

These days

R.E.M. - Lifes rich pageant - I.R.S. Records 1986

Writing an editorial of a medical journal, the Editorialist should remain strictly closed to the content of published articles, but as often happens in our society, it takes red-hot **topicality**, fanned by the media, to make us react. This second issue of “Shortness of Breath” contains very interesting articles (e.g. the mini-review by Vassallo et al. on Lung disease in rheumatoid arthritis), but also it is publishing just in the middle of the concerning debt crisis of Cyprus, and just after the new Pope Francis says to men who elected him: “let us never give in to pessimism”. On these days, the Cyprus financial crisis has entered a new and dangerous phase following the parliament’s rejection of a €10bn bailout from the International Monetary Found and European Union which included a €5.8bn levy on Cypriot bank accounts. Indeed, it’s really hard to know when the European economic crisis will be over and to be remotely optimistic. Nevertheless, first impressions from the Argentinian Pope Francis impressed most people in the world for his faithful and optimistic attitude. Indeed, I think we presently need more optimism than realism, in most fields of our life, and mainly in the medical practice and research. Many people consider “realism” the best option, but being a “realist” means *making an assumption* to have already understood all the “reality”. And because of that, “realists” tend to assume a more negative outlook than most situations warrant. In any case, you can also expect the best and prepare for the worst. The Murphy’s Law, “Everything that can go wrong will” is true, but act as if you are bound to succeed. Optimism is the belief that things are *likely* to have a positive outcome. It doesn’t assume they *will*, only that it’s likely. There is a delicate balance between “defensive pessimism” and “cautious optimism”. Try to be cautiously optimistic in order to best utilize your abilities. By adopting an optimistic outlook on medicine, we probably may achieve more and better results in our daily clinical practice. Doctors can be pessimistic, especially when making a prognosis, and this in turn may influence clinical decisions. A British multicentre observational cohort study performed in 92 Intensive Care Units showed that pessimism is frequently observed in clinical practice and has the potential to distort clinical decision making and outcomes, particularly in patients with exacerbation of chronic respiratory diseases¹. Obviously, a scientific approach in medicine can be adopted independently from optimism, but it seems very likely that optimism can help scientific knowledge and research. “We are hope despite the times” sang the rock band “R.E.M.” some years ago in the song “These days”, and we are just living *these days*.

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Trieste, March 25, 2013

¹ Wildman MJ, et al. Implications of prognostic pessimism in patients with chronic pulmonary disease (COPD) or asthma admitted to intensive care in the UK within the COPD and asthma outcome study (CAOS): multicentre observational cohort study. *BMJ* 2007;335:1132-1134.