

Continuing Medical Education

PROCEEDING OF A WORKSHOP ON
MANUSCRIPT WRITING HELD AT AGA KHAN
UNIVERSITY, KARACHI PAKISTAN

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A number of important issues about medical writing i.e. why to publish, how to plan a scientific study and prepare the manuscript for publication in bio-medical journal, criteria for authorship, problems faced by the editors of peer reviewed journals, peer review system and the future of medical publishing, ethics in research, misconduct in research, motivating students to do research and publish their work and the impact factor were discussed in detail during the workshop on Manuscript Writing held at Aga Khan University on September 1-2, 2003. This highly interactive workshop which was organised by the Aga Khan University Research Office in collaboration with British Medical Journal was attended by over thirty participants from various medical institutions including the AKU.

The guest faculty from the BMJ included Dr. Kamran Abbasi Deputy Editor of BMJ, Dr. Buddha Basnyat from Nepal, Dr. Samiran Nundy from India, Dr. Colvin Goonaratna from Sri Lanka, Dr. Zulfiqar Bhutta from Pakistan and Dr. Abbas from Bangladesh. The local faculty comprised of Dr. Sarwar J. Zuberi Editor of JPMA, Dr. Maqbool H. Jafary and Mr. Shaukat Ali Jawaid Chief Editor and Managing Editor of Pakistan Journal of Medical Sciences respectively, Dr. Rumina Hassan Prof. of Pathology from AKU and Dr. Anwar Ali Siddiqui, Associate Dean for Research in Faculty of Health Sciences at Aga Khan University who was also the main organizer for the workshop.

In his introductory remarks Dr. Kamran Abbasi from the BMJ group opined that it is the contents of the journal, which matter not the quantity. It is also important to highlight the basic problems in publication of research relevant to the region.

Why Publish?

Dr. Buddha Basnyat from Nepal was the first speaker who talked about Why Publish? The manuscript, he said, should present organized thoughts. Acceptability of the Journal in that part of the world where you are writing is also important. The study should be more useful for local population, publish all such studies in local journals and if the Journal is not peer reviewed, bad study may get in. It is important to publish to document and to share findings which may not always be earth shattering. Other reasons for publication are to invite thoughts and criticism. After proper review the manuscript is further improved. Publication also encourages others to write. At times one writes to bridge the gap. Some people also publish for fame but in his view, it is a wrong reason. Fame should be serving us, he remarked. Unless you publish, no body will know it. During the discussion Prof. Z. A. Bhutta remarked that work does not stop any one once you get it published. Dr. M. H. Jafary felt that one also publishes to get resources and funding for further research work. Unlike Pakistan, there are no compulsions to write in Nepal, Dr. Buddha stated. Dr. Samiran Nundy from India said that previously about 20% of authors used to send their write-ups to foreign journals but now a vast majority of the good quality manuscripts

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are being sent to overseas medical journals. Dr. Kamran Abbasi opined that the question posed in the study must be interesting. There are over ten thousand medical journals published all over the world and whatever you write, it will get published somewhere.

During the discussions it was also pointed out that we must encourage local writers by publishing in Pakistan. They must start from case reports and then go on to write original articles. The Editors of the journals should not accept papers of inferior quality. Bad science should not be published. Constant efforts should be made to improve quality of the journal and it may be a good idea to reduce the number of journals being published from a country Dr. Samiran Nundy remarked. Local Editors it was felt are the best to judge relevance of the issues discussed. Dr. Sarwar J. Zuberi said that local studies are not well planned and are not properly analyzed. Dr. Buddha Basnyat from Nepal opined that issues of local interest like how to diagnose appendicitis on the basis of history and physical examination should be taken-up. One of the participants felt that sometimes friends do influence some editors. Responding to this Dr. Kamran Abbasi remarked that the Editors are human beings but they do have some ethical standards. The authors are supposed to declare the conflict of interest if any.

Writing an original paper

Dr. Sarwar J. Zuberi Editor of JPMA in her presentation talked about structured abstract. Speaking about the important components of the paper she said that Introduction should discuss what question was asked. Methods section should describe how it was studied. In the Results section the writer must describe what was found. Analysis should highlight how data was analyzed and in the Discussion describe in detail what do these findings mean. This is followed by acknowledgement and references. Title of the manuscript, she said, must be specific but comprehensive, short but sufficiently descriptive. In the Introduction part, discuss the existing state of knowledge, gaps in knowl-

edge which this research will fill, state what you intend to do and give pertinent references besides review of history of the subject.

