Problems faced by editors of peer reviewed medical journals

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ABSTRACT

Forty-six medical and dental journals are published from Pakistan of which only 29 are currently recognized by the Pakistan Medical and Dental Council. Only a few are peer reviewed. Six are indexed in Medline while EMBASE Excerpta Medica and World Health Organization Index Medicus for Eastern Mediterranean Region cover others. Editors of the peer reviewed medical journals are faced with numerous problems, which relate to the authors. Some of these are: shortage of quality of manuscripts, poor quality of reviewers, problems with indexation in international indexing services particularly Medline, duplicate submission and authorship and lastly, financial problems. Patronage from the Pharma industry is the major source of revenue which itself has serious implications. Editing a medical journal is a very stressful job and the editors have to work under too many pressures. A lot of useful data is presented at medical conferences, but a vast majority of it remains unpublished for various reasons, which adversely affects the citation rate from scientists from the developing third world countries in the world of medical literature. A few lectures on medical writing and research methodology to final year medical students will expose them to the art of medical writing. Specialty organizations can be persuaded to have a session on medical writing at their conferences, which will be extremely helpful not only to the potential new authors but also others, thereby improving the quality of their manuscripts. In addition to regular seminars, workshops for authors, reviewers and training courses for editors, subscribing to local medical journals by healthcare professionals and libraries are some of the measures that will help improve the situation to a great extent.


Pakistan attained independence in 1947 and until the mid 1960s, only 4 medical journals were published from Pakistan of which just one, Journal of Pakistan Medical Association, survives today. Even in those days, it was extremely difficult to get quality manuscripts for publication. The situation changed in the mid 1980s when Pakistan Medical and Dental Council (PMDC), as well as Federal and Provincial Public Service Commissions made it compulsory to have some published papers for selection and promotion of faculty members in public sector medical institutions. With the rapid increase of medical colleges, faculty members also started writing under compulsion. Many medical institutions, specialty organizations, as well as some commercial establishments started publishing medical and dental journals, hence, medical and dental journals also increased. A few of these medical journals that were conscious to maintain some standard, and practiced a peer review system would often reject the poor quality manuscripts. This gave birth to many more medical and dental journals in which these rejected manuscripts often got published, which though not of good standard were recognized by the PMDC. At present, there are approximately 46 medical and dental journals published from Pakistan. Of this only 29 are recognized by the PMDC, although less than a dozen are published regularly. The frequency of these recognized medical and dental journals are monthly 2, quarterly 13, biannual 8, and annual 6.

Only a few of these journals are peer reviewed and 6 are indexed in Medline. Others are covered by EMBASE Excerpta Medica of Netherlands and World Health Organization (WHO) Index Medicus, namely, ExtraMed.

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Editors. Biomedical journals published from Pakistan like many other developing third world countries are faced with multifarious problems. These can be divided into the following: 1. Problems related to authors and shortage of quality manuscripts. 2. Poor quality of reviewers. 3. Problems with indexing in international indexing service, particularly Medline. 4. Problems related to duplicate submissions and authorship and 5. Financial problems.

