The Rita Redberg Era at JAMA Internal Medicine

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On June 30, 2023, Rita Redberg steps down as Editor of JAMA Internal Medicine. We, the senior editors, write to recognize her achievements over the past 14 years. On behalf of the entire editorial team, we thank Rita for her creative and tireless leadership and valued friendship.

When Rita took over as Editor in 2009, this journal was known as the Archives of Internal Medicine and had an impact factor in the single digits. At present, JAMA Internal Medicine is a highly respected general internal medicine journal with an impact factor for 2021 of 44.46, about 13.8 million article views and downloads a year, extensive coverage in the news media, and thousands of social media followers. Beyond these statistics, however, Rita spoke her mind and added a note of robust independence to our pages. She developed a clear identity for JAMA Internal Medicine as a home for high-quality research that can improve clinical care and “right size medicine,” balancing the benefits of health care with risks and costs. Her voice traveled internationally because it was so clearly focused on the key issues of individual choices and public health. By publishing articles that are thought provoking and interesting, Rita transformed JAMA Internal Medicine into a “must-read” journal.

JAMA Internal Medicine is the home of Less is More, a long-running series of articles on the harms of overusing medical care, a philosophy that Rita instilled in all of us. The less-is-more approach may help to reduce the bloated cost of medical care, particularly in the US, but more importantly reduce the harms associated with overuse of low-value testing, treatment, and procedures. Advocating for this path forward has not been easy, however. It requires bucking the mainstream view in medicine, where more is always better, new technology is better than old technology (or no technology at all), and doing something is better than doing nothing.

As a cardiologist, Rita was often attacked by her colleagues for taking on overuse in cardiology, including questioning the indications for use of statin medications and the overuse of stents in patients with stable coronary disease. Medical specialists and specialty societies tend to stick together; it is a testimony to Rita’s bravery and integrity that she did not spare her own field from close inspection. Rita is a great personal risk-taker. We have often heard her say words to the effect that “going the traditional route would have been easier, but it would not have been me.”

In her work at JAMA Internal Medicine and as a frequent author of invited commentaries and other opinion articles, Rita has tirelessly promoted evidence-based care and highlighted the risks and costs of overuse of care. Salient examples of studies in the journal address the shortfalls of drugs and medical devices approved based on surrogate end points, screening for breast cancer in younger women at low risk, overdiagnosis associated with screening for melanoma, the continuing problem of overuse of testosterone in men without hypogonadism, and the overuse of invasive care at the end of life.

As a Robert Wood Johnson Foundation health policy fellow, Rita worked for Senator Orrin Hatch (R, Utah) on legislation related to the US Food and Drug Administration (FDA). Subsequently, she has tirelessly tried to improve the evidence base that the FDA uses before authorizing the marketing of devices, many of which have little or no evidence of clinical benefit but substantial potential for harm. Rita’s work and other articles in this journal have highlighted concerns about many devices in cardiology and other fields. Examples include inferior vena cava filters, percutaneous left atrial appendage occlusion devices, and intravascular microaxial left ventricular assist devices.

Rita has been a leader in the revolution that stimulated clinicians to think about the potential harms of technologies, such as electron beam computed tomographic scans for coronary calcium. Similarly, she has supported studies showing that overuse of computed tomographic scans and other imaging tests expose patients to needless radiation, which in aggregate results in substantial increased cancer risk. As part of her focus on the overuse and dangers of medical devices, she has been a tireless advocate of increased FDA oversight and regulation.

Rita has also been an enthusiastic promoter of women in health care, especially in her specialty of cardiology, and in medical writing and editing. She has also promoted women’s health care, including advocating that clinical trials report data separately by gender because women respond differently to some drugs and procedures than men—or as Rita would say, “women are not just small men.”

Rita is a born teacher. Her dedication to training and mentoring is demonstrated by establishing the Teachable Moment editorial fellowship and a separate editorial fellowship for medicine residents at the University of California, San Francisco. Both of these programs have introduced young clinicians to the joys of working with the editorial team at a leading journal and allowed editors to work with stellar young clinicians.

We thank Rita for her insistence on the highest ethical standards, disclosing and more often avoiding entirely conflicts of interest among our editors, editorial board members, and authors of invited commentaries and other opinion articles. Finally, we thank Rita for ensuring that our work at JAMA Internal Medicine has invariably been exciting, educational, collegial, and very rewarding. Each Monday, when JAMA Internal Medicine publishes new articles online, there has been an opportunity to make a difference for patients and to improve medical care. The future of the journal is bright.
Opinion Editorial

curb our enthusiasm.


