Webinars on journalology in times of a pandemic

The last 3 months of the COVID-19 pandemic have seen a deluge of “webinars” such that their numbers are now exceeded only by the number of memes on the subject. The pandemic, itself, has been a “webinar” on journalology and publishing practices; teaching us a lot about what is right and wrong in scientific publications. In a short period of 3 months, we have seen the entire 350-year history of medical journals play out in front of us.

Medical journals began when scientific discoveries were few and far between and often “game-changing;” this much abused phrase was actually true! New diagnostic and treatment methods needed to be disseminated rapidly. Physicians waited for information since they had little they could offer their patients. This is exactly what happened in the current pandemic. We knew next to nothing about the virus and ways to treat it. At the same time, our hospitals were inundated with sick patients and thus any new information was welcome and aggressively sought. The breaking-abstracts sessions at major conferences would pale against the abstracts that were now breaking on news channels around the world. We actually lived the lecture on “Why should we write?”

The next important lecture in webinars on journalology is on “levels of evidence” and “critical appraisal.” By May 5, 2020, more than 7000 articles had been published on the pandemic with over 1000 in just 1 week.[1] This included randomized trials and meta-analysis, considered the epitome of evidence. The number is rapidly increasing and a report (on a pre-print server) posted just 18 days later showed the number of articles to be over 16,000 with 40% on preprint servers.[2] Preprint servers allow rapid uploading of manuscripts for public criticism and peer-review and many of these manuscripts do not finally make it into a recognized journal. However, the damage that they (and published articles) do to science and patient management is immense. Articles which talked about the virus being laboratory engineered, that it could travel much farther in air than presumed, the role of hydroxychloroquine, etc., were either found to be severely flawed or retracted. However, the publicity they garnered could not be undone. This is the problem with inadequate critical appraisal.

Going from the good, and the bad, to the ugly. The most important talk in a webinar on scientific publications is on scientific misconduct. We know that published literature has tremendous potential to do harm. We also know that almost none of the data that is used to write papers is ever cross checked. In the long-term, incorrect data can be verified through additional studies but in a pandemic, much harm can be caused before a confirmatory study is conducted. This is where we recognize the “ugly” side of publications. Failure to verify raw data, particularly when it has the ability to influence practice is a serious misconduct. Two recent publications that have been widely discussed are a testimony to this problem.[3,4] Physicians depend on the honesty of the authors when using their papers to treat patients, and breach of this trust comes with severe repercussions. Journals, too, must accept part of this blame because a good peer review is what defines a good journal and the fear that conflicts of interest may influence decisions become real.

This brings us to the last lecture in the webinar and one that interests most authors since it explains why they are often rejected. As “gatekeepers” to science, reviewers and editors are required to be diligent in weeding out suspect data. Unfortunately, it is clear that they don’t always succeed. Sometimes, poor articles get accepted while good ones get rejected. An important reason for this, mainly among small journals, is lack of resources. In the last 3 months, submissions to our journal were nearly three times the number that was submitted in the corresponding period last year. While increasing submission is always welcome, it also places stress on our capacity to review the manuscripts timely. Most journals have a policy of in-house rejection of some articles by the editors because the pool of reviewers is finite. However, do editors generally get it right? We conducted a brief experiment to assess this. Apart from being editors for IJU, we are also reviewers for other journals. When we assessed whether our recommendations as reviewers matched the final decision taken by the editor, we found concordance in 81% cases. In the remaining 19%, our recommendations were more favorable to the author than the final decision in all cases except one. In contrast, the recommendations of other reviewers of the same papers matched the final decision in only 67% instances. Despite the potential sources of bias in the experiment, it is reassuring to us that if anything, we are favorably inclined to our authors.

We are nowhere near the end of the pandemic and the dragon’s tail is not in sight. From the IJU, we encourage you to be careful about what you read and accept as the ‘truth’ and also wish you good health and safety.
Kumar: Webinars during COVID

Rajeev Kumar*
Editor, Indian Journal of Urology,
Department of Urology, All India Institute of Medical Sciences,
New Delhi, India.
*E-mail: rajeev.urology@aiims.edu

REFERENCES

1. Scientific Research on the Coronavirus is Being Released in a Torrent. Available from: http://www.economist.com/science-and-technology/2020/05/07/scientific-research-on-the-coronavirus-is-being-released-in-a-torrent. [Last accessed on 2020 Jun 09].
2. Fraser N, Brierly L, Dey G, Polka JK, Pálfy M, Coates JA. Preprinting a Pandemic: The Role of Preprints in the COVID-19 Pandemic. bioRxiv; 2020.
3. Mehra MR, Desai SS, Kuy S, Henry TD, Patel AN. Retraction: Cardiovascular disease, drug therapy, and mortality in covid-19. N Engl J Med. DOI: 10.1056/NEJMoa2007621. N Engl J Med 2020. pii: NEJMmc2021225.
4. Mehra MR, Desai SS, Ruschitzka F, Patel AN. Retracted: Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: A multinational registry analysis. Lancet 2020;6736:31180-6.