



Revista Colombiana de Obstetricia y Ginecología

ISSN: 0034-7434

ISSN: 2463-0225

Federación Colombiana de Obstetricia y Ginecología;  
Revista Colombiana de Obstetricia y Ginecología

Gaitán-Duarte, Hernando

New Opinion Section of the Colombian Obstetrics and Gynecology Journal

Revista Colombiana de Obstetricia y Ginecología, vol. 73, no. 4, 2022, pp. 352-354

Federación Colombiana de Obstetricia y Ginecología; Revista Colombiana de Obstetricia y Ginecología

DOI: <https://doi.org/10.18597/rcog.3982>

Available in: <https://www.redalyc.org/articulo.oa?id=195274133001>

- How to cite
- Complete issue
- More information about this article
- Journal's webpage in redalyc.org

UDEM  redalyc.org

Scientific Information System Redalyc

Network of Scientific Journals from Latin America and the Caribbean, Spain and Portugal

Project academic non-profit, developed under the open access initiative



## EDITORIAL

<https://doi.org/10.18597/rcog.3982>

# New Opinion Section of the Colombian Obstetrics and Gynecology Journal

*Hernando Gaitán-Duarte, MD, MSc<sup>1</sup>.*

This issue features an opinion article on the way the SARS-CoV-2 pandemic, as well as sexual and reproductive health and public health in general were managed by the Ministry of Health and Social Protection at the time.

Opinion articles have been published for some time now in some of the most important international medical journals. The Journal of the American Medical Association - JAMA - mentions in its instructions to the authors that opinion articles include points of view covering practically any relevant topic related to “medicine, public health, research, prevention, ethics, public health policy or health law”, and they usually do not refer to any article in particular. “Viewpoints should be well focused, scholarly, and clearly presented but should not include the findings of new research or data that have not been previously published” (1).

Moreover, they recommend that authors have sufficient knowledge and experience regarding the topic in order to provide an authorized opinion (1).

The New England Journal of Medicine (NEJM) includes these manuscripts in the *Perspective* section. In its November 2022 issue it launched in that section the opinion article by McNamara et al. entitled *Protecting Transgender Health and Challenging Science Denialism in Policy*, a paper that describes the dangers looming on public health in the United States of

America (USA) as a result of the interest of certain groups in denying or manipulating scientific results in order to offer misleading information or support the creation of discriminating policies. As an example, they propose denial of public coverage of treatments required by transgender individuals, including gender affirmation in adolescents (2). The document shows the importance of academic participation in these discussions in order to submit all the available evidence, based on verifiable facts, and not only the evidence in favor of an opinion designed to create skewed public policies.

Opinion articles are sent by the authors for publication and may or may not be subject to the peer review editorial process (3). They do not represent the thinking of the journal editor or editorial committee, or the point of view of the owner organization. Among the *Publindex* categories, it is considered a reflection article in which the author proposes a thesis and contributes facts supported by literature references so as to allow readers to assess whether the conclusions are valid or not. They are presented under a point of view subject to disagreement albeit identifiable. They only contain the author's own view, while the journal provides the stage where they can be featured to the audience of readers.

A far-reaching step towards social development (4) was taken in Colombia when the peace agreement was signed in 2016 (5). A pre-requisite to materialize this achievement is peaceful coexistence, respecting

1. Colombian Journal of Obstetrics and Gynecology (CJOG), Bogotá (Colombia).

differences and recognizing the possibility that reality and problems can be viewed from different perspectives. The time has come to listen, discuss, reach consensus, respect differences, avoid excluding attitudes, censorship or disqualification so that we can all build a better country.

Consistent with this position, this new section is open to readers, academicians, clinicians and healthcare workers in general who wish to express their views regarding the various problems affecting Obstetrics and Gynecology, women's health in general and sexual and reproductive health in particular and, why not, the performance of public officials in government agencies, or the role of the private enterprise in public policy decision-making. Additionally, the aim is to facilitate social oversight, particularly by us, physicians, given our higher degree of education and our access to greater opportunities, so that we can help build a more supportive, transparent, fair, just and intelligent society in which the ends will not justify the means.

