

Editorial

It is the responsibility of health systems to provide quality health care at acceptable costs. This is the statement that opens the paper by Dyer and Patel, published in the current issue of Facts, Views and Vision in ObGyn. Several other papers in this issue also deal with aspects of provision, organisation and evaluation of health care in Flanders, Europe or the developing world.

The introduction of new medical technologies not only requires careful assessment of their benefits over conventional therapies, but also often demands a structured organisation of health care, enabling easy access for all members of the population. This topic is dealt with in the review on therapeutic hypothermia for neonatal asphyxia at term by Cornette. When this innovative therapy is to become the standard of care, as stated in this paper, close and active collaboration between centres will be mandatory in order to achieve the best possible results. For this, evaluation and/or rethinking of current strategies of health care provision are necessary.

The evaluation of strategies towards improvement of population health is dealt with in the papers by Leuridan et al., and by Gyselaers and Martens. Congenital CMV-infection is an important cause of neonatal morbidity with lifelong consequences for the health of affected individuals. In perinatal care today, consensus is lacking on strategies towards screening or prevention of this disease. Leuridan et al. highlight the need for such strategies, as approximately two thirds of their study population in Flanders is susceptible for a primary CMV-infection. This not only is a burden for future population health, but also represents an ideal target for the installation of preventive measures. A similar target group as a burden for future population health in Flanders is the growing proportion of macrosomic neonates. This particular subpopulation is at risk for development of adult disease, already programmed during intra-uterine life and childhood, and reproduction is complicated with macrosomic offspring. Today's generation is to target in order to stop this process of positive feedback.

Economic aspects of health care, taking infertility treatment in the developing world as an example, are discussed in the review by Dyer and Patel, already cited above. The lack of affordable medical facilities to investigate and treat infertility problems in these countries may be responsible for impoverishing costs, economic instability and deprivation. This is another important issue of public health care to deal with by the responsible governments.

Finally, long term provision of high quality public health care cannot stand without decent training facilities for future medical staff. This topic has already been discussed extensively in the previous issue of FV&V. In the current issue, Campo et al. present a structured and validated program for training and quality control of endoscopic surgical skills, developed by the European Academy of Gynaecological Surgery. Next to this, the European Working Time Directive for junior trainees in Obstetrics and Gynaecology is discussed in the monograph by Rose et al., illustrating large variations in training programs between European countries, which trouble the evaluation of the quality of 48h training a week.

The large number of papers on public health matters as presented in this issue is another beautiful illustration of the growing relevance of Facts, Views and Vision as a forum for open discussion and communication between obstetricians and gynaecologists in European countries and the developing world.

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