

PROCEEDINGS OF 2ND REGIONAL CONFERENCE ON MEDICAL JOURNALS HELD AT RIYADH, SAUDI ARABIA

Jawaid SA

Saudi Medical Journal (SMJ) celebrated its 25th anniversary by hosting the 2nd regional Conference on Medical Journals at Riyadh from October 10-12th 2004. The meeting which was organized in collaboration with World Health Organization Regional Office of the Eastern Mediterranean, King Abdul Aziz City for Science and Technology (KACST) and Islamic Educational Scientific and Cultural Organization (IESCO) attracted one hundred fifty five delegates and participants from eleven countries of the region. Representatives from the WHO Headquarters Geneva; World Association of Medical Editors (WAME) Forum from African Medical Editors (FAME) besides speakers from UK, USA, and Canada also graced the occasion with their presence and richly contributed to the scientific programme. This meeting which was in continuation of the efforts started a year ago at Cairo in the Year 2003 by holding the First Regional Conference on Medical Journals proved to be a great learning experience. Some of the objectives of the conference were:-

- * To review current status of medical journals in the EMRO Region
- * Highlight the requirements to be an Editor of a Peer Reviewed medical journal
- * Outline the importance of current status of research
- * Outline current status of medical ethics and scientific misconduct and its importance for publication in the EMRO region.
- * Highlight the importance of Journal Indexing in the EMRO Region.

- * To highlight importance of evidence based medicine in design and evaluating published material
- * Impact of E-Journalism on the future of publications
- * Guidelines to run a successful journal
- * To highlight the importance of statistics for medical editors and researchers
- * How to deal with a rejected manuscript

FIRST SESSION

A wide range of topics were covered by various speakers during the nine scientific sessions spread over three days. **Dr. Dirk Deleu** from Qatar was the first speaker in the first session who gave an introduction to research. He discussed in detail the different types of studies i.e. case control studies, co-hort studies, cross sectional studies, case series, case reports, ideas, editorial notes and opinions, animal research, In vitro test tube research, and also highlighted the difference between basic and applied research.

Dr. Farrokh Habibzadeh from Iran highlighted the importance of research for developing countries. He pointed out that the West believes that scientific research is essential to maintain the nation's economic growth but they have a different perception as regards research in developing countries. He quoted Jerome Kassier former Editor of New England Journal of Medicine who once wrote that "very poor countries have much more to worry about than doing high quality research". For many governments in developing countries, research is merely an unnecessary activity. They see research a luxury something which only the rich countries can afford. Dr. Farrokh Habibzadeh was of the view that if the world wishes to see

Correspondence

Shaukat Ali Jawaid

e-mail: pulse@pulsepakistan.com

pjms@pjms.com.pk

maximum benefit from health research, then the balance of research between developed and developing worlds needs to shift dramatically. Is it not ironic that while most health problems were in the developing countries but most research is conducted in the developed countries, he asked? Quoting from the Report of the commission on Health Research for Development, Health Research-Essential link to equity in development 1990, he stated that almost 93% of global burden of premature mortality is attributed to the disease problems in developing countries but 95% of the global expenditures on health research is directed on the disease problems which are seen in the developed countries. According to WHO Ad Hoc Committee on Health Research 1996, approximately US\$50-60 billion are spent annually on health research both by public and private sectors, only 10% is devoted to the health problems of 90% of the world's population. 10% research is undertaken in developing countries. Only 2% of over 3000 journals indexed by Medline are from developing countries. Hence much of the research conducted in developing world is intended to benefit those in the developed world because the disease prevalence is higher in these countries; they have lesser ethical constraints besides low cost. Speaking about the limitations of research in developing countries he mentioned scarcity of government funds, minimal investment by the private sector, deficient education at all levels, intellectual isolation, insufficient numbers of scientists, bureaucratic hurdles besides inadequate public policies for research and development. Dr. Farrokh Habibzadeh pointed out that developing countries must do their own research because it may be wrong to generalize things and apply the results of trials conducted in developed world in developing countries. A treatment used routinely in the developed countries may not be within the means of people in the developing countries. Health, he opined, was both a major pathway to development and one of its end products. Research is an essential component of health and a powerful tool for improvement of care, prevention of disease as well as pro-

motion of health.

In 1990, a commission on Health Research for Development was constituted to review current research on health problems of developing countries, to identify its strengths, weaknesses besides suggesting future line of actions. This Commission resolved that national health research was essential for each country irrespective of its size and economic strength. However, in the absence of country specific research, these countries are unable to set their own priorities. Added to this is the mal-distribution of the meager financial allocations for health. Research, Dr. Farrokh Habibzadeh remarked was an important engine for development. If the resources are scarce it becomes all the more important to employ professional researchers to ensure that the limited expertise is used effectively because it is only the rich which can afford the luxury of wasting resources on ineffective manpower. If the researchers do not publish their research, they are in fact distorting the research record. He concluded his presentation by stating that undertaking research in developing countries is not only important for developing countries but for the developed world as well.

