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EDITORIAL

Primary Care at the Crossroads: Integrating Prevention, Precision, Artificial Intelligence, and Patient-Centered Care

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Dear Colleagues, Researchers, and Esteemed Members of the Medical and Scientific Community,

It is a great pleasure to present the **August 2026 issue of VMS Journal**.

Primary care has entered a defining era. The convergence of demographic transition, the rising burden of chronic diseases, emerging infectious threats, rapid advances in digital technologies, and changing patient expectations is fundamentally reshaping healthcare delivery worldwide. Once viewed primarily as the gateway to healthcare systems, primary care is now increasingly recognized as the foundation upon which resilient, equitable, and sustainable health systems are built.

This transformation requires a paradigm shift. Modern family physicians are expected not only to diagnose and treat disease but also to anticipate health risks, facilitate preventive interventions, navigate increasingly complex clinical information, and maintain person-centered relationships within an evolving technological landscape. In this context, evidence generation in primary care has become more important than ever.

The articles presented in this issue of *Vita Medica Scientica (VMS) Journal* collectively illustrate the multidimensional nature of contemporary primary care. Although they address diverse clinical topics, they share a common objective: improving clinical decision-making through scientific evidence while preserving the central role of the patient.

One of the greatest challenges in chronic disease management remains patient engagement. Oral anticoagulation with warfarin continues to be indispensable for many patients despite the increasing availability of direct oral anticoagulants. Because of its narrow therapeutic index, numerous drug-drug and drug-food interactions, and the need for continuous monitoring, successful warfarin therapy depends heavily on patients' understanding of their treatment. Inadequate knowledge is consistently associated with poor anticoagulation control, increased bleeding risk, thromboembolic complications, and avoidable healthcare utilization. Evaluating patients' knowledge should therefore be regarded not as an educational exercise but as an essential component of clinical risk management.

Infectious diseases continue to remind us that primary care remains the frontline of public health. Respiratory Syncytial Virus (RSV), once considered primarily a pediatric concern, has re-emerged as a significant global health issue affecting infants, older adults, and individuals with chronic illnesses. Early recognition of epidemiological trends enables clinicians to

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optimize diagnostic strategies, reduce unnecessary antibiotic prescribing, and implement appropriate preventive measures. Surveillance studies conducted in routine clinical practice therefore contribute not only to local healthcare planning but also to the broader understanding of changing infectious disease patterns.

Equally important is the recognition that health extends beyond biological processes. Mental illness continues to be accompanied by stigma, misconceptions, and delayed healthcare seeking across many societies. Negative attitudes toward schizophrenia, whether among healthcare professionals or the general public, may directly influence communication, therapeutic relationships, treatment adherence, and patient outcomes. Family physicians occupy a unique position in addressing these barriers because they often represent the first point of contact for individuals experiencing mental health concerns. Promoting empathy, reducing stigma, and strengthening mental health literacy should therefore be regarded as integral components of comprehensive primary care.

Vaccination remains one of the most successful public health interventions ever developed. Nevertheless, vaccine hesitancy has emerged as a growing global challenge, fueled by misinformation, declining institutional trust, and rapidly expanding digital communication platforms. Influenza vaccination is particularly important for older adults, pregnant women, healthcare workers, and individuals living with chronic diseases, where it substantially reduces hospitalization, severe complications, and mortality. Scientific evidence alone, however, is often insufficient to change health behaviors. Effective communication, shared decision-making, and long-term trust between physicians and patients remain the strongest determinants of vaccine acceptance. Family physicians therefore serve not only as vaccine providers but also as trusted interpreters of scientific evidence.

Preventive cardiology is simultaneously undergoing profound evolution. Traditional cardiovascular risk prediction models continue to provide valuable guidance, yet increasing attention is being directed toward metabolic biomarkers capable of identifying high-risk individuals earlier in the disease continuum. The triglyceride-glucose (TyG) index has emerged as a practical surrogate marker of insulin resistance and metabolic dysfunction. Integrating novel biomarkers with established prediction algorithms such as SCORE2 may enhance individualized cardiovascular risk assessment and facilitate earlier preventive interventions. Precision prevention, rather than precision treatment alone, is likely to become one of the defining principles of future primary care.

