LETTERS

Editors and teachers with standards: a dying breed

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I read with interest the absorbing review of Jerome P. Kassirer's memoirs by Sanjay Pai (1). The review brings out the essence of the man and his memoirs very well and enhances the respect and the admiration for the legendary editor. Peer reviewed print journals still remain the gold standard of dissemination of new research in spite of the availability of other methods. However, as the reviewer writes, the times are changing. If the editors who uphold the highest standards of medical publishing are removed then the whole body of knowledge being published can come under a cloud. Recent news in the lay media about non-disclosure of conflict of interest by the editors of the venerated '*Harrison's Principles of Internal Medicine*' is one such example of the importance of integrity in the editorial process (2).

The reviewer also discusses Kassirer's views on the mindless application of technology. The reasons for overuse of technology like practising defensive medicine, the *laissez faire* approach and, perhaps, profiteering are the root causes of the problem; but a more insidious happening is the lack of teachers who can teach good clinical medicine and the decision-making process which Kassirer is known for. In the absence of a clinical approach, technology becomes the substitute, initially, and then the norm. This is significant in view of the clamour (and definite need) for increasing the number of medical colleges and the uptake of students.

But just as editors with integrity are being driven out of the system, so too are good clinical teachers unwilling to associate themselves with colleges with low ethical standards, started often by businessmen and politicians for profit and power, compounding the problem. Good editors and good teachers are being driven on a slow march to extinction which does not augur well for the medical profession.

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Global research partnerships in advancing public health: A case study on India

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Collaborative research is integral to medicine. Multi-national and multi-institutional research partnerships produce advances in medicine and public health that have a significant societal impact. Developing nations can gain from such collaborative partnerships in achieving progress in sustainable development goals. However, it is important that the research agenda is relevant to the region where studies are conducted. Funding of research by the national government and regional organisations will ensure that the research is appropriate for the region, and ethically rigorous. In this study, I investigated the characteristics of research partnerships in India, especially the sources of research funding.

I conducted a cross-sectional analysis of all original research articles published in the top five high impact clinical research journals over a period of ten years prior to February 18, 2018. I restricted the search on the PubMed database to articles containing the word "India" in any part of the publication, and to those which provide an abstract. Of the 258 articles that were retrieved from this search, I found 59 manuscripts which describe research conducted exclusively in India.

Of the 59 research studies, 31 were published in *The Lancet*, 13 in *BMJ*, 11 in *New England Journal of Medicine*, 3 in *Journal of American Medical Association* and 1 in *Annals of Internal Medicine*. Only 46% of the studies had an Indian-affiliated researcher listed as a first author, and 29% as a corresponding author. The first and the last authors of the study were both from outside India in 63% of the studies. The Government of India provided funding support to 9 studies (15%), whereas a foreign government provided support to 29 studies (51%). 54% of studies had funding from a non-governmental organisation, not including the United Nations, the World Health Organization or the World Bank. The Bill & Melinda Gates Foundation and Wellcome Trust provided research funding in 14 (24%) and 7 (12%) of the studies respectively. Only 6 studies were conducted with pharmaceutical support, of which only 3 were funded exclusively by the industry. Of the 59 studies, 36 were interventional and 23 were observational. Maternal and child health were the fields of study in 36% of the publications. Infections, chronic diseases, and cause of death studies formed the other major fields. A substantial proportion of research projects (15%) were focused on describing mortality rates specific to exposures such as infectious organisms and risk factors such as smoking.

A majority of the high-impact clinical medicine and public health research articles on India have partnerships that span countries and funders. Although all the research topics identified in this study were relevant to the Indian context,

two-thirds of the projects were conceived, designed, and conducted by an individual who has an affiliation to a foreign nation. Non-governmental and external government support has been crucial to these studies. More than four-fifths of the funding for high-impact research projects conducted in India was independent of the government of India. In fact, one-third of the funding support has been from the Bill & Melinda Gates Foundation and Wellcome Trust, which are organisations based in the United States of America and the United Kingdom, respectively. It is to their credit that the areas of research funded by such organisations are relevant to the region.

Research in developing regions should be conducted based on strong ethical benchmarks. Collaborative partnerships, social value, scientific validity, and context of the research have to favour the region where research is conducted (1). Funders of research projects can ensure that such benchmarks are met. Recently, the government of India has imposed strict restrictions on research funding from the Bill & Melinda Gates Foundation, among several other similar non-governmental organisations (2). While such a move may have been to minimise the risk of exploitation of Indian citizens by an externally-driven research agenda, the decision could negatively impact the progress in public health. International collaborative research partnerships have only helped advance research into vital areas of public health in India. Unless the paucity in research funding that is likely to occur from such a decision by the Government of India is not urgently rectified by the national government and regional organisations, curtailing research funding from external sources may have a human cost. The solution to this problem rests with the government which should ensure greater investment in research. Not doing so will be detrimental to the well-being of its people.

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The oppressive pressure to publish

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I had read the editorial by Bandewar et al (1) on the Medical Council of India's amended requirements for medical teachers with great interest and wish to highlight two issues seldom addressed in Indian academia.

It is not uncommon for new faculty showing serious involvement in their teaching and patient–care related commitments to be warned about their "misplaced priorities" (2). In other words, the number of publications listed is becoming the priority at medical job fairs, and young doctors who are interested in genuine teaching or humane clinical practice are being side-lined in the rat race. Besides, the undue emphasis on publication as a criterion for recruitment prompts authors to perform malpractices like adding the names of their benefactors to the list of authors, amounting to fake authorship and academic nepotism. Assessing the ability of an individual by mere calculation of the *H-index* without giving weightage to other contributions made at the departmental / institutional / community level, might not yield an accurate evaluation.

How a young doctor turns pessimistic in research

In an Indian study on the views of faculty regarding publication (3), 35% of the respondents felt dejected by undue delays in the publication process. 57.3% of the respondents (3) felt the policy regarding publication induces unhealthy competition. The ideal research process includes the development of a concept, literature review, protocol submission and institute review board clearance, execution of research and writing of the paper and in many peripheral colleges lacking systematic review boards, this process consumes lot of time. It takes another six months to one year to complete the publication cycle. Meanwhile, if another researcher arrives at the same conclusion simultaneously, the one who publishes first gets all the credit. A researcher aiming at a narrow spectrum of prescribed journals, submits his work, waits for months, and finally receives a negative response. After facing three or four rejections, and wasting a year in the publication pipeline, pessimism sets in over their research work. In other words, the stress associated with wanting to publish experimental results before others and in a reputed (of course, "specialty specific") journal can drain young researchers of much of their interest in practising science and conducting research in its truest sense (4).

The pressure to publish also leads to distorted priorities and the "who gets there first" syndrome (5). This discourages the impulse to share and do things together and pushes one into a kind of "academic espionage" and unhealthy competition which hampers the collegial relationship among faculty (5).

A young doctor should enjoy the bliss of scientific discovery through conducting research and not consider it a burden because of being pressurised to publish.

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