

Massimo Antonelli

## A farewell editorial and a final balance

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M. Antonelli (✉)  
General ICU and Institute of Intensive Care and Anesthesiology,  
Università Cattolica-Policlinico Universitario A.Gemelli, Largo  
A.Gemelli, 8, 00168 Rome, Italy  
e-mail: m.antonelli@rm.unicatt.it  
Tel.: +39-06-30153226; +39-06-30154490  
Fax: +39-30-13450

After having served our journal for 12 years, six as associate editor and another six as Editor in Chief, the time has come to leave *Intensive Care Medicine*. In effect I have reached the limit of two terms of Editor in Chief, as stated in the journal's statutes and according to the rules of the European Society of Intensive Care Medicine (ESICM).

Leading one of the most important journals worldwide in the field of critical care medicine has been an exciting and fascinating experience, but also very demanding and full of responsibilities.

Together with the editorial team that collaborated in the growth of the journal over this period we have definitively transported *Intensive Care Medicine* into the web era.

In close collaboration with the ESICM, ambitious cooperation programs with developing countries were launched, fostering the capillary penetration of the journal in the medical communities of all the continents.

A clear reflection of these programs, together with the great popularity of the journal, is reflected by the 37 % of manuscript submissions coming from countries outside

Europe (Fig. 1) (including 8 % from China and Taiwan, 16 % from Canada and the USA, and 7 % from Brazil and Japan combined).

In order to offer the best efficiency possible to our authors we cut the average time to first decision after manuscript submission from 6 weeks in 2006 [1] to less than 4 weeks in 2012.

To keep the profile of *Intensive Care Medicine* high, the editorial board was obliged to be very selective. The logical consequence was the increase of the rejection rate for Originals from 70 to 85 %. This was based on quality, scientific rigor and relevance, always taking into consideration novelty and innovation.

We have constantly presented our readers with papers and reviews of major clinical impact. The publication of the Surviving Sepsis campaign in 2008 and now again in 2013, the document on the new definition of ARDS in 2012, and the “Recommendations and standard operating procedures for intensive care unit and hospital preparations for an influenza epidemic or mass disaster” in 2010 are some illuminating examples of this policy [2–5].

The creation of the new website of *Intensive Care Medicine* at <http://www.icmjournals.esicm.org> was a clear mandate for my editorship and one of the most important achievements that definitively projected the journal into the universe of the web. The promotion of the repository, featuring attractive supplementary material, images and video, offered our readers a large body of additional information.

Connectivity was promoted. *Intensive Care Medicine* is now reachable from iPhones and iPads, downloading the app directly from the website. In the past year the journal has been opened to the social networks and we are now on Twitter, LinkedIn and Facebook.

Readers' opinions have been taken into consideration; for example, more than 1,000 of our readers expressed their preferences through a web poll on the published articles, helping the editorial board to better orient the editorial policy.

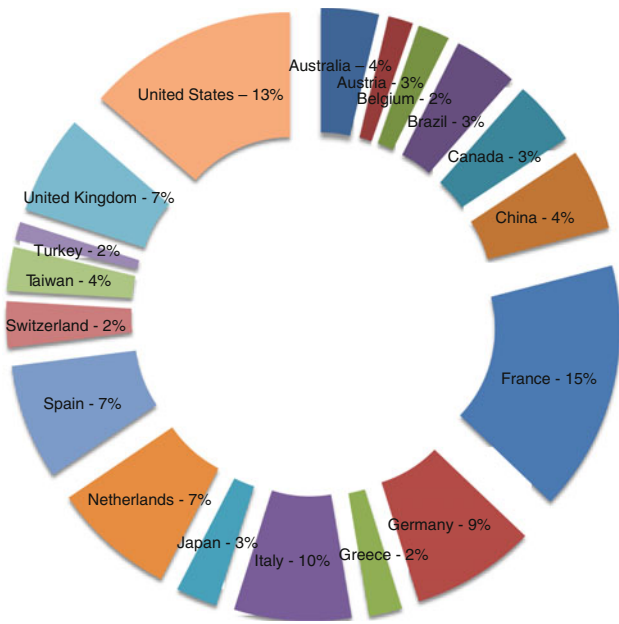


Fig. 1 Submissions per country

The section of the journal dedicated to letters to the editor was expanded, allowing lively interaction with and among authors. The journal has acted as a dedicated forum for interesting debates and passionate controversies [6, 7]. We believe that this has been of great benefit for our readership in terms of discussion and opinion exchanges.

