

EDITORIAL

PROBLEMS FACED BY A MEDICAL JOURNAL EDITOR A FAREWELL EDITORIAL

Voluntary editorship of a medical journal is a pleasure and is very enjoyable if you just 'sit' on the board. It is very stressful if you decide to actively work. Managing Editor is an editor who is always under immense pressure. This 'different breed' editor is a bridge between the 'elite' members of the board, office staff, authors, reviewers, printers, subscribers, advertisers and well-wishers. All these eight integral pillars of a journal consult managing editor for all their worries, queries, problems and frustrations. Naturally it is the managing editor that is 'blamed' for every bad thing, and is forgotten at the time of 'cheers'. But let me tell you, the only thing that keeps a managing editor 'going' is the satisfaction of keeping a living thing alive. For me my journal was a living human being, a baby that I brought up and once brought up it started bringing me up.

I have worked for JAMC from 1997 to 2006. In this period we managed to get the journal indexed in Index Medicus/Medline/Pubmed besides many other indexations. I have enjoyed working for JAMC in all these years and this journal has returned back to me more than the effort that I have actually put into it. I am leaving the editorship to let new persons come in to break monotony of 10 years. I agree with a medical journalism dictum that 'as the new persons take over, new ideas flow in and progress of a progressive journal becomes faster.'¹

Here I will take an opportunity to highlight problems faced by a managing editor, keeping the pleasures for some other time. I have grouped problems faced by me in order of gravity of problem and arranged groups in order of importance. I will briefly discuss a few points that need explanation refraining from details. I am sure this document will help many persons who are planning to become editors or to bring out journals.

Journal's Office

I have seen many journals surfacing with bang, disappearing, resurfacing and then finally drowning. My assessment is this that any journal that does not have a dedicated office with permanent staff cannot survive long. There must be at least a few full time employees. Members and advisors of editorial board may come and go but the permanent staff maintains the essential link. I am proud that JAMC has succeeded in establishing a dedicated office. We have a secretarial assistant who has maintained link for 19 years from first issue of the journal till today, but he

is just one. I feel that it is editorial board (and mine) failure that we could not groom a successor to this person. We must have at least two.

Indexation

Unless your journal is indexed who will like to submit to you? If there are no quality articles who will index you? Our journal had this problem, we broke this vicious circle by 'begging'. Will you believe that we 'begged' recognized researchers and writers for only 20 articles for two issues, and we got indexed. Once you get indexed then everyone starts submitting to you, now the rush is so much that we do not have a place to hide.

Changing trends in Medical Journalism

Keeping yourself abreast with changing trends in medical journalism is very important. I will give an example of a current problem that since September 2005 it has become mandatory for journals following 'Uniform requirements' to print only those trials that are registered, we must learn about it and educate researchers and authors about it, otherwise we might lose our indexation.

It becomes easier if you start following 'Uniform Requirements of International Committee of Medical Journal Editors' and religiously follow any change or updates.

World Association of Medical Editors (WAME) has a LISTSERV® that taught me most of the editorial know how that I am now proud of.

Authors

An author is the soul of a journal. 'No author-No article-No Journal'. Authors must be given respect, but authors are biggest...let me stop short of saying 'problem'.

In Pakistan authors write articles for selection, 'classification', promotion and eligibility for postgraduate examination 'only'. Generally they come to realize that 'article is must' when the 'selection/promotion board' or examination is just round the corner. Naturally this author is always in hurry. This brings up most of the problems listed below.

- Requests to print early, don't worry just follow the queue sheet. I have written on my wall 'Don't make me hurry for your lack of planning'.² Of course the biggest problem is this that 'an author in hurry' starts asking help of

senior professors, editorial board members and friends for recommendation to get article published earlier. At times refusal becomes very embarrassing and 'politically' dangerous. I am proud of the fact that I have made many enemies but never compromised on my queue sheet of articles. Once the seniors realize that you are fair in keeping seniority of articles, come what may, they stop pressurizing you. The draw back is this that I have to go to 'quacks' when I get a health problem!