The authors must differentiate between Material and Methods, Subjects and Methods and Patients and Methods. Give reasons for selecting the design of the study and standards methods used for analysis. Give clear description of drug trials clearly stating the statistical methods used. It is always better to consult a statistician before starting the study. Results should be mentioned in tables and figures but do not repeat this information in illustrations. In the Discussion section point out further gaps in knowledge, which could be usefully filled rather than writing further research, is needed. In Acknowledgement, acknowledge all silent partners and all those who deserve recognition who have not made a significant intellectual contribution to deserve authorship. The manuscript should be short, concise and to the point. Dr. Sarwar Zuberi quoted Dr. Stephen Lod and said that "a good article has a definite structure, makes its point and then shuts up. During the discussion Dr. Samiran Nundy opined that informed consent which is so essential for drug trials is not properly understood by the poor while rich will not give it. Dr. Kamran Abbasi said that after reading the Abstract, only 1% feel the need to read the full paper.

Authorship

Dr. Anwar Ali Siddiqui's presentation was about Authorship. He pointed out that authorship is assigned to those who have made significant contribution to the study. The ICMJE has clearly laid down the criteria for Authorship. It is important that each author is able to defend the contents of the article. It is desirable that a Case Report should have a maximum of two authors. In case of a group, decision about the authorship should be taken before hand. If the statistician has made any significant contribution in the manuscript, he or she is entitled to be included among the authors even if they are paid for their services because in most cases the principal investiga-

tors of the trials also get paid from somewhere. Dr. Colvin Goonaratna remarked that it is a problem of the authors not of Editors.

Problems faced by Editors

Mr. Shaukat Ali Jawaid highlighted the problems faced by the Editors of medical journals which include poor quality of manuscripts, articles written in poor English, failure by the authors to follow instructions published by almost every journal, the desire by the authors to get their manuscripts published early, failure to respond to queries and clarifications in time. At times the reviewers comments are vague and does not help the editors in taking a decision whether to accept or reject the manuscript. Sometimes the reviewers misplace the files. Differences in figures mentioned in abstract, text and tables which do not tally, poor statistical analysis etc. None of the medical journals is financially viable. They are almost dependent on the Pharma industry for revenue, which in turn at times does create lot of problems. It is an extremely difficult job for the editor to co-ordinate between the authors, reviewers and they have to work under lot of stress, strains and pressure from various quarters. He suggested that medical students should be exposed to the art of medical writing by arranging few lectures during the final year; seminars and symposia should be organized in different institutions on this subject while specialty organizations should have special sessions on Medical Writing during the conferences. All institutions must have library and Internet facilities and where they exist, they needs to be further developed and strengthened.

Dr. Maqbool H. Jafary highlighted the issues related to the Editorial Board, its composition and poor quality of the reviews. He also pointed out that Pakistan Medical Journalists Association since 1990 has been quite active holding seminars, symposia and workshops on medical writing all over the country. More recently it organized workshops on Peer Review System at Karachi and Lahore. It has published books on Medical Writing and many other

subjects. He then spoke about editorial independence and felt that despite tremendous pressure, the Editors are doing a commendable job under the given circumstances.

Peer Review: The BMJ and future of medical publishing

Dr. Kamran Abbasi Deputy Editor of BMJ was the next speaker. He talked about the Peer Review, the BMJ and the future of medical publishing. The British Medical Journal, he said, receives over seven thousand manuscripts annually and this number is going up. Electronic submission is only possible via bench press. There are two Duty Editors working on each day at BMJ office and they review twenty to twenty-five papers on each working day. Most papers are read within twenty-four hours and between 60-70% are rejected. The remaining is selected for external review. Then there is an internal Editors meeting. Editorial Advisory Committee meets frequently. It consists of two editors, statistician and two clinicians. After going through the peer review process, only 7% of the manuscripts are accepted for publication. In all it may take four two six weeks for the manuscript to be accepted and publication takes three to four months. The important criteria for acceptance of the manuscripts is their originality, relevance to our readers and they must be interesting. There is very little chance of rejection of manuscript after revision.

Responding to a question Dr. Kamran Abbasi said that in USA the medical journals go for eminent people in different disciplines of medicine for Editorship whereas in UK there is more emphasis on their interest in journalism. Only 15% of the total manuscripts that we receive in the BMJ make it to the Editorial Advisory Committee meetings. BMJ practices open peer review. Short version of the article is published whereas the full version is carried on the website. If a manuscript is accepted for fast track publication, it can be published within three weeks of submission. In future we will publish ahead of final print, there will be more open peer review and we will also post peer

reviewer's comments on the website which is a part of the on going review process. Post editorial comments will also be published. In future there will be more and more of electronic publishing systems. He also briefly talked about the South Asia website of BMJ where they might post published articles from other journals in this region. The funding and its feasibility will be looked into. At times we do ask the authors to suggest the Reviewers because we do not have good reviewers in some specialties. We do trust the reviewers who are suggested by the authors, he remarked.

