Editorial

Doug McWhinnie

Welcome to 2012 and another successful year for the Journal of Ambulatory Surgery!

I joined Beverly Philip on the editorial team after the excellent Copenhagen Congress and obviously have embarked on a steep learning curve as I have taken over as surgical Editor-in-Chief from our good friend and long-serving surgical colleague, Professor Paul Jarrett. Paul, as we all know, was President of the IAAS from 1997–99, but was also Editor of the *Journal of Ambulatory Surgery* from its inception in 1992 until 2011. I believe all of us in the IAAS are indebted to Paul for his guidance and achievements and supporting the Journal for an incredible 19 years!

He was also the first President (Chairman) of the British Association of Day Surgery in 1990, an organisation I joined shortly thereafter. After serving on Council and as Secretary, I followed Paul's footsteps as President of BADS from 2008–10, before seeking higher office in the IAAS! As a young and impressionable surgeon, I embarked on my training in Glasgow and completed it in Oxford in 1993. I currently practice in Milton Keynes where I am Surgical Director and Ambulatory Lead.

In 2012, the *Journal* will continue to be web-based with copy sent to every IAAS Member four times per year. More than ever, the Journal is a means of communication among our world-wide membership. All too often, medical publications focus only on success with negative studies confined to the waste bin. We believe that both negative and positive studies require dissemination and contributions can tell of successes, frustrations and even disappointments. Over the years we have all experienced a mixture of these and we can all learn from the experience of others. It is disheartening to see ambulatory failure when communication has failed to disseminate past experience.

It is clear to us all that many IAAS members are innovators in Day Surgery but are not sharing their experience. Feel free to write to us and tell us what you are doing. We can help and assist you construct papers or short articles or even observations of practice. Innovation need not be absolute. How have you made it happen in your country, with your resources and with your constraints? What about an overview of ambulatory surgery in your part of the world.? What particular problems have you overcome and what makes your ambulatory challenges unique? Let's hear about it loud and clear . . . papers, short reports, letters or comment!

2012 will be a significant year. The credit crunch has left us all – governments, institutions and individuals – seeking new and novel solutions to reduce the cost of healthcare. Accountants can only balance budget deficits in healthcare by reducing the length of stay ,compromising the quality of care or restricting medical innovation. The latter two concepts are abhorrent to us. We can deliver a reduction in length of stay by converting inpatient surgery to 23-hour stay to 12-hour day care and finally to the outpatients department while offering significant healthcare savings but maintaining the quality of patient care. All it requires is resilience and teamwork! Ambulatory surgery is now a pivotal area of most health care economies. The credit crunch is not a disaster but an opportunity for us all in ambulatory surgery.

Doug McWhinnie
Surgical Editor-in-Chief
Journal of Ambulatory Surgery