Dr. Walid Maani from Jordan spoke on current status of research in the EMRO region. He pointed out that the accelerating brain drain from the Arab countries to the West was threatening the future of Arab Science. He also mentioned about the scientific desert Arab World. Referring to the Arab Human Development Report he said that we need research which is relevant and important to our region. Most of our research centers suffer because of little support from the government. Most of the Muslim and Arab world spends not more than 0.2% of its GDP on scientific research. Expenditures on research in the Arab world are just four dollars per person and less than 25% of students study science subjects in the Universities. There are about five thousand research workers in the Arab world as compared to one hundred thousand in United States.

Participating in the discussion Dr. Farrokh Habibzadeh remarked that there is 30% brain

drain from developing countries to the West and teaching of science in the Arab world is a disaster. Another participant remarked that there are ten thousand Egyptians working overseas in the medical institutions and if they come back, we will see a revolution. Many Muslim scientists publish their research work in the West; hence no body knows whether the authors come from Iran, Egypt or Pakistan. Some participants suggested creation of Arab Scientific and Technical Foundation and making major contributions to Research and Development. The importance of freedom of thinking, working in groups, change in mentality, value of research in the community were also highlighted during the discussion and it was suggested that we all have to work together to progress together. One of the participants felt that we are all talking amongst ourselves while the real decision makers in our countries are not present in the meeting.

Dr. Othman Al-Shabanah from Saudi Arabia speaking about the status of Saudi Pharmaceutical Publications said that there are no incentives for the Editorial Board Members. The funding is not adequate and the good quality write-ups are few.

Dr. Diah Rizk from UAE spoke about core skills of effective medical writing including research projects. Writing for journals and research grant he stated is different and writing for scientific journals requires certain skills. A vast majority of scientific papers and research proposals are rejected because they are poorly written. Quoting Francis Bacon on advancement of learning he said that "reading maketh a full man, conference a ready man and writing an exact man". Developing a concept, preparing an outline, writing the first draft, topping and tailing following by publishing were mentioned as the five core writing skills. Any writing must contain some message which is directed at a readership and one must also find out where to publish. While selecting a Journal to publish one's work, one must look at the contents and type of papers published by that journals, reading editorials may also give some insight as to the policy of the journal. Once a

decision has been made to publish in a particular journal, follow the current instructions to the authors published by that particular journal. The outline of the manuscript must contain the main message, objectives or hypothesis, material and methods, main findings and conclusions. It must be explained how the sample of the study was obtained and the methodology should also be explained in detail. He also talked about data analysis and the ethical concerns. It is important to take a break before final editing of the manuscript. After having got it published, it is also important to market it by sending copies to those who have been cited in the references, funding bodies, academicians and researchers besides collaborators and all those who helped in the study. It is never too late to learn how to write, he remarked.

SECOND SESSION

Abdul Rehman Al-Abdul Aali from Saudi Arabia highlighted the funding provided by KACST for scientific research during the last twenty-five years. From 1979-2003 a total of 1619 research projects were funded costing 621 million SR. It included 475 in the field of medicine and 338 in basic sciences leading to 247 and 66 publications respectively.

This was followed by an excellent presentation by **Dr. Bruce Squires** from WAME Canada. Title of his presentation was "How to write an acceptable research project and manuscript". He also discussed how to publish medical research papers something which is not taught in the medical schools. He opined that while selecting a research project one must ask few questions to oneself i.e. what is the problem, why it is important, what is already known about this for which a thorough literature search is essential. Then one should create a formal hypothesis, ask for opinions of colleagues and consult an experienced statistician. Find out whether you have the resources to conduct that study and if so, select your team. It should also be decided in the initial stages as to who will be the authors.

Having gone through all this you have gathered enough information to start writing. Se-

lect the journal you are considering for publication and then follow their instructions to authors. Most of the reputed medical journals all over the world follow the *Uniform Requirements for Manuscripts submitted to Biomedical Journals* as approved by the International Committee of Medical Journal Editors (ICMJE). Find out the study design, sample size, the outcome measures, interventions and ethical considerations. He emphasized that while writing provide enough information in the methods section so that others are able to repeat the study.

While making interventions make clear whether it is placebo control and compare it with gold standard. Objective should be well defined and have a comprehensive database which is widely acceptable and be mindful of ethical considerations. The Results section should contain important findings and what is their clinical, statistical significance. In the Discussion section interpret your findings and how do they figure as regards findings by other studies. Limitations of the study and any questions that arise from this study should also be covered in the Discussion section.