Ethics in Research

On the 2nd day of the Workshop on September 2nd, Prof. Z. A. Bhutta from AKU spoke about ethical medical practice and research. He discussed in detail the human rights and humanity, the old Hippocratic oath and referred to the three characteristics of a physician i.e. knowledge, morality and compassion, humility and ethics. Quoting Claude Bernard Prof. Z. A. Bhutta said that never perform an experiment on a human being if it is harmful even if it has some benefits. He then referred to the biological experiments on human beings carried out by the Unit 731 of Japanese Army in Korea, the Nuremberg Trials Code of 1947 besides Hennerly Beecher's contributions to ethics and clinical research. He then referred to the Tuskegee trials studying sexually transmitted diseases, which were to last for six months but eventually lasted for forty years from 1932-72, and it resulted in thirteen reports.

World Medical Association was created to restore integrity to the medical profession and it has a focus on physician's duties. The Code of Helsinki is based on principles but not rules. It has thirty-two short clauses. It emphasizes the point that participation in trials must be voluntary and informed consent must be obtained from all those who are participating in these trials. CIOMS is an NGO created by WHO and UNESCO. It came up with certain guidelines in 1982, which were revised in 1993 and more recently in 2002. Informed consent and cultural relativism are the recent areas of

controversy. He then talked about the Hib vaccine trial in Gambia. Its efficacy is well established for meningitis in the developed countries. Its cost was US\$ 25/- per dose in 1993. The programme was to last for five years but the ethical question arose what will happen after five years. Who will provide funds for this after five years? Neonatal infections are quite common and it accounts for 50% of all neonatal deaths. Luckily the price of Hib vaccine came down to US\$ one per dose and the Government of Gambia was able to continue this project.

Prof. Bhutta then referred to another study conducted in Pakistan in NWFP regarding unsafe injection practices. The authors just observed the general practitioners giving injections with the same syringes but did not think of any intervention, which is highly unethical as it spreads Hepatitis B and C. This study was published without going through any ethical committee. He then asked how do journals measure ethical standards in submitted research? Bad science, he remarked, is unethical. He then referred to the COPE, Committee on Publication Ethics, which deals in detail on all these issues. The composition of the ethical review committees, their names and designations and how informed consent was taken during the study all are very important issues, he added.

Misconduct in scientific research

Dr. Rumina Hassan from AKU spoke on misconduct in scientific research. She quoted Ivinson (Bioethics in Asia 2002) and said that "science is based on trust, it is not difficult to cheat if that is your intention." She then discussed in detail the scientific misconduct; fraud in research, redundant publication, gift authorship, not publishing research and suppressing information or not disclosing conflict of interest is all considered scientific misconduct. In case of industrial research, under reporting of adverse reactions are also scientific misconduct although honest errors do not come in misconduct. She was of the view that scientists should be exposed to ethical guidelines for

research integrity.

Referring to the role of Editors, she pointed out that it is difficult for the editors to ensure appropriate authorship. It was emphasized that the editors must promote scientific integrity by disseminating information about good scientific conduct.

Motivating students to do research and publish

Dr. Buddha Basnyat then talked about motivating medical students to do research and publish it. The best way for them is to start writing Letters to the Editor. Reassure them about the English, which can be corrected during editing by the Editors. Then they can write case reports. These are interesting, fascinating. That is how they will make some headway. They must write in local journals. They should be asked to choose a simple topic. We must encourage all those who are already writing. They should be asked to write about relevant topics on diseases, which are more common. We encourage our medical students to have interactions with medical students who come from overseas on annual trip to Nepal to conduct research. They do get motivated. Journal clubs can be very useful. While writing about high altitude illness, it needs to be emphasized not to go too high too fast. Students and teachers should be asked to refer to articles from journals rather than quoting from books. Basic science teachers, Dr. Buddha Basnyat opined are not given due credit although they should serve as role models. Medical students must be encouraged to do thesis-oriented programmes after medical schooling where they have to generate hypothesis and try to prove it, he remarked.

