From the Editor
Think Global and Act Local

This issue of the Journal completes volume 44, an occasion to pause, give thanks, and reflect on the past year. In Volume 1, Issue 1 of the Journal published in 1967, Ed Berger, Editor of The Journal of ExtraCorporeal Technology, wrote an editorial entitled, “Thoughts on Participation,” in which he stated that the role of the Society is to provide members with “opportunities to contribute the wisdom of his (or her) experience for the benefit of all” (1). Embodied in his message was the concept of the power of collective effort. It is the collective effort of authors, associate editors, reviewers, Journal production staff, Sheridan Press (our publisher), and the AmSECT Management team that has sustained the Journal for 44 years! Special thanks to long-time editorial board members Stephen Straus and Gerard Myers who will be stepping down from the board this year to focus on other responsibilities. Thank you for many hours invested in the review of manuscripts providing critical insight to authors and editors. You improved the published science.

Two articles in this issue of the Journal have global themes: Alan Merry and Richard Hambin’s “Best Patient Outcome in a Time of Financial Restraint” and the “International Pediatric Perfusion Practice: 2011 Survey” from Brian Harvey and colleagues from AmSECT’s International Consortium of Evidence Based Perfusion and the Pediatric Perfusion Committee. Merry’s editorial is a provocative review of the economic health of nations and their respective healthcare systems. The authors clearly show how escalation of expenditure on health care cripples economies and that it is unreasonable to expect governments to continue to increase expenditure for health care. The authors call for those involved in cardiac surgery to focus on value and strive to provide appropriate and durable care to patients. Harvey’s survey provides a snapshot of how current pediatric perfusion care is delivered across five world regions, a broad and comprehensive sequel to four prior North American practice surveys dating back to 1989. Many aspects of practice were found to be consistent across regions; however, there was notable variation in the rates of use of some safety devices, lowest acceptable hematocrit, and in myocardial protection strategies.

Reading such reports brings to mind the adage, “Think globally, act locally,” introduced in 1915 by the Scottish planner and conservationist, Patrick Geddes (2). Geddes, considered the father of regional planning, was a common-sense, intensely practical thinker who inspired the transformation of some of the worst urban areas during his day. His holistic, often profoundly spiritual approach to urban matters was revolutionary. Geddes brought about transformation in these urban areas rapidly and with surprisingly low cost, by paying careful attention to detail. Geddes made a careful analysis of the situation on the street and focused on specific small changes; for example, removing the most dilapidated houses and repurposing space as open areas or community use space that was highly valued by inhabitants.

The enormity of the financial challenges described by Merry and the inefficiencies of the health system are overwhelming. However, like Geddes, we must begin with careful local (where you work) analysis, taking careful inventory of what has value and what constitutes waste and then proceeding with small specific changes based on our analysis. Likewise, the pediatric survey provides a snapshot of global clinical practice and how care is delivered across regions. This provides an opportunity for careful analysis of our local practice that may expose differences in care that are important. It may also be a good time to take inventory of how local practice compares with the published standards.

Thinking globally and acting locally, in its simplest form, is a commitment to personal change. It is a liberating journey of small, deliberate changes to dismantle inconsistencies that exist between what we know and what we do.

“How wonderful it is that nobody need wait a single moment before starting to improve the world.”

—Anne Frank

Robert C. Groom, MS, CCP
Editor-in-Chief

REFERENCES