Clinical Guidelines: Where Environment Meets Medicine

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Welcome to Volume 2 of *Journal of Patient-Centered Research and Reviews!* We greatly appreciate the industrious authors, dedicated editors and excellent reviewers who made our first year of publication a success. A listing of the latter individuals, who generously gave their time to support high-quality patient-centered reports, can be found on Page 42.

Our production team is excited to unveil a revamped journal design for 2015. In addition to improving readability, all articles now feature a Patient-Friendly Recap. A similar section incorporated within a previously published basic research paper by Oaks et al.\(^1\) received overwhelming positive feedback.

This issue of the new and improved *JPCRR* contains original research on associations of body surface area and outcomes following percutaneous coronary intervention,\(^2\) of unused cardiac device leads and future complications,\(^3\) and of antecedent weather conditions and certain outdoor exposures with occurrence of blastomycosis, a systemic pulmonary disease.\(^4\) We also present two summary articles on breast cancer screening modalities.\(^5,6\) These are accompanied by a thought-provoking editorial by breast surgeon Dr. Judy Tjoe on the present-day benefits and limitations of screening and subsequent follow-up.\(^7\)

Now, how do these six manuscripts tie together?

Such things as weather, radon exposure, occupational hazards and environmental pollution may be classified as components of the external environment. We often have little direct control over most of these factors, but all can contribute risk to human health. On the flip side, such things as age, genetic makeup, body surface area, implanted medical devices, prior cancer and other diseases or conditions may be classified as components of the personal environment. Again, we have no or varying degrees of control over these entities.

Where do these external and personal environmental factors collide? In a multitude of diseases, from breast\(^6,7\) and lung cancer\(^8,9\) to multiple sclerosis.\(^10\) Where else?

In clinical guidelines. As pointed out by Jatala et al.,\(^6\) while sometimes controversial, guidelines nonetheless often combine features of external and personal environments to help us properly identify, diagnose and treat significant diseases and health risks (as the clinical pathway found on Page 40 certainly does). Clinical pathways should guide – but not substitute for – the judgment of the treating clinician. In this issue, we proudly present the discussion of two such guidelines\(^5,7\) as well as a pair of research articles\(^2,3\) that could very well inform future clinical pathways.

As for the weather? Unfortunately, we cannot do much about that.

**REFERENCES**