Perhaps the most transformative development represented in this issue is the emergence of artificial intelligence (AI) as a clinical decision-support technology. Large language models and multimodal AI systems - including ChatGPT, Grok, and Gemini - are increasingly capable of assisting clinicians in diagnostic reasoning, patient education, documentation, and evidence retrieval. Dermatology, with its strong reliance on visual pattern recognition, represents one of the most promising fields for AI integration. Yet technological capability should never be confused with clinical autonomy.

Artificial intelligence does not replace clinical judgment; rather, it augments it. AI systems currently lack the contextual understanding, ethical reasoning, longitudinal patient relationships, and nuanced appreciation of psychosocial determinants that characterize experienced clinicians. Diagnostic accuracy alone cannot define quality of care. Compassion, communication, cultural competence, and shared decision-making remain uniquely human dimensions of medicine. The future therefore lies not in competition between physicians and artificial intelligence, but in thoughtful collaboration where technology enhances efficiency while physicians preserve humanity.

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Taken together, the contributions in this issue reflect an important conceptual transition in healthcare. Primary care is evolving from reactive disease management toward proactive health management; from isolated clinical encounters toward continuous patient partnerships; from generalized recommendations toward precision medicine; and from information scarcity toward intelligent decision support. These changes require continuous research, interdisciplinary collaboration, and an unwavering commitment to scientific integrity.

As *Vita Medica Scientica Journal* continues its journey, our mission extends beyond publishing scientific manuscripts. We aspire to create an international platform where clinically meaningful research informs practice, stimulates critical thinking, and contributes to improving health outcomes across diverse populations. We welcome studies that bridge clinical medicine, public health, digital innovation, health policy, and medical education, recognizing that the future of healthcare will increasingly depend on integration rather than fragmentation.

Scientific progress has always been driven by curiosity, rigorous methodology, open dialogue, and the courage to question established assumptions. In an era characterized by unprecedented technological acceleration, these principles become even more valuable. Our responsibility as clinicians, researchers, educators, and editors is not merely to embrace innovation, but to ensure that every innovation ultimately serves the well-being of patients.

At the heart of every algorithm remains a human life. At the center of every clinical guideline stands an individual patient. And behind every scientific publication lies a shared commitment to making healthcare safer, wiser, more compassionate, and more equitable. As Editor-in-Chief, I sincerely hope that the studies presented in this issue will not only expand scientific knowledge but also inspire thoughtful clinical practice, meaningful collaboration, and future research that advances primary care for the benefit of patients and communities worldwide.

In this rapidly changing environment, **VMS Journal** aims to serve as a multidisciplinary scientific platform connecting **internal medicine, surgical sciences, preclinical medical sciences, and all fields of health sciences**. We believe that the future of medicine will increasingly depend on collaboration across disciplines and on integrating scientific discoveries into real-world clinical and public health practice.

Our strategic focus for 2026 remains centered on strengthening the journal's **international visibility and indexing readiness**. We continue to improve editorial quality, publication consistency, peer-review standards, and global academic engagement. We are committed to maintaining the highest standards of publication ethics, scientific integrity, and transparent editorial processes.

Open Access and No Publication Fees

Importantly, **VMS Journal is a fully open-access journal**, and we do ***not request any submission, processing, or publication fees from authors under any circumstances***. We believe that scientific knowledge should remain accessible to all researchers, clinicians, and readers without financial barriers. Open and equitable dissemination of science is essential for the advancement of global health and academic collaboration.

We warmly invite researchers, clinicians, surgeons, academicians, and health professionals from all disciplines to contribute to VMS Journal by submitting:

- Original research articles
- Clinical and surgical studies
- Preclinical and translational research
- Case reports and case series
- Systematic reviews and meta-analyses
- Interdisciplinary health sciences research

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Every contribution strengthens not only the scientific quality of the journal but also our collective effort to create a globally visible, academically respected, and accessible scientific community.

We sincerely thank our authors, reviewers, editorial board members, and readers for their continued trust and support. Together, we look forward to shaping the future of medicine and health sciences through responsible innovation, scientific collaboration, and shared academic vision.

Kind regards,
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Editor-in-Chief
Vita Medica Scientica Journal *(***VMS** Journal*)*