The Abstract should preferably be in structured format; title should be brief, informative and highlight the study type. The manuscript should be sent for publication along with a submission letter describing contribution by each author. Do not forget to disclose conflict of interest if any by each author, source of funding and acknowledgments. Once the manuscript is ready, before sending it for publication, pass it on to some of your colleagues for their honest comments and read their comments carefully. Remember brief is beautiful and it also enhances the chances of early publication. During the discussion it was emphasized that editors too have a conflict of interest and it is advisable to decide the authorship before hand.

Andrew Herxheimer from United Kingdom spoke about Cochrane Skills of effective medical writing including research projects. He discussed at length the systematic review process, titles, protocols background, selection criteria, searching, shifting and the reference list. It is

essential to ensure that nothing is missed. In Meta analysis data from different trials is collected selectively. These days Meta analysis is done through different computer programmes. The first Cochrane Centre was established at Oxford UK in 1992. Cochrane collaboration was created in 1993 and now there are twelve Cochrane Centers functioning in different parts of the world. We plan to establish a Cochrane Center in the Middle East shortly, he remarked.

Formal inauguration of the conference in the afternoon was followed by a Statistical workshop.

THIRD SESSION

On the second day of the conference, the first session was devoted to the current status of medical journals in the region. **Ghazi Tadmouri** from UAE was the first speaker who spoke on biomedical publications in the Region. PubMed, he said, is the online version of Medline. It is easily available as compared to ISI SCI which is also more expensive. From 1953-2003 there has been a major increase in indexing. During the last ten years, 50% of the total publications from the Arab world come from Egypt and Saudi Arabia. Egypt is making progress and may occupy the first place in future as compared to Saudi Arabia. In the recent years regional conflicts have hampered scientific co-operation and language of communication also remains a barrier. He opined that it is important to advocate scientific thinking to the public. Lack of funding and poor institutional spending remains some of the hurdles in the development and progress of biomedical publications in this region

James Tumwine from FAME spoke about the challenge of medical publishing in Africa. He was of the view that starting and sustaining a journal is a tough business which needs clear well defined strategies. Many journals in Africa did not have enough manuscripts and they had very limited visibility. Regular publication was a problem. Reviewers were slow to respond. Federation of African Medical Editors (FAME) was formed to discuss all these issues. The objective was to strengthen the Af-

rican medical journals. The idea was not to get promotions by publishing but to contribute to improvement of health of the African people, getting promoted was a secondary objective. It was decided to establish a meaningful network, training sessions were organized for the editors and guidelines sensitive to African needs were formulated. We worked in partnership with WHO/TDR, WAME, BMJ, Lancet and JAMA. Partnership was also established with various medical institutions. FAME now has forty members. We publish manuscripts which are relevant and sensitive to African needs. A donors meeting was organized in London and Editors workshops were also arranged and Board members were also elected. The outcome has been sharing of editorial resources, improvement in editorial practices, and accreditation of journals to improve their standard. This has lead to wider readership within Africa and African Health Sciences Journal was indexed last year.

Dr. Bassel Atallah from Lebanon talked about the prospects of medical publishing in Arabic. Tracing the history he pointed out that Islam transformed the Arabs into an emerging Nation in the early Islamic era. Muslim Arabs embraced the established medical institutions. The Encyclopedic books emerged in ninth century and the manufacture and use of paper and ink made the spread of these manuscripts possible. The decline of Arabic world started as the political leadership shifted to non-Arabs. After the Crusaders Wars and invasion by the Mangols saw the rise of Ottoman Empire ending of European invasions and unification and protection of the Muslim World but Arabic as a language was abandoned. Then we saw the rise of European Powers. Decline of the Ottoman Empire resulted in stagnation, corruption and deterioration, eroding of military might. The cultural mood of the Europeans was fueled against Muslims but the rivalry between England and France postponed the collapse of the Ottomans Empire for another century. Expedition of Napoleon was another invasion by the crusaders. Beginning of Arab enlightenment was tainted with westerniza-

tion which resulted in severance of Egypt from Asia geographically.

During the reign of Mohammad Ali, he built big army, introduced agricultural and industrial innovations to support the military State, established a medical school in 1827 in Cairo and the teaching was in Arabic. He encouraged the French and American missionaries to establish schools and printing machines in Syria. Europeans crushed Mohammad Ali because revival of Arab state was not in their interests and plans. Egyptian nationalism was invented by Europeans and once Egypt was occupied by Britain, English became the language of education. American missionaries established American University of Beirut and transformed all teachings into English. Then we saw the debate in Egypt between the Islamist majority and the Westernized minority. Arabic as a language of education was restored except in medical schools where English prevailed. His conclusions were that let us see if Arabic can be resumed as a language in medical teaching.

