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COMMENTARY

Avoiding currently unavoidable conflicts of interest in medical publishing by transparent peer review

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Abstract The medical literature frequently addresses potential conflicts of interest, involving scientists and authors. Conflicts involving editorial offices of medical journals, have, however, only rarely been subject to discussion. The biggest opportunity for editorial conflicts presents during peer review. This commentary, therefore, argues in favour of changes in peer review. Improved and more transparent peer review will quite automatically avoid most potential conflicts of interest in medical publishing, including those currently widely considered unavoidable. 

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Introduction

As authors have faced ever-increasing disclosure requirements in recent years, the editorial portion of the submission process to medical journals, paradoxically, has actually become more opaque. One reason is that medical journals, some in this specialty, now more aggressively reject manuscripts in-house without outside peer review. In a number of high-impact general medical journals, including *Science*, *Nature*, *New England Journal of Medicine*, *JAMA* and *The Lancet*, this has been common practice for years. In this specialty, however, rejection without peer review was a rather rare event until recently. *Human Reproduction* became the first specialty journal in reproductive medicine to do so more frequently. More recently, *Fertility and Sterility* followed, today appearing most aggressive among journals in this specialty in pursuing such a policy. Such quick editorial rejections without peer review open up a whole new array of potential conflicts. Ultimately in play is the fairness of the review process. It, therefore, should be stated that this journal, by policy, has not joined

this practice and still restricts quick in-house rejections to only the most egregiously bad submissions.

Human Reproduction and *Fertility and Sterility* initiated the increased utilization of rapid manuscript rejections as part of major editorial reorganization. The principal stated motive for major editorial reorganizations, like these two journals have undergone in recent years, is usually ‘improvement’ of journal content. In practice, it means that a journal strives for improvements in its impact factor. Economics of medical journals depend on their impact factors, the average citation numbers to papers published in all medical journals (DeAngelis, 2011). Editors and editorial boards, therefore, consider improvements of impact factors a main responsibility. Publishers often even financially incentivize editors (Lundh et al., 2010).

Impact factors, however, lend themselves to manipulation, and extreme abuses have been documented, as will be discussed further. Subtle manipulations during manuscript acceptance are, however, often impossible to detect and are widely applied in editorial offices (Chew et al., 2007; Falagas and Alexious, 2008; Sevinc, 2004). For

example, it is well known that publication of authoritative opinions and review articles likely offers a good option to rapidly improve a journal's impact factor because such papers (despite their low level of evidence) are disproportionately more frequently cited in comparison to original scientific reports.

Application of such an approach is well demonstrated by the quite extensive recent reorganization of editorial policies at *Fertility and Sterility*, which, proportionally, greatly increased the number of published authoritative opinions and review articles, while concomitantly decreasing the number of original scientific papers accepted for publication per published issue. Considering that *Fertility and Sterility's* impact factor in recent years had progressively fallen behind competing journals, like *Human Reproduction*, this revised editorial approach does not necessarily surprise. Whether it serves the journal's overall standing well, beyond potentially temporarily improving its impact factor, is, however, questionable.

A PubMed search on 26 September 2012 under the phrase 'conflict of interest in medical publishing' revealed 120 citations between 1991 and 2012. They referred to conflicts between researchers and sponsors, industry influences, personal conflicts of authors, even investment conflicts; yet, not even a single publication primarily addressed conflicts within editorial offices, the 'command centre' of medical publishing. That such conflicts exist has been acknowledged (DeAngelis, 2011; Lundh et al., 2010).

Likely, the largest source is the peer review process, which, despite revolutionary changes in medical publishing, has for decades largely remained unchanged. This commentary, therefore, argues for a radical reorganization of peer review, opening up all stages of the process to full transparency.

Conflicts in medical publishing

JAMA's former Editor-in-Chief summarized the subject when noting that the academic publishing enterprise is central to career advancement, peer recognition, competing research interests, competition for research grants, intellectual biases and passions and, ultimately, financial conflicts. She also pointed out that editors (and publishers) can be expected to face their own conflicts of interest since they are charged with promoting the interests of their journals, including improving its 'impact factor' and achieving maximal profitability (DeAngelis, 2011).

It, therefore, does not surprise that impact factors have assumed a central role in medical publishing. In pre-electronic days they determined which print journals libraries would subscribe to. They now also determine how a publication is judged scientifically and academically (Andersen et al., 2006; Callahan et al., 2002; Weale et al., 2004) and have become dominant in determining academic promotions. Since impact factors also affect readership and print runs, they of course also determine advertisement rates.

JAMA's DeAngelis 'would love to do away with impact factors' (DeAngelis, 2011); however, most editors feel differently about this subject and vigorously pursue improvements of their journals' impact factors (Sevinc, 2004). A

better impact factor results in more submissions, more subscriptions and, ultimately, better economics. A journal's impact factor, therefore, has become the primary motivator and the primary indicator of success in medical publishing.

There, however, is hope that the digital revolution in medical publishing (Davidson, 2005) may diminish the importance of impact factors (Andersen et al., 2006). While for the foreseeable future, best manuscripts will continue to flow towards prestigious, highest impact factor journals, an important rationale for the factor's existence is diminishing: limited purchasing power and limited space of traditional medical libraries no longer inhibit access to published papers. Any medical publication is nowadays only a few computer strokes away. Wide distribution of papers is, therefore, virtually guaranteed, whatever the impact factor of the journal where the paper is ultimately published.

Electronic publishing and the vastly expanded choice of medical journals are, thus, democratizing medical publishing. Justin Bieber came to public attention through an amateur YouTube video; similarly, any scientific papers, if catching the scientific public's imagination and attention, will now find wide distribution, wherever it is published (Editorial, 2003; Ray et al., 2000; Wolley and Barron, 2009).

This democratization of medical journals has already greatly impacted the industry. Already obvious is a profound worldwide increase in number of electronic journals. Another consequence is the movement towards free, uninhibited access to published literature. This journal, for example, just announced immediate free access to selected papers and uninhibited free access to all papers after 1 year from publication date.

Such developments seriously threaten long-standing, established models of medical publishing, which have printed and bound medical journals as end products. Much quicker electronic publishing represents the obvious publication model of the future. After all, every printer can nowadays produce the paper version of an electronically published manuscript. Since speed of publication is important, it is difficult to imagine how print journals, in the long run, will be able to compete with electronically produced journals (Davidson, 2005).

Amidst such radical change in medical publishing, peer review, but for minor adjustments, has basically remained unchanged. This means that all of the above potential conflicts during peer review, described by DeAngelis (2011), have remained in place. With growing worldwide scientific competition, they, indeed, may actually have increased in significance.

Peer review

Medical journals, in principle, strive to publish the best of submitted manuscripts. What constitutes 'best' is adjudicated by a journal's peer review process, but, ultimately, by editors. Except for previously discussed increases in quick in-house rejections, peer review has, substantially, remained unchanged. It is still characterized by: (i) editors selecting reviewers; (ii) reviewers being selected for special expertise in subject areas of submitted manuscripts; (iii) reviewers assessing, commenting on and criticizing

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