How to read clinical journals: XI. Everything you always wanted to know about editorials (but were afraid to ask)

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Pretend you're all alone and no one is watching. Ever get tempted to read a medical editorial? Editorials are abundant. In 2001, *CMAJ* published 4 times as many of them as randomized trials. Their mystique has lasted more than a century because they can tackle issues where science is lacking. No wonder a confidential survey of our colleagues suggested that editorials are read by the majority of clinicians, albeit with embarrassment. This ambivalence of some (bordering on "the joy of the forbidden" for a few) is natural given that guides on how to keep up with the medical literature are scornful about how to read an editorial efficiently.

Editorials appeal to basic human drives. They commonly place a new discovery into context, as when they review a study appearing elsewhere in the same journal. As well, they usually provide a gentle introduction to material for the naïve and a swift update for the experienced (since authors can start and finish an editorial fast). Editorials are enormously appealing to readers who dislike complex statistics, distracting jargon, lengthy page counts or anything else that smacks of long-term commitment. A physician who knows how to read editorials, moreover, can save the hours of ennui associated with reading original research. However, reading editorials is sometimes the scientific analogue of unsafe sex.

Don't be ashamed. Everyone reads editorials once in a while. Hence, in this article we don't preach abstinence. Instead, we propose a selective approach for mature clinicians. The intent of this article is to offer guides for adults wishing to distinguish the erotic from the pornographic when it comes to medical editorials. A structured approach is also needed to help readers save time, facilitate memory and maintain a façade.[1,2] Indeed, structured approaches help in all sorts of interactions between consenting adults.

1. How authoritative are the authors?

Editorials provoke voyeurism because of what they reveal about the author. Editorials written by a noteworthy clinician or a public celebrity can be compelling regardless of topic. For example, most of us would want to gaze at a *CMAJ* editorial written by Mel Gibson. An editorial by a colleague, superior or rival also arouses great interest. Unlike exciting research that is often performed best by hot young scientists, beware of editorials by those prone to premature expostulation or badly in need of intellectual Viagra. Ask also whether the writer has a conflict of interest, since what you are reading may also be the opinion of all those with whom the editorialist has partnered.

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The perfect *CMAJ* editorialist?

2. Is the presentation stylish?

A second difference between editorials and clinical trials is found in the balance between style and substance. A good clinical trial, like a good long-term relationship, has depth and substance and relatively few surprises.[3] A good editorial, in contrast, provides the author with more opportunity (and obligation) to present in an alluring manner. In this respect, Rex Murphy has more sex appeal than many clinician scientists. A poorly crafted editorial offers little contribution to the literature, no thrill for readers and zero contribution to science. In many cases, the title of an editorial is a sufficient first impression for deciding how stylish the material is likely to be.

3. Would the question be impossible to answer with a clinical trial?

Editorials are vulnerable to biases that are difficult to uncover and counteract. Some authors go wild with such passions and try to force a valid clinical trial into submission, even though science is as responsive as a eunuch. For example, there's no point reading editorials about a Peruvian

hypocotyl purported to increase libido because the answer can be established through research.[4] Other questions, though, may be legitimate for editorials because a clear answer is unlikely anytime soon, such as whether new aphrodisiacs are on the horizon. Some questions may be well addressed through editorials, such as whether the field of sexology would have any future in academic medicine (we think yes! ... yes! ... oh, yes!).

4. Are contrary positions identified?

Most clinical trials report 2-sided *p* values; likewise, most editorials ought to see at least 2 sides of an issue. Beware, then, the editorial that assumes a missionary position. An editorial that does not acknowledge and give credence to alternative perspectives needs more than just cosmetics. Moreover, an editorial that examines only weak counterarguments rather than the strongest rebuttals seems rather flaccid. Being circumspect, of course, does not mean editorials should be limited to foreplay. Editorialists should express their personal orientation and sources of delight. If a topic is too contentious to allow a clear editorial position, at least spicy vocabulary should be provided.

5. Have trivial and important arguments been distinguished?

The majority of writers, we believe, waste too much time because minor issues distract from important points and spoil the mood. For example, many editorials bemoan health care costs and mention the aging of the population. However, this demographic trend is irrelevant if a 70 year old today is much more robust than a 70 year old in previous eras. High health care costs are an issue, but highlighting the demographic trend of an aging population is as exaggerated as most men's estimates. More generally, an editorial must offer more sophistication than an Austin Powers movie. Conversely, stop reading an editorial if seductive, misconceived points are detected, even if they are quite titillating.

6. Can a solution realistically be implemented?

An editorial should go beyond decrying current prob-

lems and set forth constructive suggestions. The pubescent approach of offering a hypercritical listing of the methodologic failings is just a tease. Moreover, ending with "more research is needed" is as satisfying as a one-night stand. In addition, comments that ignore available resources, stakeholder acceptability and quality control are fine for singles bars but not for an editorial. Strong editorials generate love and change medical practice at the moment of first sight. The strongest editorials you should be willing to take home and show your mother (if she's a physician).

Summary

In this review we have offered 6 guidelines for reading editorials. Our structured approach may also offer insight for reading the discussion sections of published clinical trials. We acknowledge that editorials are subjective and potentially biased in ways that are hard to imagine. Reading a clinical trial is a much more dignified public activity. Yet editorials are popular in medical journals and thrive despite the strains on journal space and readers' attention. Furthermore, if editorials are so bad, why do so many top-notch scientists write them?

We hope that these guidelines will help clinicians have more pride in reading editorials and give editorialists more self-respect.

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