Referring to the articles published in JAMA he said that it contained on 1% of Arab literature but more manuscripts are accepted from Israel. The same is the case with European Heart Journal. During the discussion it was pointed out that although English is the international language but the experience in many countries like China, Japan etc., has shown that students learn better if they are taught in their native language.

Dr. Ehab Abdelrahim M. Ali from Kuwait talked about establishing an Arabic language medical journal. Shortage of manuscripts in Arabic language and translation into Arabic some of the medical terminologies were cited as some of the problems.

Mr. Shaukat Ali Jawaid from Pakistan highlighted the developments in medical journalism in Pakistan after the WHO Regional Conference held in Cairo in 2003. The Cairo conference, he stated, provided a rare opportunity to know colleagues in the region and a great learning experience. After the Cairo meeting many journals in Pakistan are trying to have

their On-line editions. There is greater awareness to improve the quality and standard of journals. Some journals have been able to establish successful collaboration and professional relationship with editor colleagues in the EMRO region resulting in exchange programme of journals. Pakistan Medical and Dental Council have issued guidelines for improvement of medical journals. Three interactive meetings between PM&DC Journals Committee and Medical Editors have been held so far. Now all the journals will be re-evaluated for recognition which will be valid for three years. In order to ensure that the PM&DC Journals Committee does not take any decision which retards the growth and development of these journals, two editors have been included in the Committee to safeguard the journal's interests. However, he pointed out that editing a successful medical journal was not a part time job. It is stressful, demands lot of time and financial resources. It is imperative that the publishers must have some fulltime editorial staff, proper offices and secretariat. The journals must improve their visibility with effective circulation. He also disclosed that ever since they started online edition of Pakistan Journal of Medical Sciences (pjms.com.pk) they have observed over 300% increase in receipt of manuscripts from overseas. To excel in writing one must develop a habit of reading but unfortunately Muslim world is not a reading community which is a great tragedy, he remarked.

Dr. Arash Etamadi from Iran discussed the evaluation of medical research quality in Iranian biomedical journals. Referring to an article in Nature, he said that Iran was among the thirty countries with high impact publications in the world. He was of the view that preparing good quality manuscripts from poorly funded research was not possible. He emphasized the importance of structured abstract and urged the writers to pay more details to Material and Methods section while Innovations should be emphasized in the discussion part rather than literature review.

Dr. Mahdi Shamad from Sudan described

the status of medical journals in Sudan. Medical research in Sudan he stated, started in 1903 with the establishment of Welcome Tropical Research laboratory to promote study of tropical diseases. Sudan Medical Journal published by Sudanese Medical Association was the first medical publication published in 1953. Al-Hakeem was started by Medical Students Association. Sudan Pharmacy commenced publication in 1966. Another biennial publication was started in 2001 while Sudanese Association of Dermatologists started publishing Sudan Journal of Dermatology in the Year 2002.

Mr. Hatim Idris representing Palestine described the difficulties faced to start a Palestinian biomedical Journal and referred to negative press by Zionist media and breakdown of communication. Absence of a strong National Palestine Institute for Scientific and Medical Advancement was another reason. To start such a journal a solid infrastructure is needed. To realize this dream of starting a Palestinian Biomedical Journal one needs a scientific publishing house at a safe location, he added.

FOURTH SESSION

Robert Daroff from USA was the first speaker in this session and he talked about the role of Journal Editors in promoting good scientific writing. Speaking in lighter vein he remarked that in United States and perhaps elsewhere as well, the three most unpopular professions depending upon one's station in life are lawyers, Deans and Editors. Referring to the manuscripts received for publication in Neurology journal which he edits as Editor in Chief Emeritus he said that as compared to 1987, they had 81% increase in manuscripts submitted in 1995. In 1987 they accepted 349 manuscripts but this number increased to 582 in 1995 although the overall acceptance rate dropped from 33% in 1987 to 32% in 1995. Reviewers, he opined, provide a critique to be transmitted to the authors and confidential comments to the Editor whether to accept or reject the manuscript. Reviewers have a psyche and find it easier to reject than accept.

At times manuscripts are rejected because of being too lengthy, wrong style of references and confusing phraseology. Poorly written manuscripts usually never get benefit of doubt from the busy reviewers. Authors are sent suggestions to improve the rejected manuscripts. In view of the limited space available for publication, well written papers have the best chance of being accepted. To enhance the chances of acceptance, the authors must write simply, concisely and adhere to the rules i.e. instructions to the authors of the journal to which they intend to submit the manuscript. Before starting to write make sure that you have something to say, say it and stop it as soon as you have said it is the Billings rule. Writing concisely, he stated, takes more time. Before sending the manuscript to the journal for publication, edit it carefully. Good writing, he opined, always requires re-writing. It is important to check the accuracy of reference with the original source. Double check the numerical data and make sure that the numbers are consistent in abstract, text, tables and legends.

