The Need to Change

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The Medical Journal Armed Forces India (MJAFI) was conceived with the aim to bridge the gap between advances in medical science and the doctor practicing in the Armed Forces. To achieve this aim it publishes, reviews, educational articles, and original scientific studies. As medical and scientific knowledge became sophisticated, and an increasing breed of specialists turned to research, there was a perceptible increase in the number of original scientific article submitted. This made the journals education mission more complex. To keep up with the flow of diverse scientific material the journal adopted a system of peer review and invested in editor's, writers and illustrators, who could analyse, interpret and present the findings for a specialised clinical audience. But in its effort to keep pace with other specialty journals of the world, MJAFI seems to have overlooked the interests of medical officers working in casualties, field ambulances and in various administrative appointments.

The journal is read largely by doctors of Armed Forces, where some may be scientists but most are not. A scientist is a person who reasons inductively from the facts of experience, has certain traits of persistence, strong analytical skills, an unwillingness to accept things on faith and a desire to test them for himself. He is the sort of person who would brush his teeth on one side of the mouth to see if it makes any difference [1]. On the other hand most practising doctors follow familiar patterns and guidelines of clinical practice, often improvising around these rules. If most doctors are not scientists then it seems odd to expect them to read and analyse piles of original scientific studies, which are often not relevant to them [2]. The inevitable consequence is that most readers don't read the original articles and even if they attempt to do so, at best scan only the abstracts. On the other hand doctors feel quite comfortable reading editorials, contemporary issues and updates where they accept the judgment of the editorial team and its peer reviews.

The aim of the journal is to advance scientific knowledge and lead to improvement in the prevention, diagnosis and management of disease. For this the journal needs to be made more newsy, more lively and have pieces which doctors will actually read and debate upon. But, the type of articles published in the journal has improved a little over the past decades with bulk of the articles remaining case reports and observational studies with small series. These research papers often contain methodological errors, report results selectively and draw unjustified conclusions. It is apparent that many of the contributors to the journal are doctors who feel compelled for career reasons to carry out research that they are not trained to perform and carry out some research with the aim of publishing several papers. The compulsion to publish is further evident by the increasing trend of multiple authorship in the articles submitted to the journal. A survey of MJAFI (Editor-in-Chief 2006, personal communication, Aug 07) over a three year period showed that the average $\pm$ standard deviation number of authors per original article was 3.7 ± 1.65 , (range, 1-9), a trend which seemed more or less constant over the last fifteen years. In contrast the number of original articles, where in the name of the head of the first author was also found increased from 51.94% during 1991-93, to 70.34% during the year 2003-05 ($p < 0.005$).

This phenomenon is not peculiar to our journal alone. A survey published in Journal of American Medical Association (JAMA), reported that in multiauthor papers, 26% of authors do not contribute significantly to the work published and third of these authors were heads of laboratories, departments, groups or divisions. The pressure to publish might lead to these gift authorships which violate the principle criteria for authorship, which is based on the concept that each author should have participated sufficiently in the work to take public responsibility of the contents [3].

As a first step to improve upon the quality of our

original articles we can take a cue from the manufacturing industry which has come to recognise that quality control needs to be built in from the start rather than the failures being discarded; thus the system needs to accept less but more relevant original articles and abandon the number of publications as a measure of the ability of the doctor.

The authors and editors should have the same goals, namely the advancement of scientific understanding and improvement in the prevention and treatment of disease. The emphasis of the journal could shift from original studies to contents that doctors actually read, such as best practice guidelines, reviews, medical news and debates. Issues relevant to military medicine may be particularly useful in making the journal distinct from other published journals. The ABC of emergency care would be of tremendous interest to the non specialist medical officer. The style could be simple, direct and cover the common emergencies seen in service hospitals. This point was brought out very effectively in the recently concluded interactive session held by the DGAFMS on "Management of Medical Emergencies by Casualty Medical Officers".

In the last few years the journal has been hosted over the website on <http://indmed.nic.in>. The site is free to all and has a huge potential to increase contributor ship and readership of the journal. The journal could take advantage of this and experiment with the ELPS (electronic long, paper short system), so successfully carried out by British Medical Journal [4], with the idea of giving many more doctors an opportunity to write for the journal in the electronic form, while publishing only the most relevant articles.

There will be many other views on improving our journal. These are welcome as letters to editor, for after all improvement is a continuous process and the policies of the journal must change to keep pace with changing times.

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