

Medical editor lambasts journals and editors

Medical journals are riddled with errors and are improving only slowly, and medical editors are neglecting their craft. These were the conclusions of Drummond Rennie, deputy editor of *JAMA*, at the end of the fourth congress on peer review in biomedical publication organised by *JAMA* and held in Barcelona this week.

The conference heard from Doug Altman, statistical adviser to the *BMJ*, how medical journals continue to be full of serious methodological errors, meaning that many studies reach false conclusions. The problem was identified many years ago, and yet there have been few improvements. Medical research is too often done by untrained people for the wrong reasons, including career advancement.

Four years ago Rennie argued the need for journals to adopt open peer review systems, whereby authors and eventually readers know the identity of reviewers. "The ethical arguments against open peer review are disgraceful," he said, "and yet hardly any journals have opened up their peer review process." The *BMJ* and the *British Journal of Psychiatry* are almost alone among established journals in having done so.

Rennie has also argued for the need to move from a system of authorship to contributorship—where contributors to a study describe exactly what they did. The International Committee of Medical Journal Editors now supports such descriptions, and many journals have adopted the system.

Journals should also be moving, Rennie argues, towards pre-publication review by readers and encouraging authors to update their studies. Almost no progress has been made with either issue.

He then lambasted editors for "giving no time, energy, and thought to their craft." It was "pretty disgraceful" that so few

editors had turned up to the only conference that looked at the evidence base for their craft. There

may be 15 000 journal editors, and yet fewer than 400 had booked for the conference. □



Drummond Rennie—deputy editor of *JAMA* and prophet of peer review—points medical editors towards the promised land of high quality reporting of science

Journals fail to adhere to guidelines on conflicts of interest

Medical journals are doing poorly in adhering to their own guidelines on disclosing financial conflicts, said Anu Gupta from Yale University at last week's meeting.

The *Uniform Requirements for Manuscripts to Biomedical Journals* recommend that all published studies should include information on sources of funding, financial conflicts of interest of the authors, and specific descriptions of "the type and degree of involvement of the supporting agency." Over 500 journals, including the *BMJ*, subscribe to these requirements.

Gupta and her fellow contributors examined whether these requirements were met in 268 randomised controlled trials published by the *Annals of Internal Medicine*, *BMJ*, *JAMA*, the *Lancet*, and the *New England Journal of Medicine*. Just over a third were supported wholly or in part by industry, and only 9% failed to give the source of funding. In the

trials supported by industry a third did not provide any information on the authors' relations with industry.

The type and degree of the involvement of the funding source was disclosed in only 8% of cases, and all these disclosures were in the *Annals of Internal Medicine*. The other journals, including the *BMJ*, failed completely to disclose the nature of the involvement. The journals did not need, said Gupta, to introduce new requirements on disclosure of involvement of sponsors—as they did last week (15 September, p 588)—rather, they needed to implement the guidelines they had.

Frank Davidoff, former editor of the *Annals*, explained that he had been sensitised to this issue after one set of authors repeatedly failed to tone down their conclusions despite editorial requests. When Davidoff phoned to ask why, they explained that the unidentified sponsors didn't want them to do so. □

Almost no evidence exists that the internet harms health

A systematic review of medical reports produced only one case of a patient being harmed by the internet, reported Anthony Crocco of Montreal Children's Hospital at last week's meeting.

Crocco and his contributors began their study in response to the huge amount of publicity given to the harm that might be done to people by information about health on the internet that was wrong, incomplete, or impossible to understand.

They expected to find many cases of harm. But having conducted a sophisticated search of five databases, including Medline and Embase, they found only one case—of a patient with lung cancer who had ordered a drug through the internet and died from taking it.

They did find eight papers

describing self injury resulting from accurate information on the internet, but the intention had existed before the internet was accessed.

Surprised by their results, Crocco and others wondered whether that meant that the internet had not caused harm, their search had been inadequate, or studies reporting harm had simply not been published. Crocco is, however, a snowboarder, and he was able to find many reports of harm resulting from snowboarding.

Some in the audience suggested that the study reflects the fact that anxiety surrounding the internet is just like the anxiety that surrounds much that is new, including videos, computer games, and—years ago—bicycles and books.

Another member of the audience said that with 50-100 million people using the internet and half looking for health information at some time it was inconceivable that both benefits and harms had not resulted. The important question was to measure both the benefits and the harms. □