The entire editorial team is proud of the impact factor of *Intensive Care Medicine*, which is now 5.399, the highest ever, gaining more than 1 point over the past 6 years (Fig. 2). The increased appeal and reputation of *Intensive Care Medicine* translated into a reduction in the

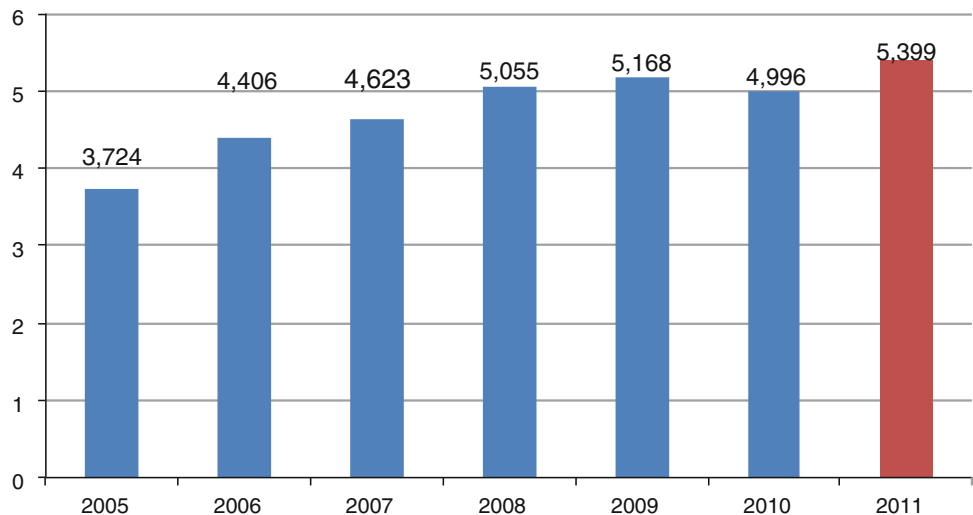
“spread” between us and our strongest competitor, *Critical Care Medicine*. The difference between the two IFs was 2.3 not so many years ago but is now down to 0.9 points.

There were good times and bad times. The sad story of the Boldt case was a very difficult moment for the journal. This German colleague was investigated for fraudulent data publication and fired by his university. This led to the retraction of more than 90 papers published in international journals, including four in *Intensive Care Medicine*, and to the publication of a statement signed by 16 editors in chief that is still posted at our website for a general “memento”. Even though the credibility and the transparency of our journal were never in danger, the necessity of coordinating an articulated, complex and sensitive reaction was difficult and stressful.

I would like to conclude my farewell by thanking the entire editorial board: Giorgio Conti, Jordi Mancebo, Rino Maggiore, Elie Azoulay, Marc Bonten, Maurizio Cecconi, Jean Chastre, Giuseppe Citerio, Randall Curtis, Daniel De Backer, Herwig Gerlach, Johan Groeneveld, Goran Hedenstierna, Michael Joannidis, François Lemaire, Duncan Macrae, Alexandre Mebazaa, Philipp Metnitz, Jean-Charles Preiser, Jerome Pugin, Patricia Rocco, Jean-François Timsit, Jan Wernerman, Haibo Zhang and finally Emiliano Tizi, our editorial assistant, for their hard, generous and enthusiastic work during these years. I am convinced that our editorship remained faithful to the Cenacle principles of ICM enunciated in my opening editorial in 2007: *Innovation, Collaboration and Concreteness, and Motivation* [8].

My final wishes go to the new Editor in Chief, Elie Azoulay. The journal couldn’t be in better hands. Paraphrasing Barack Obama, I am sure that under his leadership “the best for ICM has yet to come”!

Fig. 2 The impact factor of *Intensive Care Medicine* over the years



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