Indian Journal of Surgery – the platform for Indian surgeons

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Dear Prof Shukla,

Please accept my greetings for the festive season and best wishes for the growth and enrichment of IJS.

I have been pondering over for a long time about the high standards of surgical research and publication of high quality scientific papers from Indian Medical Schools and Universities. Sadly there is a dearth of both. Surgeons and Professors of Surgery in our country (with a few exception) are largely engaged in the care of their patients in hospitals or in private practice. On an average about 60% to 80% portion of the working time of most surgical teachers is spent in patients' care. As a result only 20% to 40% time is left for academic activities. Of this a major chunk is utilized by many teachers in teaching undergraduate and postgraduate students in the class room or at the bedside. In the remaining few hours per week our academicians conceive, design and conduct some research. This research is mostly in the form of case studies or clinico-pathological or clinicoradiologic correlation. It is indeed a rare sight to witness properly conducted and thoughtfully analysed randomized trials from Indian surgeons. Even if some RCTs are conducted from centers of excellence viz. AIIMS, PGI, BHU, TMH, CMC Vellore and KGMU, the good trials are exported to internationally renowned and indexed journals.

As a consequence the quality of publication in our journals like IJS suffers. Only those trials which are rejected by the overseas journal editors find a place in the IJS. Scanning any issue of the IJS will confirm the paucity of RCT. For example the recent June 2007 issue (volume 69 number 3) does not possess even a single RCT.

The important question is why we perform so poorly in contributing high quality evidence for the care of our patients?

It is not true that there are no good quality research projects conducted in this vast country endowed with some world class institutions. I take pride in our own Associations' journal and want to send my good research to IJS. However the reviewers some times take no cognizance of the randomized design. It is much more difficult, labour intensive and expensive to carry out a good RCT than simple retrospective or prospective series which contribute very little (Level of evidence III on the Hierarchy of Evidence). They even take no heed that the study has been conducted in the All India Institute of Medical Sciences or Post Graduate Institute Chandigarh. This is because our editor wants to hide our identity and name of the institution. For them work conducted at AIIMS, PGI or TMH is at par with say a private nursing home at Tumritlabiya (with respect to colleagues at Tumritlabiya).

May I take this opportunity to very humbly submit to the learned community of surgeons of Mother India that it is our solemn duty to collectively contribute towards the uplift of the standards of surgical research and publications in the IJS. I feel the editorial board should take a pledge to publish the RCT conducted by our surgeons in India. Let us ask if we do not publish the results of our own trial data who will? Just as a Japanese or a French surgeon take pride in their own journals we should develop a sense of national pride in all that belongs to the Nation India. It is mandatory

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that the data generated from RCTs sees the light of the day so that others in India and abroad may benefit from it by using that information either in care of their own patients or in performance of meta-analysis. The meta-analysis provides the most robust evidence for favour of a therapy or a diagnostic test. We should make a policy to publish the results of all RCTs whether they generate negative or positive results. It is particularly important to publish the negative trial so that (if sufficiently empowered), others do not apply an ineffective therapy or a useless diagnostic test on their patients and waste nations money and resources. Moreover, the negative RCT information is useful in collating data for meta-analysis.

I humbly submit the following suggestions for the editorial office and reviewers of IJS:

1. Encourage publication of RCT in preference of case series or cohort studies.
2. Accept all RCTs conducted in India for publication after appropriate statistical advice from a learned statistician. Zero rejection policy for RCT is mandatory for scientific records. If there is a lack of space remove some case series and case reports from the journal or publish them in the electronic form and not in the paper edition. Thus we may develop one electronic edition and one print edition of IJS. The paper edition would publish only important research work whereas the electronic form on the IJS or ASI website may include case series and case reports and

other news items. The case series is viewed in the scientific world as merely a “news gathering item”. One reads a case series like this, “Of 100 patients with diabetes, 20 died of heart attack, 10 had their legs cut and 20 had lost their eyesight. Doesn't it sound like a News paper item; of 100 sitting in a bus; after a crash, 10 died and 20 lost their limbs...

3. One of the reviewers of papers involving some data-analysis must be a senior statistician. This specially applies to RCT, case-control design and diagnostic test evaluation.
4. The identity of the authors as well as their place of work must be revealed to the reviewer so that they may appreciate the quality of work. If somebody reports about results of PET scan from a center or city where I know there is no PET scan, I understand the data as untrue.
5. Encourage direct contact of reviewer with the author. This may help in clearing some doubts raised by the reviewer and expedite the reviewing process. For a paper in BJS, reviewer phoned me to clear some doubts.

Dear Sir, I hope and pray that some of the aforementioned suggestions will be implemented to enhance the standards of IJS. It may be worthwhile generating a debate among the learned members of Association of Surgeons of India on these issues.