Continuing Dr. Robert Daroff said that prefer to write the abstract in structured format or follow the journal's policy. The prepared manuscript must answer the following four important questions:-

- What did you set out to do and why. (Introduction)
- How did you do it? (Methods)
- What did you find? (Results)
- How does it relate to current knowledge (Discussion)

Case reports are substitutes for the Methods and Results. Avoid repetition. To ensure this:

- Do not disclose your Results in the Introduction
- Do not repeat the introduction in the Discussion
- In the text do not repeat figures legends, table titles or the contents of the tables.

Tables should be used sparingly. Presenting the facts in the text will take less space than a table. Abbreviations, definitions and symbols in the figures and tables should be explained in figure legends and footnotes of the tables.

English language, he said, has replaced German and French as the International Language of Science; hence to communicate with the World, a paper must appear in an English language publication

English Style Suggestions: Referring to the style of English for writing, he suggested that in the Abstract, Introduction and Discussion one should always use the active voice (We treated the patients with steroids) instead of writing "the patient was treated with steroid." However passive voice can be used in Methods and Results. Use present tense like "lesions of the internal capsule cause" - and "Figure-I depicts". When describing Methods and Results use the past tense i.e. "We used" "We found" and "Smith reported". Avoid using the phrase like "Smith has reported" and "They have decided". Certain sentences can be replaced just with one word like:

- It is apparent that (apparently)
- It is clear that (clearly)
- It is often the case that (often)
- It is possible that (may)
- A considerable amount of (much)
- A small number of (few)
- A total of 100 patients (100 patients)
- Accounted for by the fact that (because)

He concluded his presentation once again quoting Billings JS (An address on our medical literature BMJ 1881; Aug.13, pp.262-268) "*Have Something to Say- that is worth saying*".

Rights and Responsibilities of Editors

This was followed by yet another excellent presentation by **Dr. Bruce Squires** from WAME Canada who discussed the rights and responsibilities of Editors. He pointed out that there is a delicate balance between the Rights and Responsibilities. Once you get a right, it must be used with responsibility. The editors are responsible to readers to communicate clear and relevant information in order to educate them. The Editor must explain the journal's editorial policy; provide the most accurate information as far as possible besides encouraging comments through Letters to the Editor section. He is responsible to the Authors to pro-

vide clear instructions, explain the editorial process, treat them fairly and respectfully, to respond promptly, help them look as good as possible, publish as quickly as possible and consider appeals. Editor's responsibilities to reviewers include that he/she must explain the review process clearly, give enough time for review, offer some reward/ acknowledgement i.e. free access to journal, give feed back, communicate the final decision about the manuscript besides disclosure of potential conflict of interest that might bias the study. Editors are also responsible to the public to provide clear, unambiguous health information, to report significant public health issues quickly and to provide advice on public health policies. They are also responsible to promote highest quality of science, to educate scientists, report errors or retractions besides reporting scientific misconduct to appropriate authorities. Editor's responsibilities to advertisers include stating the advertising policy clearly, to ensure that advertisements are tasteful and truthful. He must treat all advertisers equally and resist attempts to alter or determine editorial contents. The Editor also has certain responsibilities to study subjects like ensuring ethical treatment and informed consent.

The Editors have the rights to determine editorial policy, editorial contents, choose reviewers, editorial board members, hire and dismiss editorial staff, solicit manuscripts even if the topic is controversial besides choosing editorial writers. In order to secure editorial freedom in practice, the editor should have direct access to the highest level of ownerships. They should have a written contract which clearly states the editor's rights and duties which should also define the mechanisms for resolving conflicts. An independent advisory board, Dr. Bruce Squire remarked may be useful in helping the editor establish and maintain editorial policy. He concluded his presentation by quoting James Thurber "Editing should be – a counseling rather than a collaborating task." The tendency of the writer-editor to collaborate is natural but he should say to himself, "How can I help this writer to say it better in

his own style?" and avoid "How can I show him how I would write it, if it were my piece?"

Replying to a question during the discussion regarding coping pressure from the industry Dr. Bruce Squires said that the Regional Group of Editors must stand up together, then the industry will have to decide how they are going to deal with the journals.

Mr. Sajjeav Antony from Oman discussed remote editing and publishing of medical research in EMRO Region. Revolution in the information technology, he stated, has made it possible and one can develop expertise in editing, designing and reviewing.

