Correspondance

Peer review of articles on global burden of disease

Paula Rochon and associates¹ call for a better reflection of the global burden of disease in clinical trials published in leading general medical journals. In extending their coverage to global health issues, large Western medical journals may have difficulties in finding reviewers from countries with small research communities. We surveyed 236 (63.8%) of the tenured faculty members at 4 medical schools in Croatia, a small country with disease burden related to war and post-communist socioeconomic transition,² about their willingness to review for a large journal, such as *The Lancet*, and the small *Croatian Medical Journal*, as well as the criteria they would use in reviewing manuscripts.³ More than half of the respondents (126 or 53.4%) had not published in either journal, and only 10 (4.2%) had published in both journals. A few respondents (23 or 9.7%) were not interested in reviewing for either journal, and only a single

person expressed a desire to review for *The Lancet* but not the *Croatian Medical Journal* (Table 1). A surprising 169 (71.6%) of the respondents said they would review only for the *Croatian Medical Journal*, and a further 43 (18.2%) that they would review for both journals. Most respondents stated that, if they were to serve as reviewers, they would be equally strict for both journals or would perform a stricter review for *The Lancet* (Table 1). Respondents who wanted to review for *The Lancet* were generally less experienced reviewers who read that journal but who thought that reviewers' recommendations were not important for editorial decisions.

Our survey results are valid only for Croatia but may be indicative of the beliefs of researchers in other less developed research communities. These results indicate that bridging the publishing gap between the global burden of disease and Western medical journals may not be so easy, and those journals should therefore become active in building research and publishing

capacity in the developing world. Understanding the behaviour, perceptions and concerns of potential reviewers in small scientific communities may facilitate the identification of good reviewers and could also lead to the publication of studies relevant to international health.

Ana Marušić

Darko Hren

Matko Marušić

Croatian Medical Journal

Zagreb University School of Medicine
Zagreb, Croatia

References

1. Rochon PA, Mashari A, Cohen A, Misra A, Laxer D, Streiner DL, et al. Relation between randomized controlled trials published in leading general medical journals and the global burden of disease. *CMAJ* 2004;170(11):1673-7.
2. Katic M, Juresa V, Oreskovic S. Family medicine in Croatia: past, present, and forthcoming challenges. *Croat Med J* 2004;45(5):543-9.
3. Marušić A, Lukic IK, Marušić M, McNamee D, Sharp D, Horton R. Peer review in a small and a big medical journal: case study of the *Croatian Medical Journal* and *The Lancet*. *Croat Med J* 2002;43(3):286-9.

DOI:10.1503/cmaj.1041755

[Two of the authors respond:]

Ana Marušić and colleagues have identified another important factor contributing to the dearth of articles on leading causes of global death and disability in large Western medical journals, as described in our article.¹ It is unfortunate that few faculty members at Croatian medical schools have published in or served as reviewers for one such journal, *The Lancet*. These researchers live in a country where the burden of disease is linked to the effects of war, and they could therefore make an important contribution to our understanding of this issue.

One way in which leading medical journals could improve representation of the global burden of disease would thus be to engage researchers in smaller countries such as Croatia, encouraging them to study important local issues such as the effects of war. Another would be to cultivate ties with smaller journals such as the *Croatian Medical*

Table 1: Willingness of 236 Croatian medical faculty members to serve as peer reviewers for a large international journal (*The Lancet*) and a smaller national journal (the *Croatian Medical Journal* [CMJ])

Survey question	No. (and %) or mean (and SD)	
Willingness to review		
Neither <i>CMJ</i> nor <i>The Lancet</i>	23	(9.7)
<i>CMJ</i> only	169	(71.6)
<i>The Lancet</i> only	1	(0.4)
Both	43	(18.2)
Review criteria		
Equally strict for both journals	193	(81.8)
Stricter for <i>The Lancet</i>	42	(17.8)
Stricter for <i>CMJ</i>	1	(0.4)
Understanding and experience of peer review*		
Peer review is important for editorial decisions about publication of manuscripts	4.0	(0.6)
Peer review is important for research in general	4.8	(0.5)
Respondent's satisfaction with reviews received for submitted manuscripts	3.8	(0.7)

Note: SD = standard deviation.

*Mean scores (and SDs) are based on a 5-point Likert scale, where 1 = strongly disagree or greatly dissatisfied and 5 = strongly agree or greatly satisfied.

Journal. Moreover, if large Western medical journals were to begin better representing the global burden of disease in the articles they publish, researchers in smaller countries might become more interested in submitting their work to, or serving as reviewers for, these journals.

In the interim, we encourage researchers in smaller countries to continue to publish peer-reviewed studies relevant to local experience of disease in both smaller, local journals such as the *Croatian Medical Journal* and larger Western medical journals.

Jennifer Gold

Paula A. Rochon

Kunin–Lunenfeld Applied Research Unit
Baycrest Centre for Geriatric Care
Toronto, Ont.

Reference

1. Rochon PA, Mashari A, Cohen A, Misra A, Laxer D, Streiner DL, et al. Relation between randomized controlled trials published in leading general medical journals and the global burden of disease. *CMAJ* 2004;170(11):1673-7.

DOI:10.1503/cmaj.1050023

Case summaries: another method

The article by Ahmed Bayoumi and Peter Kopplin¹ presents an alternative to traditional case presentations. The authors emphasize presentations that produce “logical flow,” “present the most salient information early” and do not “impede effective diagnosis.” I agree with this approach and present yet another option.

The usual purpose of oral “morning report” case presentations is to review data (including context) to support diagnosis and management. These data can be delineated by listing problems, beginning with the reason for admission. With each problem (e.g., pneumonia), the supporting findings from the history (e.g., cough, fever), examination (crackles) and tests (leukocytosis, infiltrate) are presented. To avoid premature conclusions before a firm diagnosis has been established, it is appropriate to present symptoms along with

their differential diagnosis. For example, cough, fever and hemoptysis should be presented as symptoms until their cause is elucidated. Next, the patient’s allergies and medications are reported to identify drug–drug and drug–disease interactions, unnecessary medications and deviations from established protocols. The medication and problem listings should be reconciled. A brief checklist is used to ensure that such items as “code” status, prophylaxis for pressure ulcers and deep vein thrombosis, and pneumococcal vaccination have been addressed. Key situation-dependent parameters are defined and presented, and these almost always include vital signs, weight and renal function. Finally, “experiential text” adds patient and physician perspective.

As such oral presentations are made, I transcribe them (using a laptop computer and a preformatted word-processing document, with one page for each patient) to form the basis for my faculty chart notes. Problem and medication lists for a patient remain reasonably stable and are readily updated as new information accumulates. Key parameters can be compiled in a table, where a week’s worth of data are readily visible. With sections for completed and pending test results and daily narratives, an easily updated cumulative note is produced.

Gary Fox

St. Vincent Mercy Medical Center
Toledo, Ohio

Reference

1. Bayoumi AM, Kopplin PA. The storied case report. *CMAJ* 2004;171(6):569-70.

DOI:10.1503/cmaj.1041620

[The authors respond:]

Gary Fox describes a systematic and thorough method for recording clinical data in an electronic form. His system is concordant with our approach¹ of grouping together logically linked information to “tell a story.” We are heartened that he also includes space for experiential text as an essential component of the case history.