There are several problems that deserve a more or less urgent discussion by our medical community in this section. For example, the following questions come to mind: does the General Social Security System in Colombia require a reform? How profound should the reform be? How should the Statutory Health Law be applied to the health system reform in Colombia? Should medical malpractice action against healthcare workers be prohibited in Colombia? How to protect reproductive health rights of diverse individuals, minorities and disadvantaged citizens in Colombia?

Let not what happened in 1993 happen again. At the time, thinking that medical work was restricted to the office, the delivery room, the operating theater or inpatient wards, healthcare workers remained in the sidelines as mere observers of a reform which affected their work and their individual roles as leaders in society (6). Dr. Jorge Michelsen raised the issue in a 1994 editorial when he predicted that:

The key lies in the ability of physicians to obtain fair income for the practice of their profession. Without true unity there will be no party to sit across the table in the negotiations with the Health Maintenance Organization (HMO) and Health Care Institutions (HCI). We must do all in our power to achieve this ideal as soon as possible, because time flies and the ability to negotiate will have to be in place from the beginning or, else, what begins bad will end bad (7, p.275).

We hope to hear from the readers and the academic and scientific community regarding the problems discussed above or others considered relevant, as future challenges arise for the profession and for societal leaders. Presentations based on respect for others, the validity of the facts which must be supported by evidence and not mere assumptions, and with the implicit acceptance that opinions can be challenged without censorship. As the same required principles are applied, the aim is to reach consensus that will serve as the foundation for teamwork and will help protect the interest of the individuals who come to us as physicians, advisors and friends looking to maintain or recover their health or that of their family members.

This section is formally launched with this paper submitted by professor Jorge Tolosa, Obstetrician and Gynecologist, faculty at the Oregon Health & Science University Medical School (8), a teaching institution which ranks second in family medicine and fourth in primary care in the United States of America (9), and author of several research studies in maternal and perinatal health in Colombia.

## REFERENCES

1. The Journal of American Medical Association. Instructions for Authors. How Do I? Determine My Article Type. Opinion article [Internet]. Available at: <https://jamanetwork.com/journals/jama/pages/instructions-for-authors#SecViewpoint>
2. McNamara M, Lepore C, Alstott A. Protecting Transgender Health and Challenging Science Denialism

- in Policy. *N Engl J Med.* 2022;387(21):1919-1921. <https://doi.org/10.1056/NEJMp2213085>
3. The Lancet. Lancet content types. Opinion [Internet]. Available at: <https://www.thelancet.com/what-we-publish>
4. Banco Mundial. Desarrollo social [Internet]. Available at: <https://www.bancomundial.org/es/topic/socialdevelopment/overview>
5. Cancillería de Colombia. Acuerdo final para la terminación del conflicto y la construcción de una paz estable y duradera [Internet]. La Habana, Cuba. [2016 nov 12]. Available at: [https://www.cancilleria.gov.co/sites/default/files/Fotos2016/12.11\\_1.2016nuevoacuerdofinal.pdf](https://www.cancilleria.gov.co/sites/default/files/Fotos2016/12.11_1.2016nuevoacuerdofinal.pdf)
6. Redondo-Gómez H. La salud en la política. *Rev. Colomb. Obstet. Ginecol.* 2000;51(4):235-6. <https://doi.org/10.18597/rcog.664>
7. Michelsen-Rueda J. Editorial. *Rev. Colomb. Obstet. Ginecol.* 1994;45(4):275. <https://doi.org/10.18597/rcog.815>
8. Oregon Health and Sciences University. Faculty of School of medicine [Internet]. Available at: <https://endeca.ohsu.edu/searchresults/controller.jsp?Ntk=All&Ntt=Tolosa>
9. Best grad Schools. US Today. Best Family Medicine Programs [Internet]. Available at: <https://www.usnews.com/best-graduate-schools/top-medical-schools/family-medicine-rankings>