FIFTH SESSION

Dr. Bruce Squires from ICMJE/WAME was the first speaker in this session and he spoke on Peer Review. The ICMJE he said defines Peer Reviews as a critical assessment of manuscripts submitted to journals by experts who are not part of the editorial staff. Although the actual value of peer review has been very little studied and is widely debated, Peer Review helps editors decide which manuscripts are suitable for their journals. It also helps authors and editors in their effort to improve the quality of reporting. A peer review journal is one that submits most of its published research articles for outside review. In the interest of transparency, each journal Dr. Bruce Squires opined, should publicly disclose its policies in instructions to authors. Referring to the history of peer review he stated that it existed as long as people have been finding and reporting new information. However, formal peer review did not start in medical journals until early in the 18th century. In the beginning peer review was haphazard depending on the whims of editors. After World War-II peer review became a common practice. Even these days peer review means different things to different people. During the last two decades peer review has undergone greater scrutiny. Lock was the first to write a book on Peer Review in 1985 "A difficult Balance". First peer review congress was held in 1989 and now peer review congress is held regularly. Rapid growth of electronic com-

munication has stimulated vigorous discussion about the future of peer review system. The main objective of peer review Dr. Bruce Squires said is to assist editors in selecting or rejecting manuscripts, to provide suggestions to the authors on how to improve their manuscripts. Speaking as to who makes the best reviewer Dr. Bruce Squires referred to two North American studies which showed that younger reviewers at reputed institutions, those who are known to the editor are better reviewer. However, a good reviewer does not necessarily always do a good review.

There are many critics of Peer Review system who believe that it is unreliable, unfair, fails to validate, it is unstandardized, not beneficial, stifling to innovation, gives too much authority to the reviewers, it is a slow process, very expensive and untested. Editors are supposed to provide a checklist to the reviewers. The review must have specific recommendations to accept, to revise modestly, revise and resubmit or reject. Reviewers are also supposed to suggest regarding priority, the reviewer may or may not opt to sign his/her comments. A good review Dr. Bruce Squires opined should be specific, objective, polite and respectful and clear. It should confine itself to important points and should not attempt to rewrite the manuscript in the reviewer's style. Now open peer review is being practiced by many journals and online review is possible. Reviewers are being trained and at times they do get feedback on the quality of their reviews and the editorial decision. His final message was that like old age, peer review is fraught with problems but is still desirable when one considers the alternatives.

Dr. Ahmad El-Hassan from Saudi Arabia spoke about peer review among young doctors. He pointed out that they sent out 112 questionnaires to doctors less than ten years in-service of which eighty-two responded, 73% of them were from the EMRO region. 15% did not know about peer review process and 21% came to know about it during their service. He was of the view that young doctors are often good reviewers. Participating in the discussion

Dr. Bruce Squires remarked that we get bad reviews quite frequently. Hence do not underestimate the poverty of Review in the West.

John Cathey's presentation from Saudi Arabia was on Web-based manuscript submission and peer review wherein the experience of Annals of Saudi Medicine was described. **Dr. Farrokh Habibzadeh** from Iran discussed Absence of evidence vs. evidence of absence while **Dr. Farhad Handjani** also from Iran talked about medical journalism and the informed consent process. He discussed in detail the basic principle of informed consent. He opined that informed consent and ethical review of manuscripts should be a must. In case there is no National Bioethics Committee in a country, a forum of all functional ethics committees should be created. Difficulties being faced by Saudi Journal of Ophthalmology were described by **Dr. Ali Al-Rajhi** while **Fikri Abu-Zidan** highlighted the importance of statistics in scientific writing.

SIXTH SESSION

Dr. Najeeb Al-Shorbaji from WHO EMRO spoke on E-Journalism and its impact on availability and accessibility to health and biomedical information. He advised the journal editors to publish Online and publish free so that more people have access. Publishers and authors motives may be different. Online publications and print publications compliment each other to reach as many people as possible. E-Journals allow fast search. Online colour printing is economical as compared to printed version. Quality of health information on internet, he remarked, is very doubtful unless it comes from an authoritative source. 1583 medical journals are subscribed by WHO EMRO, 1367 have electronic equivalent and 61% (95) are available at no additional cost. Open-ness doesn't conflict the copyrights. Printed paper version of journals Dr. Najeeb Al-Shorbaji stated is still considered important. Many institutions are facing financial constraints to publish medical journals. WHO Index Medicus covers 315 printed journals of which 87 have online editions. It includes 24 from Pakistan, 22 from

Iran, 19 from Egypt, 4 from Saudi Arabia, 4 from Kuwait, 2 from Qatar, 2 from UAE and one each from Bahrain, Syria, Morocco and Sudan. Dr. Najeeb Al-Shorbaji also disclosed that efforts are being made to link WHO Index Medicus with Medline.

