

## Hand-Over Time

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All things come to an end it is said and these few lines are the last in my series of President's pages. It has been a privilege to share with the readers of this journal my thoughts on the current roles and future development of our professions and of the Association. It is AsMA, I believe, that acts as the glue to tightly hold together a fascinating, dedicated, and enthusiastic community of talented individuals.

I began this series with reference to the cycle of events that mark the AsMA year. By the time you will read this journal the next Annual Scientific Meeting will be upon us. I hope and expect that all those who attend will gain not only additional knowledge of their own specialist field, but that presence at the meeting will have brought them into contact with a broad community of like-minded professionals engaged with and fascinated by the influences of specific environments on physiology, medicine, and human performance. In addition, I trust that the social opportunities associated with the academic meeting will have forged new links and enhanced everyone's network of colleagues, friends, and associates. If you are a first-time attendee at our meeting, I hope you take the chance to explore the breadth of aerospace medicine and human performance from basic science to clinical medicine and to consider how to address the operational challenges of flight within and beyond Earth's atmosphere.

A recurring challenge in aerospace medicine has been to identify who owns the issues that flight presents. Is it military air forces because their crews operate in the more extreme parts of the atmosphere? Is it airlines because their passengers travel in such great numbers? Is it the regulators and national or international agencies, as they set standards? Or does the responsibility reside with the wider medical and scientific community, to seek research grant support to allow more authoritative information to be gained? This could guide life support standards and aeromedical patient advice. Some research strands have been problematic to develop because a clear picture of what has already been accomplished can be difficult to obtain, especially as many of the major programmes have come from and been tied to military requirements that may not lend themselves to open publication.

The highest standard of the accepted process for undertaking a systematic review of health related literature is a Cochrane study. Through such analyses, gaps in knowledge can be identified and these then strengthen the arguments that can be made when competing for funding, showing authoritatively that research is clearly required in specific areas. Such a procedure of systematic review in aerospace medicine has been established and below are a few lines about it, taken from some provided by Andrew Winnard, one of our members closely involved in the process.

*An Aerospace Medicine Systematic Review Group is being developed to facilitate synthesis and gap analysis of evidence across the aerospace medicine disciplines. This group will ensure reviews are conducted to high standards and that results*

*impact operational guideline updates or clinical decision making to benefit global aerospace operations. Methods for performing systematic review will be published to aid the review process and to give indication of gold standard criteria for primary research in the field. Gaps in the evidence will be highlighted by the group to guide future primary research directions. Fields of endeavour include incident response in civil aviation and human health and performance in military aviators or those entering extreme environments such as space. The group is supported by the Aerospace Medical Association, the European Astronaut Centre, the Royal Air Force Centre of Aviation Medicine, and others. A website is under development (<http://aerospacemed.rehab/systematic-review-group>) and the group will be presenting at the AsMA Scientific Meeting in Denver.*



By such endeavours, we can develop our knowledge base and drive up the quality and value of research conducted in aerospace medicine and science. We will "level the playing field" with our colleagues working in disciplines where this has been normal practice for many years.

I would also wish to extend to those new to the world of aerospace medicine and human performance an invitation to get engaged with the work of AsMA. I asked that as many members and regular attenders as possible bring along someone new to our meeting in Denver. By getting involved in this exciting and very modern field, you, the new faces here, have the chance to bring your existing knowledge and skills to bear to address the scientific, engineering, and clinical challenges arising from the flight environment. So, irrespective of whether your current work is in areas as diverse as stem cell research or population health, please consider how what you see and hear at our meeting and read within these pages could interact with your professional life.

Finally, I would like to wish Dr. Valerie Martindale every success as she takes on her new role as AsMA President. I know Valerie will be a dedicated and very able President. I will close by expressing my thanks for the unflinching support and guidance I have received from the Executive Committee and Council of AsMA and the truly invaluable contribution, on an almost daily basis, from the staff of the Home Office in Alexandria. Time zones and geography have not intervened to any appreciable extent and thus it has been possible to show that AsMA, a U.S.-based organization with an American heritage, is now a truly global body.

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