Ragnhild Elise Ørstavik (born 1964), editor of the Journal of the Norwegian Medical Association and senior researcher at the Norwegian Institute of Public Health.

Photo: Espen Røysamb

The editorials are one of our journal's most important instruments for drawing attention to salient issues in medicine and health policy. A good editorial will argue a point of view, while also elucidating other aspects of the issue at hand.

The editorial

Much has changed since I last worked at the Journal of the Norwegian Medical Association in 1997. Then as now, we focused primarily on the scientific content. However, the journal functioned to a greater extent as a news medium: the working day would start with messages from news agencies ticking in on the telefax, and my job as a medical journalist would consist in pursuing issues in the form of reports and interviews. We do not work like that any longer. Today, the Journal of the Norwegian Medical Association seeks to focus on what we are best at – communicating medical competence. However, we also need to stay relevant by encouraging debate on matters that affect doctors. This is largely done through the medical articles, feature articles and commentaries submitted to us. In addition, we should put issues on the agenda ourselves, and we do this through our editorials.

The Journal of the Norwegian Medical Association has three types of editorials. The mini-editorial on the first page is invariably written by the Editor-in-Chief. It is brief and as a rule it will refer to a matter of current interest. Under the heading «From the editor» comes the editorial that you are reading now, written by one of the editors. Other editorials are written by external authors, most often doctors, who are invited to comment on an article in the same issue or discuss a relevant topic in the area of medicine or health policy.

The editorials belong to the «commentaries» genre, which lets the author choose a more personal and expressive form than in original research or review articles – besides being shorter, of course (1). Editorials are also different from debate rhetoric in placing more emphasis on balance: the article does not simply argue a point of view, it builds a platform for further debate (2). Some go even further in describing the ideal editorial: it should be modern, but not populist, and provide a refreshing perspective on an issue when academic and creative stupor has set in (3).

There are few templates for writing editorials (1, 2). The *Canadian Medical Association Journal (CMAJ)* recommends structuring the article in three parts: an introduction that describes the topic or problem, a mid-section that elucidates the issue from all angles, and a conclusion that concentrates the arguments that support the author's point of view or state the solution to the problem – if it exists (4). The largest and most common weakness is a biased mid-section (4).

Editorials are often perceived as representing the point of view of the journal or newspaper on a particular matter. The Rights and Duties of the Editor, however, states that «the editor shall nurture a type of journalism that makes it clear to the reader what constitutes reporting and submission of information and facts, and what represents the opinions and judgements of the newspaper» (5). Some medical journals, such as *The Lancet* (6) and *CMAJ* (7), reserve the designation «editorial» for articles written by members of the editorial board. The Journal of the Norwegian Medical Association presently follows the same practice as a number of other general medical journals and refers to both in-house and invited contributions as editorials. This practice is unheard of in other media, in which the editorials are most often a totally unequivocal expression of the opinion of the editorial board. In the future, to ensure that we do not miss out on leading voices whose opinions we cannot endorse, the Journal of the Norwegian Medical Association may choose other solutions than those currently in use.

In any case, the key activity of the Journal of the Norwegian Medical Association with regard to editorials is to identify relevant issues and select the writers that are best suited. We would therefore like to invite you to be the editorial board's own news agency: if you are aware of a topic that you think ought to be discussed in an editorial, send us an email. For we seek to fulfil the promise made in our little leaflet *Etiquette in the Journal of the Norwegian Medical Association* in 1997: that «frequent reading of these articles will provide a general update in key areas» (8).

References

1. Nylenna M. Publisere og presentere. Medisinsk fagformidling i teori og praksis. Oslo: Universitetsforlaget, 2008.
2. Evensen SA. På denne plass. Tidsskr Nor Lægeforen 1995; 115: 17.
3. Singh A, Singh S. What is a good editorial? Mens Sana Monogr 2006; 4: 14–7.
4. Squires BP. Editorials and platform articles: what editors want from authors and peer reviewers. CMAJ 1989; 141: 666–7.
5. Norsk redaktørforening. Redaktørplakaten. www.nored.no/Redaktoeransvar/Redaktoerplakaten (28.3.2016).
6. The Lancet. Types of articles and manuscript requirements. www.thelancet.com/lancet/information-for-authors (28.3.2016).
7. Canadian Medical Association Journal. Submission guidelines. www.cmaj.ca/site/authors/ (28.3.2016).
8. Skikk og bruk i Tidsskriftet. Oslo: Tidsskrift for Den norske legeforening, 1997.