
Editorial

Prof Lundgren's significant contribution to SAJAA and its future

Prof Chris Lundgren was the Editor-in-Chief of the *Southern African Journal of Anaesthesia and Analgesia (SAJAA)* for a remarkable 14 years from 2001-2015. Under her excellent guidance, the journal has developed and grown to the point that the Academy of Science for South Africa's (ASSAf) review of scholarly publishing in South Africa found SAJAA to be worthy of continued accreditation with the Department of Higher Education and Training.¹ During her editorship, applications were made to Medline and Thomson Reuters for inclusion in their databases, which were unsuccessful unfortunately. However, they generated useful feedback on both how to improve the standard of the journal and the importance thereof. The quality of the journal and the published articles has improved through subsequent implementation of these recommendations.

From a public health perspective, an important observation by ASSAf and Medline was that SAJAA published good, clinically relevant research for anaesthetists in developing countries and within the African region. In this context, SAJAA has a valuable role to play in continuing to provide a platform for African (and developing world) research in perioperative outcomes. The global volume of surgery is now in excess of 230 million major surgical procedures per year,² with an associated 30-day mortality in unselected non-cardiac surgical patients of between 2% and 4%.^{3,4} Global annual mortality following unselected non-cardiac surgery is between five and 10 million deaths per annum. Therefore, surgery presents a major public health burden.

However, surgery is necessary. *The Lancet's* Commission on Global Surgery was established to define safe surgery and to develop strategies to ensure the adequate provision of safe surgery.^{5,6} This is because surgery is a cost-effective intervention,⁷ even in low- to middle-income countries,⁸ and as such, is considered a core component of health.⁶

Unfortunately, Africa and the developing world have contributed little to understanding the determinants of perioperative outcomes. This is particularly disappointing as approximately

40% of global surgery occurs in poor- to middle-income countries.² As anaesthetists in Africa, we need to focus on the strengths identified by ASSAf and Medline, and continue to produce good clinical research which focuses on perioperative outcomes in an African context. It is here that we can make our greatest contribution to improving global public health.

We thank Prof Chris Lundgren for her enormous contribution to SAJAA and hope that when she looks back on the journal in the future, she will see a journal which is contributing to the improvement of patient outcomes, particularly in the context of surgery and anaesthesia in the developing world and Africa.

Bruce Biccard

Editor-in-Chief

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