

## Kidney Medicine: What's in a Name?

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Medicine is defined by Merriam Webster as “the science and art dealing with the maintenance of health and the prevention, alleviation, or cure of disease.”<sup>1</sup> Medicine in its true sense spans barriers, specialties, special interests, and cultures to affect life positively.

In February 2019, *Kidney Medicine* published its inaugural issue, joining other prestigious journals from the US National Kidney Foundation, including *American Journal of Kidney Diseases*, *Journal of Renal Nutrition*, and *Advances in CKD*. *Kidney Medicine* enters a crowded environment with many distinguished journals, both in the nephrology space and in the broader internal medicine space. However, *Kidney Medicine* is also different than these journals. *Kidney Medicine*, as the title indicates, focuses on both the science and the art of nephrology, ranging from health maintenance and disease prevention to disease treatment and cure.

At *Kidney Medicine*, we consider the science of medicine and the art of medicine as equally important. Take the management of hypertension, for example, a central aspect of nephrology practice. In the past 10 years, incredible amounts of data have been generated and multiple guidelines have been written. The best “science” has changed during that time, and even with many clinical trials, meta-analyses, and systematic reviews, there remains disagreement among the leading societies and experts worldwide not only on how and when to treat hypertension, but even on how to define it. A study such as SPRINT (Systolic Blood Pressure Intervention Trial)<sup>2</sup> can demonstrate that intensive management of a risk factor, blood pressure, is associated with better medical outcomes in certain populations. But what a study such as SPRINT cannot do is determine the individual and societal barriers to application of these data, assess the individual trade-offs in broader populations between more medications and longer life, and understand how individuals approach these decisions. The science of medicine requires trials such as SPRINT, while the “art” of medicine requires understanding these individual approaches and the impacts of health and disease on quality and experience of life. Our mission, as disseminators of knowledge, is not only to present this best science, but also to ensure that the knowledge generated can be incorporated into the art of medicine; that it can be effectively shared with individual patients and their families to maintain health and treat disease.

Words are important, and the use of the term “shared” is deliberate. Shared implies equality and balance. Shared means that paternalism in health care may need to yield to informative and interpretive strategies in health care communications. Shared means that health care providers and health care recipients must learn to collaborate in medicine as a team. The mission statement of *Kidney Medicine* notes that we will “disseminate knowledge relevant to the care of people with or at risk of kidney diseases.”<sup>3</sup> In approaching this mission, we have also identified a deficit in how medicine is shared and how the science is artfully incorporated in health care such that providers, patients, families, institutions, and other stakeholders are partners across all aspects of medical care. Accordingly, in addition to publishing epidemiology and clinical trials that form a key basis of understanding the pathophysiology and diagnosis of disease and efficacy and safety of disease prevention and treatment strategies, *Kidney Medicine* eagerly seeks research focused on assessing and improving nephrology education and patient-reported outcomes.

*Kidney Medicine* also has the advantage of being an entirely open access journal. Thus, all the research we publish will be freely available, not only for clinicians and researchers at institutions, but also for patients and their families. *Kidney Medicine* will strive to share medicine across communities, emphasizing not only the science itself, but also how to communicate the science, collaborate with stakeholders in applying the science to health and disease, and empower the entire kidney community to improve kidney medicine. We recognize that this is a lofty goal, but we will strive to make our new journal a contributor to this broader mission and to the broadest meaning of the words *Kidney Medicine*.

### ARTICLE INFORMATION

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