Mina Roshanipoor from Iran discussed whether number of authors per article affects indexing of biomedical journals. A comparative study showed that while BMJ and JAMA had an average of 4.5 and 7 authors respectively, most of the manuscripts published in Iranian medical journals had three authors. Number of authors does affect the quality of medical journal publishing if not indexing and it does induce group working was the conclusions from this study.

SEVENTH SESSION

This session was devoted to Medical Ethics. **Robert Daroff** from USA discussed medical ethics and scientific misconduct. He pointed out that medical journal editors and editorial board members are not investigating bodies. He jokingly remarked that JCI (Journal of Clinical Investigations) is not FBI. He discussed in detail the fabrication of data, change of data, duplicate publication; failure to reveal financial interest and conflict of interest. Self-plagiarism he opined is not misconduct. In all such cases one must notify author's institution as well as the funding agency, Deans of the institutions and the investigating agencies. Rejection of manuscript and black listing of authors were mentioned as some of the consequences of misconduct. If the article has already been published, it must be retrieved and the institutions should be notified. Retraction should be published which should clearly state why the article was retrieved and it should duly mention the page numbers.

Andrew Herxheimer from UK discussed how the medical journals should deal with reports of harm. Medical journals usually give much more space to benefits than harm. There are prophets of doom which write lot of negative things. At times description of harm is useless and confusing. It is important to include

harm in Summary and Abstract because harm is as important as benefit. Clinicians, he said, need education and help to recognize them, mention them and understand them. It stimulates discussion and investigation. It is advisable to consult relevant experts in the region and internationally.

Continuing Dr. Andrew Herxheimer said that we should encourage publishing interesting reports, reports on things that commonly go wrong and need better management. Rare harms that show good detective work stimulate thought and research. International findings need to be applied and adopted. We must help clinicians to explain possible harm to patients. He also disclosed that a Cochrane Centre will be established in the EMRO region shortly.

Dr. Ahmed Abdou from Egypt described the details of survey of ethical issues related to publication in biomedical journals in WHO EMRO. This was a survey conducted with the help of a questionnaire which was sent to one hundred journals out of which twenty two responded. Plagiarism was reported by 12, duplicate publication by 7, fabricated data by 7 and addition of authors name by 15 and conflict of interest by four. The action taken by the respective journals in such cases were also highlighted. There were eighteen cases involving previously published data and in 17 cases the manuscripts were also submitted to another journal. Twenty-one journals reported that they practice peer review and most of the journals give one month's time to the reviewers. Sixteen journals follow uniform requirements for submission while 17 journals had guidelines based on uniform requirements. Most of the journals reported that they face difficulties in publishing. The conclusions from this survey were that awareness of the issue is high, Editors are actively watching out but there is lot of room for improvement.

Dr. Maqbool H. Jafary from Pakistan discussed the role and need of National Bioethics Committees/Board. Its main role, he stated, is advisory and they deal with all aspects of bioethics in the health sector in a country. The

main goal of National Bioethics Board is to promote and facilitate bioethics in health services, health research, health education and medical journalism. It is linked with Ethics Review Committees in the country. There are Ethics Committees dealing with Research and others dealing with Medical Practice, Medical Education, Medical Biotechnology and medical Journals. He then described the functions of the research ethics committees in detail which includes formulating guidelines for health research, facilitate establishment of Ethics Research Committee at all levels, develop systems for implementation and follow up and be responsible for capacity development in Ethics.

In the field of medical journalism their tasks include registration of all medical periodicals, formulating of ethical guidelines, code of conduct for journals and providing expertise in improving the art of medical writing and editing. Regular publication, peer review, functioning editorial boards, credentials of the editor and indexation in indexing services are some of the criteria for registration of journals. He then briefly talked about the situation in Pakistan and highlighted the formation of National Bioethics Committee and the compliance to ethical principles in health sector including medical journalism are the expected outcome, Dr. Jafary remarked.

Dr. Ahmad Badar from Pakistan in his innovative presentation discussed countering plagiarism in the Net age. Plagiarism, he said, consists of presenting the intellectual or creative work of other people which includes words, ideas, opinions, data, images, flowcharts, computer programs etc., as one's own work. In August 2003, the Editorial Board of JAMC, he stated, noticed a progressively increasing number of accepted articles waiting for publication; hence they decided to look into the causes by analyzing their tracking system record. It revealed that increasing number of articles waiting publication was due to manifold increase in percentage of articles accepted. Quality check revealed that reviewers were accepting more articles according to the check list. First we thought that perhaps since some

