FROM THE EDITOR'S DESK

Our Readers' Voice

Letters to the Editor are an Important Component of the Discussion of Scientific Articles, in *Deutsches Ärzteblatt* as in Other Journals. Our Correspondence Pages Reflect a Diversity of Opinion Thanks to the Love of Debate Among Our Readers—and Thanks to a Few Rules.

Christopher Baethge, Gabriele Seger

Biomedical journals should provide the readership with a mechanism for submitting comments, questions, or criticisms about published articles." This is what the International Committee of Medical Journal Editors says in its recommendations for biomedical journals, which *Deutsches Ärzteblatt* considers itself obliged to follow (*e-box*) (1). Thus, like other scientific journals, the Editorial Office of *Deutsches Ärzteblatt* offers its readers such an opportunity for discussion: Letters to the editor concerning the scientific articles in *Deutsches Ärzteblatt* have been published regularly in our journal since 1975, and have appeared under the heading "Diskussion" since 1987. Since 2008, letters to the editor have also been published in English language on the correspondence pages of the online journal *Deutsches Ärzteblatt International*, which is the international edition of the medical-scientific part of *Deutsches Ärzteblatt*.

Because we attach great importance to discussion, we allot about 8% of the page space in our Medicine section to it. This figure is about the same as the one obtained some 30 years ago in a study by Spodick and Goldberg (2), who showed that the best-known English-language general-interest medical journals (JAMA, BMJ, The New England Journal of Medicine, and The Lancet) allotted about 6% of their page space to letters to the editor concerning their original articles and reviews. Spodick and Goldberg also found that specialty journals published far fewer letters to the editor than general ones—, probably because such journals have fewer readers.

"Correspondence": A forum for scientific debate

The "Correspondence" heading serves the purpose of expert discussion of the original articles and reviews that appear in *Deutsches Ärzteblatt International* and in the medical-scientific part of *Deutsches Ärzteblatt*. After every letter appearing under "Correspondence," the authors of the article in question have the opportunity to reply. Furthermore, all authors of letters to the editor and authors' replies must declare their potential conflicts of interest, like the authors of any other text in *Deutsches Ärzteblatt International*.

The frequency of letters to the editor

Only a minority of scientific articles are answered with a letter to the editor, as our own search of the Medline database revealed: in 2007, for example, a total of

117 843 original clinical articles and reviews were published, as contrasted with only 15 313 letters and comments (*figure*). Even if every one of these letters and comments had concerned the original clinical articles and reviews, then less than one article in seven would have met with a response. Yet there are other types of articles that appear in medical journals as well, e.g., experimental research articles; many articles elicit more than one letter to the editor; and there are also letters to the editor that are not responses to any particular prior publication. Thus, it seems plausible to assume that less than one scientific article in ten meets with a response in the form of a letter to the editor.

The corrective function of letters to the editor

Letters to the editor can play an important corrective role in science, as a type of second peer-review process (3). Thus, when evaluating a scientific article, one should always take account of any relevant discussion that was published subsequently in letter form. The editors of the Dutch medical journal *Nederlandsche Tijdschrift voor Geneeskunde* reported, for example, that 4% of their letters to the editor pointed out important errors in articles that had appeared in the journal (4). The same holds for *Deutsches Ärzteblatt*: Time and again, imprecise statements have been corrected by our readers. Aside from the detection of frank errors, however, it is equally important that there should be an open discussion of evaluative matters relating to methodology, results, and conclusions.

The relatively low number of letters to the editor in medical scientific journals overall nonetheless reveals that only a minority of articles in them undergo a second check of this type. A further problem is that critical letters to the editor are often underappreciated by readers at large and go on to receive less attention in the literature than they deserve (5, 6). Horton pointed out that substantive criticism of antihypertensive trials was published in the form of letters to the editor, yet failed to receive adequate attention in subsequently published guidelines (6).

Contributions to the correspondence section of *Deutsches Ärzteblatt*

Our readers' love of debate shines forth in the fact that we can print letters to the editor in response to about half of all the original articles and reviews appearing in the

FIGURE

The frequency of different types of text in Medline, 1989–2007

The frequency of different types of text in Medline

The absolute number of letters to the editor (blue) in the Medline literature database is shown in comparison to the number of original clinical studies (yellow) and reviews (red) from 1989 to 2007. Letters to the editor are far less numerous than the other types of text. For each of the 19 years in question, a search was conducted via the Medline portal PubMed on the terms "letters" AND "comments" or "clinical studies" or "review" as "publication type." There is a small amount of overlap between categories (for example, letters to the editor are very rarely additionally classified as review articles).

TABLE

Contributions to the correspondence section of the "Medicine" portion of *Deutsches Ärzteblatt* from October 2007 to October 2008 (issues 44/2007 to 43/2008)

Number of discussions involving letters to the editor	53
Number of letters to the editor (not including authors' replies)	97
Critical*	71
Neutral*	24
Positive*	15
Number of authors' replies to letters to the editor	49
Number of letter-writers (median/mean)	1 (1.34)
Addresses given by letter-writers	
Home or private practice address	45 (46%)
University hospital	39 (40%)
Non-academic hospital	10 (10%)
Other	3
Letters to the editor regarding	
Original articles	11
Reviews	43
Conflicts of interest in letters to the editor	10 (10%)
Conflicts of interest in authors' replies	9 (18%)
Acceptance rate of letters to the editor	62%
Time span from publication of the primary article to publication of the corresponding discussion	
Mean	19.1 weeks
Range	10–34 weeks
Discussion length (mean/standard deviation)	1.49 pages (SD: 0.75 pages)

*There is some overlap among these three categories because individual letters may contain both critical and positive comments

"Medicine" section of *Deutsches Ärzteblatt*. In a tabulation of all issues from 44/2007 to 43/2008, we counted 53 discussions, containing a total of 97 letters to the editor that were followed by 49 authors' replies (table). These discussions related to a period of time in which we published 25 original articles and 84 reviews (49%).

