Medical doctors have for a long time held a special position in society. In addition to clinical responsibilities, physicians frequently serve also as leaders and advocates at the individual, community, and societal levels. They are often in a unique position of insight, and provide important and useful perspectives which are valuable even outside of the scope of medical practice. As respected members of the community-at-large, as well as key members of the healthcare system, doctors have the opportunity to get involved and make a difference at any and all levels.

The realities of modern medicine provide perhaps the greatest opportunities for medical leadership ever available. This availability creates, of course, a great need for leaders to both step in and step up to the opportunities. The incredibly fast pace of change, the growing importance of increasingly complex organizations, and increasing cost pressures are but a few challenges facing the modern medical leader. Leadership roles in medicine, as well as healthcare in general, have both multiplied and grown in complexity, and physicians are being looked at to bridge the gap between practitioner/clinician and manager. This suggests both a great challenge as well as an unprecedented opportunity. As the next generation of health professionals we can already see the complex world of medicine and healthcare that awaits us. Although it poses many challenges to us, if we prepare ourselves adequately and get involved early-on we have the potential to make great strides, both within and outside the worlds of medicine and healthcare.

To highlight the importance of leadership in medicine, we have made "Leadership" the topic for the Focus of this issue of the MJM. We asked experts to weigh in on this timely and important subject, and how it relates to medicine. Dr. Ruth Collins-Nakai, the current president of the Canadian Medical Association, has outlined in her article "Leadership in Medicine" some of the current and forthcoming medical leadership needs, as well as suggested strategies (some already implemented) to meet those needs (1). Professor Karl Moore and colleagues, of both McGill University's Desautels Faculty of Management and Faculty of Medicine, relate in their article various strategies undertaken at McGill to instruct and provide valuable experience in leadership and management issues to health and medical students, residents, and practicing professionals (2). The issues, ideas, and strategies raised in both articles are relevant no matter what your stage of training and/or career, or where in the world you may be based, as leadership and leadership-development are important in just about any and all contexts. The universal message in this issue's Focus can be summed up in the challenge that Dr. Collins-Nakai leaves us with: to get involved as early as possible in leadership, and to develop those skills and qualities that will make us true leaders.

Many, if not most, of us as medical students will one day aspire to, or be thrust into, roles of leadership. Whether leading in the setting of clinical practice, research, academia, industry, public health, policy, politics, or any other manner of leadership role, it is our responsibility to remember the pledges we have made to serve our patients (or constituents, communities, etc.) to the best of our abilities. As medical students and medical/health professionals we hold a privileged place in society, and such privilege comes with a degree of responsibility to the community and society we serve. We must therefore remember that in addition to training to become medical doctors, we should also be training to become leaders. Whether we like it or not - not to mention whether we are prepared or not - we will ultimately be put in roles of leadership. It is our responsibility to not take leadership lightly, and to prepare ourselves as best we can.

Since its launch ten years ago, the goals of the MJM have been two-fold. First, to provide an international forum for student research. Second, and equally importantly, to offer a unique learning experience for all involved in the production of the journal; from the contributing authors, to the McGill-based executive members, to international staff around the world. The MJM is not only the sole international exclusively student-run biomedical journal, but also an incubator and incredible resource for budding leaders in the worlds of medicine, research, and publishing. The hard
work and dedication of a decade's worth of "MJM-ers" (contributors, staff, and executive alike) has helped to create both a still truly unique and exciting journal, as well as a number of the finest physicians, scientists, and leaders in the biomedical community. It is our hope that the next decade of the MJM is at least as successful, and that the MJM continues to provide great opportunities for all who wish to be involved.

REFERENCES:


Sacha Carsen, B.Sc. (Hon.), M.D. C. M. (2008), MBA (2008) and Chenjie Xia, M.D. C.M. (2008) are the tenth Editors-in-Chief of the MJM. Sasha’s research interests include health policy and management, and he has done research with the Canadian Health Services Research Foundation. Chenjie’s current research focuses on cognitive neuroscience, more specifically the roles played by different neural substrates in the regulation of affect.