senior editors have been holding workshops, seminars on medical writing, WHO has introduced Medline in Pakistan, internet facility had become available in major cities and the CPSP was also holding workshops on Medical Writing and Research Methodology which has been some of the contributory factors. However, detailed analysis revealed that reality was different. In Pakistan most of the authors write an article under pressure and are in a hurry as they need it because of their promotion, selection etc. Internet has brought medical literature in our homes which are ease but also a disease. Often it is difficult to resist the temptation to copy when one finds exact match to the original idea at the Net search. The Net Plagiarizers, Dr. Ahmad Badar stated are of two types i.e. cut and paste plagiarizers who use multiple abstracts and there are others who plagiarize the whole articles. They select an article from an unfamiliar journal and modify it intelligently. They know it is unethical but they take a calculated risk. An alert editor, knowledgeable reviewer and Net itself, he opined are the best defense against Net Plagiarism. **Aida Al-Aneel** from Saudi Arabia spoke on Islamic Ethics guidelines in Genomic Research.

Dr. Kanikaram Satyanarayana from India highlighted the role of Ombudsman in medical journals. He was of the view that since there are weak channels of communications and few authors may be able to take on the Editors, the role of Ombudsman in journals becomes important. The Ombudsman can take up issues like bias in review and rejection of manuscripts without assigning any reasons. At present other options available to the authors are that they can write letters to the editor, write to the Editorial Board members, complain to publishers and owners of the journal. Ombudsman can ensure transparency in dealing with manuscripts and problems with peer review. At times editors are indifferent to authors. Editors should be author friendly and there should be transparency in editorial functions. Authors do have some rights which must be respected by the Editors. Ombudsmen can investigate mal-

practices which lead to injustice, avoidable delay and failure to give appropriate advice.

Dr. Basim Yaqub Editor of Saudi Medical Journal spoke on how to run a successful journal. The author's expectations from the Journal, he said, include quick reply, critical critique and an early publication. However some of the journals have minimal staff, minimal resources and no monitoring system. The Journals expect from the authors credibility and accuracy, good layout of the manuscript and appropriate language, early communication and quick reply. In order to make the journal successful. Dr. Basim Yaqub suggested that one should adopt what the authors expect from the journal, accept what is available from the authors and change it to what is expected besides establishing a monitoring system. The primary objective of all this is to ensure quick reply. He then gave details of the working of the Saudi Medical Journal. The SMJ reviewers, he stated, are given deadlines and those who fail to respond, they are sent reminders. Authors are sent acknowledgments immediately along with information regarding processing fees. In case of poor quality manuscripts, the professional attitude will be it is rubbish not fit for publication. When the approved manuscripts are sent for proof reading the authors are asked to sign all the pages to ensure that they have minutely seen the print out. For the last few years the number of pages of SMJ he said is increasing as we try to accommodate more papers to reduce the waiting period but the acceptance rate has also decreased. We have to struggle to increase resources, ensure regular circulation and fast processing. At times authors cannot write, one should listen to their views. Date and place of the study must be mentioned in the manuscript. There are certain problems, one should not try to be the judge but decision must be evidence based. We give a specific date by which the revised manuscript must be received and if it is not received within that period, it is considered a new manuscript and processed accordingly. In case we have to reject the article, the authors are communicated that "there article has a message but unfortu-

nately it did not meet the priority for acceptance in Saudi Medical Journal. I am sorry to disappoint you on this occasion but we are looking forward for more work from you in future. Although this decision of rejection was difficult but it is final."

After publication of each issue, we do the postmortem of the publication and find out the mistakes so that they are not repeated in future. Remember authors are always right; the decision to reject is painful as amputation. The editors must treat each and every manuscript as a patient, he remarked.

EIGHTH SESSION

Dr. Abdullah Alchemize from Saudi Arabia spoke on Evidence based medicine-critical appraisal of therapy articles while **Dr. Mahmood Elbarbary** also from Saudi Arabia discussed the role of peer reviewers in EBM publications. Dr. Hassn's presentation was on Authorship for scientific papers while **Dr. Hassan Bella** from Saudi Arabia talked about reviewing the literature. His suggestions were that avoid copying and quoting too much, keep on reviewing the manuscript till the last minute. Figures can be used provided the source is mentioned. Length of the manuscript he stated is important. Avoid writing too much on literature review.

Dr. Khalid Al-Aboud's presentation was on dermatological publications in the GCC and Saudi Arabia. **Prof. Shuja Tahir** from Pakistan highlighted the importance of regional cooperation. He pointed out that research needs sponsorship. Local research is needed to solve local problems. Developing Third World countries do have many good researchers but they are not good finance managers. Effective sharing of resources and expertise can be extremely helpful, he added.

Poster Presentations: There were ten poster presentations which were judged by Dr. Bruce Squire from WAME. The poster entitled "Trend in science production in countries of WHO EMRO region by Mahboobeh Yodollahie was judged as the best poster and earned a special prize.