Most of the authors of letters to the editor wrote to us because of a critical impulse: 71 of the 97 letters were critical, at least in part, while only 15 reflected an entirely or partially positive attitude to the original publication. About a quarter of the letters were more or less value-neutral (some of the letters were classified in more than one of the above categories). This distribution also reflects the editors' selection, as we want our correspondence pages to be a forum for critical voices and substantive debate. A letter to the editor that merely congratulates the original authors, without supplementing or correcting the information in the article, would hardly advance the discussion. Thus, our guiding principle is to make space for all expert opinions that we consider important, interesting, or worthy of discussion, regardless of whether we share them. Unlike other journals, we do not publish letters unrelated to articles that have appeared in the "Medicine" section.

The overall acceptance rate of letters to the editor in the time period in question was 62%. The most common reasons for rejection were identical content to other, already accepted letters, excessive length, late submission, unscientific argumentation, or ad hominem attacks. Letters of the last type are obviously inconsistent with the purpose of the correspondence section, which is to promote constructive expert debate rather than the verbal abuse of colleagues.

Persons writing letters to the editor of *Deutsches Ärzteblatt* often work in university hospitals (40%), though a good number work in non-academic hospitals (10%). Most often, however, they write to us from either their home address or their private practice address (46%). We noted a conflict of interest in every tenth letter; this is a lower fraction than the corresponding one for full-length articles in *Deutsches Ärzteblatt* (7).

Our experience shows that certain issues are especially contentious. In the time period in question, for example, the largest number of letters to the editor concerned mammographic screening (the review articles "Benefit and risk of mammography screening" [8] and "Imaging studies for the early detection of breast cancer" [9]) and the original research article "Childhood leukemia in the vicinity of nuclear power plants in Germany" (10).

Publication takes patience

Unfortunately, an interval of almost five months, on average, separates the publication of a primary article from that of the related discussion, even though we do not subject the contributions to our correspondence section to any further peer review. The delay results from the many individual steps that are needed before publication. Once the primary article is published, the readers have four weeks to respond with their letters before we make an editorial selection. We must often ask letter-writers to shorten their letters to comply with our length

BOX

Instructions for authors of letters to the editor of *Deutsches Ärzteblatt*

1. Please submit your letter to the editor no later than four weeks after publication of the article to which it refers.
2. Your argument should be scientific, relevant, and constructive. We cannot print letters containing personal attacks.
3. Please write clearly and concisely, and keep the content well-focused. Avoid dealing with side issues.
4. Back up your main claims with references, but include no more than three references in addition to the article to which you are responding.
5. Please hold your letter to a maximum length of 250 words, not including the references and your address.
6. Please do not include any tables, diagrams, or illustrations. For reasons of space, we cannot print additional elements of these types with letters to the editor.
7. Please fill out a declaration of your potential conflicts of interest.
8. Please check over the German and English proofs as soon as you receive them.
9. Please give us your name and address, as we cannot publish anonymous letters.
10. Please send your letter about an article that appeared in the "Medicine" portion of *Deutsches Ärzteblatt* either to medwiss@aerzteblatt.de or to our postal address: Deutsches Ärzteblatt, Ottostrasse 12, D-50859 Cologne, Germany.

requirement. Sometimes, we send letter writers an editorially altered version of the original letter for their approval, after we have abridged the text ourselves or corrected grammatical errors or potentially confusing passages. Only then can we ask the author(s) of the primary article for a reply within four weeks—a deadline that some authors regrettably overrun. Once the authors' reply is received (and most authors do, indeed, reply), we prepare all contributions for publication and send proofs to all of the writers for their final approval. Finally, we must incorporate the publication of the discussion into our ongoing issue planning, in which the "Medicine" section has an especially early editorial deadline.

Rules

In view of the many letters we receive and the limited space in which we can print them, we kindly ask all letter-writers and writers of authors' replies to adhere to a few

rules. We have stated these rules in the text *box*, which is recommended reading for all future contributors to our correspondence section. We happily look forward to future discussions containing our readers' thought-provoking contributions.

Conflict of interest statement

Christopher Baethge, M.D., is Chief Scientific Editor of *Deutsches Ärzteblatt* and *Deutsches Ärzteblatt International*. Gabriele Seger is an Editor in the Medical-Scientific Editorial Office of *Deutsches Ärzteblatt*.

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E-BOX

Recommendations of the International Committee of Medical Journal Editors (ICMJE) on letters to the editor of biomedical journals

Biomedical journals should provide the readership with a mechanism for submitting comments, questions, or criticisms about published articles [...]. The authors of articles discussed in correspondence should be given an opportunity to respond, preferably in the same issue in which the original correspondence appears. Authors of correspondence should be asked to declare any competing or conflicting interests.

Published correspondence may be edited for length, grammatical correctness, and journal style. [...] Authors should approve editorial changes that alter the substance or tone of a letter or response. In all instances, editors must make an effort to screen out discourteous, inaccurate, or libelous statements and should not allow ad hominem arguments intended to discredit opinions or findings. [...].

Although editors have the prerogative to reject correspondence that is irrelevant, uninteresting, or lacking cogency, they have a responsibility to allow a range of opinions to be expressed [...]

In the interests of fairness and to keep correspondence within manageable proportions, journals may want to set time limits for responding to published material and for debate on a given topic. [...]

(from [1]; status October 2008)