Cutting edge developments in peer review Journals

Dr. Kamran Abbasi's next presentation, which was an open lecture, held in the AKU auditorium was on what it takes to Publish? In his presentation he spoke about the cutting edge developments in peer review journals, information supply to the doctors what is wrong with it and what is wrong with the journals,

the drivers of change and how might the general journals look in the future. He pointed out that there are over ten thousand journals all over the world and forty thousand articles are published every week. It is impossible for the doctors to read too many journals and then too much of it is rubbish and not worth reading. They do not add any value. In the past information for the West did not reach the developing countries but with Internet this scenario has changed. It is difficult to cope with fraud. Even at times the best brains can go wrong, he remarked.

Dr. Kamran Abbasi then spoke about the failure of the present system and about vision of something better. Talking about the future of scientific papers, he said that these would be available on worldwide web. They will be live and not dead issues. The future is not electronic or paper but electronic and paper using the strength of each medium. Rather than peer reviewing, the editors will select relevant material from internet data box.

Talking about the journals in future, Dr. Kamran Abbasi referred to ELPS (Electronic Long, Paper Short) versions. There will be online review and it will be open. Reviewer's comments will be posted on the web of accepted paper. Open scientific discourse will change the course of peer review. At times the public is confused by conflicting reports coming from scientific journals. For example for too long Hormone Replacement Therapy(HRT) was advocated but now the situation has changed. In future patients will have access to journals and information to which the doctors have access. BMJ has appointed a Patient Editor. Ten years from now the journals will be for patients and doctors. We in the BMJ can help the developing countries by providing free electronic access. We can have more authors and reviewers from the developing countries. Some of the participants suggested linking up the medical journals published from the developing countries with the worldwide databases, indexing more journals from these countries on the Medline and entertaining more papers from the developing countries. Dr. Kamran Abbasi

concluded his presentation by stating that there are many problems with regard to supply of information to doctors, Clinicians will have their needs met in different ways. Future of journals is paper and electronic using strength of both mediums.

In the next session the participants of the workshop were first introduced to a new software Endnotes, which helps in enlisting the references in appropriate manner. It is quick and quite time saving. Then, Dr. Anwar Siddiqui talked about the impact of impact factor. Review articles, he said, are cited the most followed by letters. For authors it is the citation, which matters while for the journals it is the impact factor. He also talked about the misuse of impact factor and pointed out that despite indexing, some journals do not have good impact factor. Usually North American authors cite North Americans and Europeans cite authors from their region. Dr. Kamran Abbasi said that this impact factor was not of so much importance. During the discussion which followed, Dr. Samiran Nundy from India remarked that there are thirty Indian medical journals which are indexed but only three are covered in the Science Citation Index. Responding to another question it was stated that it is the reviewers of manuscripts who see what references are relevant and all reviewers don't have to be member of the Editorial Board.

Dr. Kamran Abbasi was the next speaker who said that we at BMJ review an article received within twenty-four hours and take a decision whether to accept it for further review or rejects it. The first editors who go through these papers identify bad papers and reject them straight away. It is the Patient Oriented Evidence that Matters (POEM). We read the covering letter very carefully. Why the author wants to publish his manuscript in our journal? Have they submitted it to another journal, what additions will it make to the medical literature? Good covering letter shows that the authors have taken care of all the important aspects. They must point out why it is important and whether it is relevant to that journal. We also expect that the authors will tell us

whether any paper from the same study has been submitted to another journal. We will come to know about it later and it will be considered deceptive. They should also state how many papers they have earlier submitted to us and how many of them were published. They must include a rejection letter along with the reviewer's comments if received from another journal and it will have no effect on the processing of their manuscript. It is never used against the authors while making a decision about the acceptance or rejection of the manuscript. Pay attention to all these small things as it is all about selling. Covering letters written by hand or typed on ancient typewriter are not good. Manuscripts full of spelling mistakes are bound to get rejected. We read the title page carefully and take the final decision about accepting or rejecting the manuscripts. Originality matters a lot. Since we receive too many manuscripts, we can afford to be choosy. While reading the manuscripts, we do not pay attention to the authors. We read the structured abstract and decision is changed in very few cases after reading the full paper. To start with the question should be important and interesting. Papers asking interesting questions but getting negative findings are not rejected. One must always look for an answer to the question posed in the paper and if you cannot find one, reject it. Papers rejected from one journal do get published in another journal. All the papers that we rejected at BMJ are not necessarily bad or are of poor quality but they may not be suitable for our readers. Some of these papers eventually do get published in specialty journals. In BMJ the final decision to reject a paper is always taken by two editors, he remarked.

During the discussion it was once again emphasized that efforts should be made to get more Pakistani medical journals indexed in Medline. All the faculty members highlighted the importance of quality manuscripts and publishing good material. The Editors, it was reiterated, must insist on good quality, relevant material in different countries depending upon their readership.