Problems related to authors and shortage of quality manuscripts. It has been observed that a vast majority of authors neither bother to read instructions to authors published by every journal, nor are they aware of the Uniform requirements for submission of manuscripts to medical journals as approved by the International Committee of Medical Journal Editors (ICMJE). This creates lot of problems for the editors. Some of the discrepancies often observed include: 1. Incomplete manuscript, often the abstract, keywords or tables are missing or the abstract is not written in structured format. 2. There are numerous typing mistakes occasionally lines or paragraphs are missing. 3. Manuscripts rejected by one journal are submitted to another journal without making necessary changes as per requirements of the other journal, and it is not mentioned that the manuscript was earlier rejected. 4. Figures in abstract, tables are different than appearing in the manuscript. 5. Statistical analysis, percentage and p value and so forth are not correct. 6. Manuscript is written in very poor English. 7. The authors fail to communicate any change of address, which further delays the review and publication process. 8. Authors object to the mention of “Revision accepted” saying that it gives a bad impression as if one has passed in a supplementary examination. 9. Manuscript is not accompanied by photographs, illustrations that are mentioned in the text. 10. Headings of tables, footnotes and captions of photographs are missing. The photos are also not marked upside down and the authors fail to specify where they want these pictures, illustrations to be inserted. 11. References are incomplete, are not marked in the text and are not written properly. This is something where even the editors and reviewers cannot do much. 12. Reference to published local studies on similar subjects is missing. 13. References quoted are too old, and the authors fail to study the current literature. 14. The study was conducted many years ago and was never published. At the time of submission for publication, many developments have taken place, which are not referred to. 15. The authors fail to enclose a letter of undertaking stating that the manuscript has been exclusively submitted to this particular journal and not all the authors signed this letter. 16. Sometimes the reviewers helped the authors to rewrite the manuscript, but then they have it published in some other journal just to ensure early publication. 17. The authors fail to respond quickly to queries and clarifications sought by the reviewers. 18. Knowing that the journals are dependent on patronage from the Pharma industry, some authors even try to put pressure for acceptance and publication of their manuscripts through the advertisers. 19. The study is split in 2 or 3 manuscripts just to increase the publications. 20. This is not communicated to the editors and sometimes the manuscript thus split into many parts fails to convey the message properly. 21. The authors are very keen to see their name in print. Immediately after they have completed the manuscript, they most often ask the editors when it will be published. They are unaware of the peer review system. It just amounts to discussing the sex of the baby even before proper engagement. The peer review system does take some time, and the authors have to be patient.

Keeping in view all these problems related to authors, which the editors face in developing and third world countries, Prof. Abdus Samad, Editor of Pakistan Journal of Cardiology, came up with a definition which says that “The poor Editor is similar to a father who not only has to educate his daughter, arrange her Jehaz, look for a son-in-law, also find a suitable job for him, keep him in the house, provide him living and clothing but also teach him how to eat and live a decent life.”

Poor quality of reviewers. Yet, another problem faced by the editors is the poor quality of reviewers. Although, there are many distinguished physicians and surgeons, not many of them are familiar with the art of medical writing or the peer review system itself. Sometimes, the reviewer’s comments do not help the editor to make a decision whether to accept or reject the manuscript. Their comments also do not help the authors as to how they can improve their manuscripts. Sometimes, the reviewers even misplace the manuscripts sent to them for review. Since most of the reviewers do this job on honorary basis, the editors cannot force them to keep to the time, hence, many of them keep the manuscripts for months requiring the editors to send them reminders quite frequently. At times, the editors have to take the unpleasant decision of replacing the members of the Editorial Board, Reviewers and Referees based on their performance. Coordination with the reviewers and referees is often an uphill task. The editors also have to listen to all sorts of uncharitable comments from the authors whose manuscripts are rejected.

Problems with indexing. Well-known authors and researchers are more interested to publish their work in journals, which are indexed in Medline, which ensures them greater readership and exposure. As such, they are more interested to send their work either to reputed journals overseas or in a few indexed medical journals published from within the country. Unless the authors publish quality work in their own national journals, how will the quality and standard improve? This is a very vicious circle. Generally, it is said that the quality of the journal is dependent on the quality of members of the Editorial Board, Reviewers and Referees.
Although, many healthcare professionals are keen to see that their names are included in the Editorial Board or Reviewers, which helps them to improve their curriculum vitae (CV) they do not take active interest either in publishing their own work or acquiring quality manuscripts from other colleagues for publication which could help improve the standard of the journal. Most of the journals in Pakistan have an Editorial Board that contains many big names just as show pieces. These people have neither any commitment nor interest in writing. Getting the journal indexed in Medline is quite difficult. The problem is further compounded when the Committee entrusted with the task of evaluation of journals for indexation does not point out any particular deficiencies, which the journals could rectify and improve, which could help them in indexation. Indexing in Medline is often discussed at various forums and it is said that apart from the quality of the manuscripts published by the journal and other requirements, one needs some sources which could push the case of the journal for indexation.

