and their families, often during times of crisis. We are one of the few professions who, upon entry into practice, are afforded the opportunity to work with some of the sickest patients in Canada, a responsibility that demands not only a clinical acumen but also the ability to empathise and reflect on issues that confront our senses and ethics. This is a heavy burden, but I truly believe that it is a privilege to be invited to play such a seminal role in a person and a family's life, and one that none of us takes lightly. My advice here is to reflect not only on what immediately confronts you in a visceral sense, and to situate your understanding of our patients not only in the context of their medical needs, but also in the moral and social worlds that they create and that influence them and their health. Sit with your patients, learn from them and their families, and use this knowledge to drive change socially, politically, clinically—wherever you might find it—in meaningful ways. To be able to care for so many truly insightful people and to learn from their lives is at the heart of both providing patient-centered care and learning from it.

The role of an entity like the Journal can be broken down into both the specific—to publish research, commentary, and other articles that influence practice—and the difficult to measure such as driving professional engagement and creativity. But, ultimately what we as researchers, investigators, and inquisitive minds do is challenge the status quo and demand something better. Research is not about article metrics or the number of publications, it is about driving inquiry and asking difficult questions.



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Quality improvement rejects the idea that “better” is the enemy of “good enough”. Our profession and our patients demand more, and it is incumbent upon us to work toward delivering not only the highest quality patient care, but also the best health systems that balance prevention with reaction and the policy frameworks that ensure the benefits of health innovations are shared equitably among all members of our population. To that end, I challenge you to reject the apathy that too often creeps into professional lives and allows us to settle into careers or patterns or systems that are comfortable, but unambitious. Be part of something that is bigger than yourself, your department, or your profession and change

things for the better. Challenge the world and be bloody-minded when the situation demands it, but be driven by purpose.

Finally, while much of the clinical work that we do as respiratory therapists takes place in a hospital, our patients' lives take place largely outside of these walls. Their health, families, friends, and moral and social worlds all exist beyond the boundaries of our hospital, and to understand the true social determinants of our patients' health, we have to bring respiratory therapy to the community. This is not solely about engaging respiratory therapists in primary care or community care; it is about pushing ourselves and our profession to understand and engage the communities where we work and what influences the options and choices that our patients are able to make. The world is a very big, interesting place—understand as much of it as you can and use that to influence the care that you provide and to shape the policies and practices that have importance to you, your patients, and your community. Do not settle for what is easy or comfortable. Confront the obstacles. Understand the challenges of life in a rural community, for Canada's indigenous people, for the homeless, for immigrants and refugees, for people who use drugs, for people in low- and middle-income countries. Hear their stories and find ways to work with them to improve their health and the systems that we all depend on. Keep exploring.

I want to thank you all for allowing me to embark on this journey as Editor-in-Chief. I have learned so much about what it truly means to be a respiratory therapist over these years. It has been a fascinating opportunity to learn from you and to work with you to build capacity in our profession to research and understand respiratory health in Canada and around the world. This profession has a tremendous number of people with immense talent that I know are doing important things—thank you for allowing me to have been a part of that.

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