Why Read Journals, Anyway?

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Here is the conundrum: if you are reading this editorial, then I am preaching to the choir. You already are someone who presumably finds value in picking up a journal—specifically this journal—to read at least some of its content. Intentionally, or perhaps inadvertently, you have wandered over to the Editorial page. Depending on how well I do with my first paragraph, you may continue reading, skip to another article, or give up completely. I fully recognize that if you and others like you don’t read this, then no one will! In that case, this editorial is nothing more than a waste of time and paper. So let me pose a couple of questions that might encourage you to spend a few more minutes with me. Have you thought about what you hope to gain from reading this journal—or, for that matter, any journal? Are there opportunities you might be missing, depending on how you select the articles that you will skip versus those you will skim versus those you will actually read? During most of my plastic surgery career, I read our professional journals without ever stopping to analyze the how and why. Had I thought about it, I might have chosen articles more selectively, or made a greater effort to expand the scope of articles I read to include additional topics outside the mainstay procedures of my practice. I might have tried harder to review data with a careful and critical eye.

When I undertook my role as Founding Editor of this journal, in 1996, I naturally began to reorient my thinking about what a journal should offer readers. I tried, to some extent, to think “out of the box,” because I remembered that sometimes information that seems only peripherally relevant can actually come in very handy. For example, a number of years earlier, a woman had brought her young child to see me for a consultation. She wanted me to somehow “fill in a scar” on the child’s forehead. It happens that I had recently stumbled across an article that I had casually read, for no particular reason other than curiosity. Based on that article, I felt certain that the child exhibited linear scleroderma with a “coup de sabre” deformity. I was able to suggest another physician who could properly confirm the diagnosis and follow up with appropriate care. The knowledge I had gained by reading a journal, not in my own field but in a related one, helped me to deal with a problem outside my area of expertise. I was able to help a patient who had come to me, making a reasonable referral based on the information I had acquired.

Clearly, reading a variety of articles increases your general professional knowledge base. Even if your only interest is aesthetic surgery, reading selected articles in other journals can help you identify techniques and procedures that you might consider incorporating into your practice. In the infancy of liposuction, the tools were based on OB/GYN instruments. Many of the eyelid and rhinoplasty techniques with which plastic surgeons are familiar today evolved from procedures initially described in the ophthalmic and otolaryngology literature. I trust that our peers in other specialties read our literature with as much interest as we should read theirs.

One of the potential pitfalls of success in plastic surgery is complacency when it comes to trying something different. I admit to sometimes having felt that if I was happy with my current surgical technique, and my patients were happy as well, why should I look further? But the truth is, even 1 or 2 minor points made in the course of a scientific or technical article often can be enlightening, even if you have no intention of changing the “basics” of your current method. A throw-away tip or “pearl” just might improve your technique or help you to reduce operating time. Newer technologies that are not currently part of your practice, or that came on the scene after you trained, might end up supplanting your current methodologies, so it’s wise to have an open mind. Case in point: Are you doing as many chemical peels now that lasers are available?

As for the advertisements in professional journals, they, too, can be useful. During my residency, I never gave journal ads any thought at all. I didn’t even bother looking at them. However, one day a conversation with one of the other residents changed my thinking. He said he always read the ads since, in many instances, they provided an early indication as to what might be coming down the pike. As Dr Foad Nahai, Dr Jeff Kenkel, and others have ably addressed in previous articles and editorials, one must look critically at the science, particularly as it involves new technologies that too frequently are rushed to market without adequate evaluation. Surely, no one is going to purchase something based on an ad without thoroughly researching the product before committing. But an ad can and does give the reader a “heads up” that might, in some cases, be worthy of follow-up.