- 'Acceptance letter please', this pressure was relieved when Pakistan Medical & Dental Council (PM&DC) and College of Physicians & Surgeons Pakistan (CPSP) blocked use of acceptance letters for promotion and examination respectively.
- Asking 'who is the reviewer?' Although more and more journals are now opting for 'open review policy' to avoid many biases but in our country it is not yet possible. Telling this opens a 'Pandora box' of problems. My advice: bluntly say it is against journal policy to disclose name.
- Pushing you that 'My work is of utmost importance' must be printed quickly. 'This work has never been done before'. I have yet to see one such innovative work, get everything reviewed, and keep them in queue. If they are still in hurry tell them to go to 'Lancet', 'BMJ' and 'NEJM' who will accept such a milestone work immediately!
- Insisting on their 'own styles' of writing. Never give in. Request them to read standard medical journals or visit website www.icmje.org and seek guidance. The problem is more compounds when it comes to reference style that your journal is using, stick to one style, do not make an amalgam of Harvard and Vancouver styles.
- Request to put name of another author who was missed earlier. Try to block, but do not create much fuss. Get fresh undertaking signed by all authors.
- Ghost authors: I initially thought it is a Pakistan based problem but I became a bit relaxed after publication of a wonderful article by Flanagan et al in 1998³ (Flanagan is now a day Managing Deputy Editor of JAMA). I make a clear breast of this that I was never able to plug it completely.
- Plagiarism, falsification and fabrication. Relax you are not supposed to be 'FBI'¹ even if you fail to catch one, and it gets printed, you can always retract it after someone else catches the fraud. We use softwares to detect these. Now a day we are using Etblast@⁴.

My trick of the trade was this that I never talked to the authors on phone or on face. I always insisted on letter or email, as one can be very blunt to tell a point in both these.

Reviewers

Reviewers are 'Central Nervous System' of any peer-reviewed journal. Tier-1 reviewers are scarce, if not non-existent. I define Tier-1 reviewer as a person who is expert in subject, has sufficient working knowledge of epidemiology, statistics and medical writing, returns the article within the deadline or at the most immediately at first reminder.

Problem related to reviewers faced by me were:

- Finding appropriate reviewers.
- Pursuing reviewers to return articles in time.
- Keeping the reviewers interested in journal.

All three of them are 'universal' problems and my advice is to keep on looking for new reviewers and never be satiated with your full list.

If you take more time in peer review, the author starts getting anxious. If you think that good practitioners will prove to be good reviewers it is next to impossible, they do not have time. My formula for the last 5 years is using only those reviewers who 'review by email'; this expedites the review as well as makes it low cost.

Deadlines

There is just one deadline that is important; it is bringing out issue in time. In turn it is dependent on reviewers. I got angina many times when I tried to meet printing deadlines I never succeeded. Now I don't care about the dates, I don't get angina any more and the journal prints in time! My advice: Always keep a queue of ready articles; never try to make last minute entries. This policy helped us in the worst time of our history, when 8th October 2006 earthquake damaged our offices and computers, but we still managed to bring out issue in time.

Pharmaceutical Industry

Pressure from Pharmaceutical industry is a major obstacle for an editor. Ignoring pharma industry causes tremendous financial pressure. Going after them brings plenty of money but plenty of company sponsored articles, as well, that are difficult to reject. We have run JAMC without a single advertisement for over a decade now. It brought tremendous financial pressure but we were able to boldly reject company-sponsored articles not fitting in peer review.

Charging the Authors

We solved the financial problem by charging the authors at a rate of Rs. 2000 per article and Rs. 1000 per case report. This resolved the financial problem but generated three pressures for the editors.

- People started saying that 'JAMC takes money to print article'. It is a fact but has very bad duplicate meaning. I myself heard a big boss of Pakistani doctors 'who must not be named' saying this to an elite audience, all of them believing that JAMC is a substandard journal that takes 'bribe' to print article.
- Authors started submitting processing fee in advance on the belief that article will not be rejected if processing fee is submitted in advance. Once this fee goes into a government supervised account it is difficult to withdraw it.
- A strange phenomenon is this that many authors send processing fee in cash in an envelope or pay it by hand to office clerk despite clear instruction of sending as draft or pay order. This money is vulnerable in 99% cases.

Editorial Board Meeting

The board meeting is most stressful thing. A good agenda is to be made to avoid useless meetings. This meeting is actually 'a gathering of important people who can do nothing but can decide that nothing can be done.'²

Incorporating new things keeps a journal alive. Editorial board must be taken into confidence before making any important decisions. Convince your editorial board that editorship is to be learnt it is not god-gifted. We must follow international standards. Whenever you learn something new give them a presentation. You have to push fellow editors

to extract work out of them. Most members of editorial board are there to just have this 'honour' in 'resume'. Shorter the board, better the journal is.

The only genuine medical journalist in Pakistan who is a seasoned editor as well, identified problems faced by editors of the peer reviewed medical journals as shortage of quality manuscripts, poor quality of reviewers, problems with indexation in international indexing services particularly Medline, duplicate submission and authorship and lastly, financial problems.⁵ I fully agree with him.

Having said all this, the biggest problem is saying goodbye to your journal.

I wish JAMC a fruitful and progressive future!

REFERENCES

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