Editorial

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Reflecting on the journal's 30th year anniversary in 2021 reminds me of my time in clinical practice in Auckland, New Zealand, in the late 1990s. Holding family meetings of Maori and Pacific Islander patients often involving dozens of people who overflowed into the hospital corridor and lasted for up to an hour was far different to those with conventional nuclear-size European families. Those interactions taught me to view life's journey through a different lens. While Western culture emphasizes putting the past behind you and carefully plan for the future, Polynesians (and I suspect other ethnic groups) have a more carefree attitude toward the future. Specifically, they told me that at critical points in one's life, you stand on the present and view the past with appreciation and respect because the future cannot be seen, let alone mapped out, with all its many challenges, surprises, and options!

Thus, 2021 provided us an opportunity to reflect on the major advances that have occurred in clinical practice and science in relation to cerebrovascular disease and stroke, while also being a welcome distraction from the ongoing effects of the COVID pandemic. It is hard to make predictions, especially about the future, but the pace to which COVID has accelerated digital technology

and remote communication systems across all aspects of society is changing our approach to the prevention, management, and recovery from stroke, as well as for other major acute and chronic diseases. Why does one need to go to the trouble of attending a clinic for health assessment or rehabilitation when remote telecommunication and monitoring systems can do this just as well, in one's own time, and at lower cost? COVID has also not only highlighted but also increased the socioeconomic disparities within an increasingly connected and dependent world. This is particularly relevant to stroke, where the greatest burden resides in low- to middle-income countries. Tackling the burden of stroke will not, therefore, be effectively achieved by focusing on developing more and more expensive interventions for the privileged few. Rather, affordable health care, health insurance support, public health investment, regulatory control of industries relevant to lifestyle factors, healthy cities, and scalable technologies and biomedical engineering hold considerable promise and warrant rigorous evaluations for effectiveness and translation in stroke.

This first issue for 2022 has many interesting articles but I wish to highlight several that respectively emphasize career development, clinical practice, and need for robust

evidence to inform clinical practice. The first is of a review of gender equity in relation to leadership roles for the organization and format of stroke conferences held within the Asia Pacific Region, although this matter has broader significance. Another highlights the ebb and flow of popularity over the use of revascularization surgery in cerebrovascular disease, and the final one draws our attention to the ongoing controversy over the optimal approach to anticoagulation therapy for the prevention of stroke in patients with advanced chronic kidney disease. Good science informs clinical practice and policy, and this needs to be incorporated into education, training, and practice. I look forward to supporting the journal's mission of promoting, attracting, and communicating high standards of research across the many aspects of cerebrovascular disease.

Conflict of Interest Statement

C.S.A. acknowledges receipt of research grants from the National Health and Medical Research Council (NHMRC) of Australia, the Medical Research Council (MRC) of the UK, and Takeda and Penumbra paid to his institution.

Funding Sources

There was no specific funding for this work.