A brand new world: from cardiovascular diseases to aquaponics, focusing on challenges can bring new hope. An introduction to 2021 from Journal of Nephrology

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This morning the wise young taxi driver who took me to the station commented on life in a foreign country and asked about “the vaccine”. There was no doubt about what he meant. When I told him that I feel homesick only when I am home, he smiled in comprehension. However, I could see only his yes, and with sudden regret I was sorry not only not to have seen his probably nice and probably smiling face, but also those of all the patients I have not seen during this long year—their wrinkles, their moustaches, their lipstick now hidden by paper or plastic or tissue masks, the best with flowers, African patterns, or children’s toys, locomotives, airplanes.

Like all living things, including journals, Journal of Nephrology changed last year, and it will continue to change in 2021.

For many of us the “COVID months” were a time for reflection, as witnessed by the many commentaries and editorials written, and we imagine many more to come, highlighting the ways COVID-19 is having an impact on nephrology.

The first issue of the year continues to participate in the discussion on COVID-19, but the form differs: while readers will still find editorials and commentaries sharing opinions and preliminary experiences, these are progressively leaving space to original papers, challenging images and emblematic cases. COVID-19 is no longer the new experience urging us to rapidly share our data, even when incomplete, privileging speed over completeness. We no longer worry that a brilliant insight we have had may be out of date in a few months. We know that we will have time to study the new disease; “the virus” will continue to be a challenge in nephrology and dialysis wards, and threaten the most fragile of our patients for some time to come. Two original papers in this issue discuss these challenges, highlighting the risks and uncertainties that need to be evaluated in treatment choices, in particular regarding immunosuppression.

Life goes on, and we need to get back to our daily tasks, to on-going battles and to new hope.

This is also why this issue includes papers on the still unresolved problem of premature vascular ageing and cardiovascular comorbidities in CKD and in dialysis patients. A randomised controlled trial on ultrafiltration profiling, an innovative analysis on detoxification in liver failure, and a study on dialysis intensity in AKI take us back to “our” dialysis and ICU wards. While two reviews examine the complex relationship between cardiovascular and kidney diseases, a systematic review reminds us that preventing cardiovascular impairment starts from simple daily habits, and suggests that exercise, together with diet, should be part of our patients’ everyday care.

The issue of kidney transplantation, sadly, albeit unavoidably penalized by the COVID-19 epidemic, is discussed in terms of waiting lists, a delicate issue, from both the clinical and social points of view. Once more new drugs are bringing new hope. An editorial and two papers enrich the thematic series on rare diseases, water and electrolytes, which we plan to further develop in the near future.

Never more than during this past year did we clearly realise the extent to which our lives are intertwined with our environment. This is why I am so glad to share with you a paper that I hope will elicit both a smile and stubborn determination to improve the world. Dialysis reverse osmosis system reject water can be used in aquaponics and horticulture; as the enthusiastic authors suggest, beauty is everywhere. The paper is accompanied by a brilliant editorial by the inventor of the concept of eco-dialysis and green nephrology: the lesson of this pragmatic Australian visionary is a call for action for a better world. Let this be our wish for the year ahead (Fig. 1).
Compliance with ethical standards

Conflict interest The authors declare that they have no conflict of interest.

Ethical approval Approval from the institutional review board was not required for this study.

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