I am writing this Epistle with a sense of exhilaration, having recently hiked in Yosemite Valley. Breaths of clean air, gulped among towering cliffs on pine-clad mountains, invigorated my pledge to fight against climate change and safeguard the health of future generations. It also reminded me that as healthcare professionals (HCPs), we have changed from a primary focus on healthcare to jointly prioritising both healthcare and social inequity. This paradigm shift is evident in the articles of this month’s issue.

Medical education plays a key role in helping to address health and social inequalities. To improve the delivery of equal standards of care to all patients, educational resources embracing patient diversity is required. The development of resources such as ‘Mind the gap’ and “Brown skin matters” is commendable step in this direction. Shanmugavadiel et al describes a paediatric-specific resource ‘Skin Deep’. This online accessible platform enables recognition of dermatological conditions of all skin tones and can facilitate a timely and correct diagnosis in children. The article reminds us that the time is right for HCPs to evaluate their practices and promote equality with the development of fully representative academic and educational resources. For this reason, I am making it my Editor’s choice of the month (see page 455).

Developing social accountability within health systems is key to improving the health and well-being for now and for the future. To enable this, social drivers should be woven into the very fibre of medical education. Community-engaged medical education has the potential to provide a meaningful experience for both learners and local communities. It equips the fledgling healthcare workforce with relevant knowledge, skills and values to sustainably address child health and social inequalities. It also works in partnership with local communities. This approach is highlighted in the article by Parekh et al (see page 397).

The influence of poverty on children’s health and well-being is undeniable. Food insecurity is a critical issue which has been exacerbated by the COVID-19 pandemic. Children with food insecurity experience adverse short and long-term health outcomes. Paediatricians can play a vital role to address food insecurity at individual, local community, organisational and national levels. The article by Prendergast et al raises awareness of how food insecurity can be identified and approached by HCPs in clinical consultations, including the use of screening tools to identify children at risk for food insecurity and connecting families to community resources. The article emphasise that HCPs should provide a safe, non-judgemental environment for parents and caregivers to openly discuss food insecurity (see page 392).

There are several great practical papers in this edition. Brown et al demonstrates how to interpret spirometry in children with suspected asthma, outlining the technical aspects, challenges, and possible approaches of using spirometry (see page 435). There is a unique guideline on antimicrobial prescribing in human and animal bites. There is also an excellent summary on the ingestion of super-strong magnets in children (see page 446). An article by Dowsett et al provides key principles for the prescribers when prescribing medications in patients with acute or chronic kidney injury (see page 460). This is important because patients with kidney impairment are at increased risk of adverse events associated with errors in drug prescribing and administration of medications which are primarily eliminated by the kidney.

In addition to the aforementioned papers, there are many other excellent contributions in this edition which I hope you will enjoy. I would love to hear what you want to feature or write about in future journals, so please do contact me with your ideas.

With fond memories of 2022 and best wishes for 2023

Neelam Gupta
Edition Editor

REFERENCES