



## Family medicine and community health have borderless health topics

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2016 and 2017 have been a time of overturned expectations, full of uncertainty, as evidenced by the United Kingdom's vote to leave the European Union, the victory of Donald Trump in the US presidential election and the humanitarian catastrophe in Syria. From the perspective of achieving the goal of universal health coverage, border control in a health care setting is a new challenge to the principle of "access to health care is a human right".

In this issue, *FMCH* addresses health issues from "prevalence of and risk factors for eclampsia in pregnant women in India" [1] to the "effects of biscuit-type feeding supplementation on the neurocognitive outcomes of HIV-affected school-age children: a randomized, double-blind, controlled intervention trial in Kenya" [2] and "assessment of family physicians' knowledge of childhood autism" [3] to the topic "counseling strategies for nutritional anemia by family physicians in Saudi Arabia, 2016: Implication for training" [4]. In addition, Koshy et al. [5] present their study on "Seguin Form Board as an intelligence tool for young children in an Indian urban slum".

In terms of translational and applied sciences in community setting, Liu et al. [6] review the current progress of "additive manufacturing techniques and their biomedical applications". Additive manufacturing (AM), also known as three-dimensional (3D) printing, is gaining increasing attention in medical fields, especially in dental health and implant medicine, a novel topic for family medicine doctors and community health workers.

As *FMCH* is a China focused health journal, two articles in this issue present Chinese insight into the "survey and analysis of patient safety culture in a county hospital" [7] and "an automated management system for the community health service in China" [8] aiming to provide evidence for strategy plan to improve patient safety culture, and to explore a concrete way for health administrative departments to manage the community health service (CHS) with a China focus.

Lastly, Hussein [9] presents a case of probable sporadic Creutzfeldt-Jakob disease to a primary care clinic whereby neuropsychiatric symptoms were the patient's initial presentation which later manifested with declining cognitive impairment, myoclonus and extrapyramidal symptoms.

By covering these topics, this issue of *FMCH* invites your participation in a debate of the relevant questions in the routine clinical practices of Family Medicine and Community Health: *FMCH* addresses borderless topics from health, suboptimal health and illness, and from community health management to hospital treatment in terms of preventive, predictive and personalized medicine [10].

### References

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