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Many articles are written in a context that can help to keep us current on the “latest” in preoperative evaluation, monitoring, and anesthesia techniques. This type of patient safety information can be invaluable. Early in my practice—and I’m talking more than 30 years ago—my partner and I developed the first accredited outpatient surgical facility in our county. At one point, we came across an article that included mention of a new monitoring device, the pulse oximeter. It seemed to both of us to be an incredibly beneficial device, especially if the surgical patient was receiving sedation anesthesia (this was in the days of ketamine/valium), and so we obtained two of them for our operating rooms (ORs). A short time later, a new patient came to the office to see me for a blepharoplasty consultation, accompanied by her husband. The consultation went well, and the husband then asked to see our surgical facility. The ORs were not in use, so I took them on a tour. He seemed surprised to see that we had pulse oximeters in each of the ORs. I inquired how he even knew about the device. He smiled and then told me that he was part of the engineering team that had developed it. Needless to say, that patient was signed, sealed, and delivered.

*Aesthetic Surgery Journal* has long had a program to provide plastic surgery residents with free access to this publication. (For information on this program, residents and program directors should contact the Editorial Office, [journal@surgery.org](mailto:journal@surgery.org).) Residents read journals, and participate in journal clubs, not only to expand their general knowledge in the field but also to better prepare for passing the Board examinations. They undoubtedly assume that those administering the examinations read the major professional journals and could possibly ask them questions about articles that have appeared recently. Along these lines, I vividly remember an incident that occurred during my general surgery training in the late 1960s to early 1970s. There was a world-class gastrointestinal surgeon to whom other surgeons flocked to observe his surgical expertise. We often speak in a half-joking manner of someone having “golden hands”—but this fellow really did. At the same time, he wrote little and read even less; yet, amazingly, he was a Board examiner. He tolerated few questions from the residents assisting him and became rabid if a resident engaged in small talk. Unfortunately, one of my co-residents simply could not help himself. The professor threw him out of the room on more than one occasion and made him stand in the corner from time to time because of his indiscretions. While assisting one day, the resident let drop that the patient on whom the professor was operating clearly had the newly reported Herzberg-Localis syndrome. He went on to share what he had read about this recently identified disorder, describing in detail the symptoms with which the patient on the operating table had presented and the surgical findings, presumably all consistent with the syndrome. A few months later, the professor was administering the oral boards and asked each examinee, in turn, to describe the signs, symptoms, and surgical findings of Herzberg-Localis syndrome. Not a single examinee was able to describe the syndrome. It turns out that the surgical resident assisting the professor several months earlier had simply made the whole thing up. Sweet revenge! The point of my story is that the professor, had he bothered to read his professional journal, would have known there was no such syndrome described. By the way, I know this story to be true because it was relayed to me by the professor himself. As for the resident—he was banished to a hospital on the outskirts of a major city.

Today, with the variety of journals available in the core specialties, not to mention all the information on the Internet, one can have a difficult time deciding what to read. Obviously, each of us needs to establish general criteria for selecting pertinent articles in our primary field of interest so that we can efficiently focus our energy where it will do the most good. However, I encourage you to make it a habit to, at least occasionally, venture out of your comfort zone. Read an article, in this journal or another, that you might ordinarily pass by—perhaps because it’s more basic science than clinical, or because the author is someone you’ve never heard of before, or because you think you already know what you need to know about a particular topic. After all, the next patient who walks through your door may be suffering from Internetitis, the symptoms of which are easy to observe. He or she will be clutching a wad of papers, frayed on the edges from frequent thumbing. When you ask, “What can I do for you today?” an article printed off the Internet will be abruptly shoved under your nose. “This is what I want,” your patient will say. “The doctor in this article says he can erase 20 years from a person’s face in less than an hour, and you can go back to work the same day. It’s a new technique—cutting edge. Surely you know about it.”

Okay, there’s not much you can do to combat the kind of misinformation that is rampant on the Internet, and you can’t read every single thing out there. But being well read on new techniques that have been published in a professional journal, following a rigorous peer-review process, allows you to speak authoritatively about available options and perhaps counter false claims more effectively. Our journals fulfill an important function in our professional life, keeping us in the loop of new developments and inviting us to exercise our best critical thinking as we evaluate the science and clinical results presented by our peers. Why bother reading journals? It all boils down to this: when you read broadly and think critically, you become a better surgeon.

**Disclosures**

The author declared no potential conflicts of interest with respect to the research, authorship, and publication of this article.

**REFERENCES**