**Duplicate submission and authorship.** Many a time, the authors submit their manuscripts to more than one journal simultaneously hoping that when any of the journal will accept it first, they will withdraw the manuscript from other journals. In some cases, if there is more than one author, which often is the case, if one author has given the undertaking of exclusive publication, the other authors submit it elsewhere. That is why, the journals now insist that all the authors should sign the “Letter of Undertaking” regarding exclusive submission. During the last 20 years, we had 8 duplicate submissions. In 7 cases, it was detected before publication but in one case, the manuscript was published and was later withdrawn under intimation to the concerned institution head and relevant government agencies. Sometimes, the authors even try to fool the editors by making false statements. The editors have to trust the authors; they cannot act as policemen, but sometimes this trust is betrayed. Sometimes, even case reports have more than 2 or 3 authors, and it is extremely difficult for the editors to find out who the actual authors are. The authors are unaware of the Authorship criteria laid down by the ICMJE and many times they want to please their colleagues or help them add publications to their CVs. Sometimes, the head of the department insists that their name should be in the list of authors despite the fact that they have not made any significant contribution to the manuscript to earn authorship.

Authors are not the only one to be blamed. Sometimes, the editors also indulge in lot of unethical practices. Manuscripts received from authors are not acknowledged and they are not kept informed about further progress regarding their publication. Sometimes, the editors issue false certificates of acceptance of manuscripts just to help some authors to be selected or earn promotion. When a few such cases were detected, the Pakistan Public Service Commission refused to entertain “Letter of Acceptance” and now insist that at the time of interview the printed copy of the journal containing the manuscripts for which the credit is sought should be presented. Since most of the reputed peer reviewed medical journals have a long waiting list, they are under pressure to accelerate the publication of the writeups by the authors. Editing a journal in fact is a very stressful job and the editors have to face lot of pressure from different quarters (Figure 1).

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**Figure 1 - Pressure on an Editor.**
**Financial problems.** Unlike the developed world, most of the medical journals published from developing and third world countries are not financially viable. Doctors in these countries do not subscribe to the journals and libraries have no funds to subscribe to them either. The journals are totally dependent on patronage from the pharmaceutical industry, which has its own drawbacks and associated problems. At times, the industry tries to pressurize the journals to publish company sponsored drug trials which otherwise would not merit a publication after peer review. Sometimes open studies which are more of a sales promotion gimmick, which have no scientific validity, are submitted for publication. Refusal to accommodate these papers results in depriving the journal of advertisements which is their only source of revenue. In some of these industry-sponsored trials, they wish to convey the results, which they want to highlight. For example, in a case study of a non steroidal anti-inflammatory drugs or antihypertensive agents, there is a tendency to combine the results of safety, efficacy and tolerability in mild, moderate and severe disease.

The pharmaceutical industry in the developing and third world countries indulges in lot of unethical practices which they would not think of in the developed countries. The industry is also very concerned and does not want any adverse effects of any of their drug highlighted, which could affect their sales.

**Case Illustration.** In 1991, we received a case report from a junior healthcare professional working in a tertiary healthcare facility highlighting the adverse effects with overdose of Halofantrine. He described a case of a young man who developed ventricular fibrillation and generalized convulsive seizures with antimalarial halofantrine after administration at the usually recommended dose. Electrocardiogram (ECG) showed prolonged QT-interval with multifocal ventricular ectopic beats, which reverted spontaneously. He recommended that halofantrine should be prescribed in a dose of 25mg/kg body weight, as the recommended adult dosage may result in overdose. The company was approached if they had any such information in their post marketing surveillance which most of the mononuclear cells do maintain. Instead, they pointed out that this manuscript was submitted to another indexed journal and was rejected and we too should not publish it as the author was trying to blackmail the company. We got it reviewed and both the reviewers’ felt that it did merit publication. When it was published, the company naturally did not like it. They were offered to clarify their position, hence in their reply they maintained that the “question of an overdose of halofantrine does not arise as Human Pharmacokinetic studies carried out by Colin Broom have shown that there was no clear evidence of increased absorption of halofantrine above the 500-750mg dose. To date 1500 patients have received halofantrine worldwide. Of the 4139 symptoms and events reported during the study by individual patients, only 50 were noted as adverse events on the record cards. It included abdominal pain, diarrhea, headache, vomiting, dizziness, pruritus, nausea, rash and leucopenia. Only 2 cases of vomiting and rash, one in each case were related to treatment. They further pointed out that of the 3 studies carried out in Pakistan in 150 adults and 65 children, no cardiovascular side effects have been reported”.

