

EDITORIAL

Reconsidering the medical literature priorities: How beautiful writing or how important observation?

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Success in medical writing frequently leads to success in publishing medical manuscripts. Some medical authors are so good in medical writing that their manuscripts are more than what could have been submitted during a lifetime by a whole Unit or even a whole University! To publish easily in medical journals is an art, to publish with great difficulty however is an issue that we have to reconsider!

To write well means to be well informed in modern medical terminology, to handle perfectly the design and structure of the study, to analyze properly your results, to explain in detail what you found and to make wise conclusions. But practically, many parts of the study may be missing.

A concept that never became a study

A very important concept may never come to the phase of a completed and well-written study. Many times this failure derives from the need for teamwork in an institute/Hospital/organization. If teamwork is impossible then good concepts may be lost. When many Departments or many Hospitals should co-operate, then competitive relationships and disagreements for the authorship may become the reason for failure. The publication will never come because the study was not executed properly.

A faulty design of the study may "burn" the study results and conclusions

Faults in the design of the study can be seen in the phase of the peer review process; if the study should be repeated this means new expenses on experimental equipment and longer to very long-time. However, minor faults can be corrected and the study can be re-submitted. Such manuscripts may be rejected according to the reviewer. The characterization of a fault as minor or major many times depends on the judgment of the reviewer who examines the paper. If a study has something important to offer, then the correction of the research design may bring into the light unexpected results and conclusions.

Statistical Problems

This is a very common problem among medical doctors. It is not at all bad to have the help of professionals in statistics when a study has important results to offer. The statistical corrections may prove things that could not be proved before the proper handling of the numbers (or the opposite). A study

with statistical "gap" should be corrected and published. However, major statistical errors cannot be corrected by the reviewers. What is major depends on the reviewer's opinion.

Handling of the results

Some studies start with one or more aims, but in the end they find just nothing. They are called *studies with negative results* and many journals deny to publish such studies because they are believed to be unimportant and do not contribute to the international literature. However, the experimental costs and animal sacrifice could be reduced if negative results were known to everyone before a team starts an experiment. Of course, a journal that would publish negative results only would not be so interesting for the readership! Some negative results are more important than positive results, because they have to do with important molecules/investigated variables.

Also, the secondary results sometimes may be more important than the primary results. Thus, when the reviewer detects important secondary results may help the author team to highlight what important was found in a study that was previously thought to be a failure even by the researchers themselves.

Translation of the results

Who does not understand what he has just found? The wiser you are the most things you understand out of a "fresh" result. Meta-analyses may reveal outcomes that the primary researchers could not even imagine when they submitted their paper for publication. This is common in basic science studies where the clinicians find things that basic researchers could never have known due to none or limited experience in clinical medicine. In a team that basic research is well translated with the help of clinicians the success is guaranteed for the publication and for the readership. However, in most cases, the real result translation may come months or years after the primary publication of an important study.

Translation of the results may be helped by the reviewers but they cannot translate in full or in depth the results. Because, in that case, the reviewer might become one of the co-authors, which is the ethical policy. If the research team cannot shape a translation of their results, then either the study should not be published or the results will be published without a complete explanation of their importance. The