The company’s clarification was published along with response from the author who insisted that “Limited clinical experience with 1500 patients does not provide sufficient data. Generally, absorption of the drug through the gut is slow. Further controlled scientific studies to assess its toxicity and pharmacokinetic are needed. Such an expensive drug still needs to be maintained under surveillance with an adequate monitoring of possible side effects”. Publication of these comments further annoyed the company and they stopped advertising in the journal. A few months later another report appeared from Peshawar Pakistan by the Pakistan Medical Research Council highlighting “Sudden Deaths while on Halofantrine Treatment”. It was after another 2 years, 1993, that Nosten et al in Lancet published similar findings and the company was forced to write “Dear Doctor” letters all over the world. Even then they failed to acknowledge that these observations were first reported and published in Pakistan. When the company was approached, they simply said that it is the policy decision of their Head office. This highlights the problems faced by the medical journals in the developing third world countries, which are mostly dependent on patronage from the Pharma industry, advertising being their major source of revenue.

It is not only the publication of the journal alone, mailing the copies within the country and overseas to prospective writers as well as libraries is also expensive. Not only that, if these journals wish to have their own website, it further requires some foreign exchange which these journals already faced with financial constraints can ill afford though it is a must to ensure larger exposure to international readership particularly so when these journals are not indexed in Medline. Unless they get increased exposure, they will not be able to attract quality manuscripts from within the country as well as overseas. Some of the factors which suggest lack of continuation of a journal are reduced volume, delayed publication, combining issues, financial constraints and shortage of manuscripts.

**A good medical editor.** According to Hugh Clegg Editor of the British Medical Journal (1947-
1965) “A Medical Editor has to be the keeper of the conscience of a profession and if he or she tries to live up to this ideal, he or she will always be getting into trouble”. It is generally felt that in order to have never ending quest for quality, a good editor will be surrounded by people who are more INTELLIGENT, more EXPERT and more SKILLED than him.

Accomplishments of Pakistan Medical Journalists Association. In Pakistan, the Pakistan Medical Journalists Association (PMJA), which has among its members editors of various medical journals and experienced writers, researchers has tried to help overcome some of these problems. Since medical writing, research methodology and biostatistics is not taught in the medical schools, PMJA has organized many seminars, symposia and workshops on medical writing and research methodology during the last 10 years at various medical institutions which were largely attended. Pakistan Medical Journalists Association also collaborated with various professional specialty organizations and successfully organized special sessions on medical writing during their annual and biennial conferences. This has come as a great help to the budding young authors and investigators, thereby, improving the quality of manuscripts being submitted to the medical journals. Pakistan Medical Journalists Association has also published 2 books8,9 on medical writing, which are available. More recently, PMJA organized workshops on the peer review system10 at Karachi and Lahore, which were largely attended by editors, reviewers and referees of various medical and dental journals.

Recommendations. 1. A number of lectures on medical writing and research methodology should be given to final year medical students so that they are at least exposed to the art of medical writing. 2. Seminars, symposia and workshops on medical writing should be organized regularly for undergraduate as well as postgraduate medical institutions besides all the tertiary healthcare facilities. 3. Libraries at the medical institutions should be provided with facilities of internet, literature search and sufficient funds to subscribe to medical journals. 4. Specialty organizations should be pursued to have special sessions on medical writing and research methodology during their conferences thereby helping the presenters to properly write their manuscripts so that their work is also published. 5. The healthcare professionals should be persuaded to start subscribing to local journals as well. 6. There is a need for training programs for the editors within the country, at regional level and if possible at the international level. 7. Regular workshops on the peer review system should be organized for reviewers and referees with the help and assistance of agencies like WHO. 8. Judicious use of the available scare financial resources should be ensured instead of wasting a lot of money on lunches and dinners at 5 star hotels by holding the conferences there. It is time that the organizers of these conferences return to auditoriums and lecture halls of medical institutions from the banquet halls of hotels. If the medical institutions have certain deficiencies, they will be rectified and improved once such meetings are held there regularly. It will not only help improve these institutions but the funds saved can be used to give grants, stipends to postgraduates or sponsor some research projects. Publication of such research will also help improve the standard of medical journals. 9. It should be emphasized to the authors that they must develop a habit of reading because those who do not read are no better than those who cannot read.

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