Letters to the Editor


The plight of the peer reviewer

The relationship between the editors of peer reviewed medical journals and the peer reviewer is an unusual one. The reviewer views the request as a compliment and usually accepts the task aware of its demands. However, certain aspects of the relationship may leave the reviewer somewhat frustrated. A few points need to be aired.

The peer review process helps to safeguard the publication of scientific research. However, the size of the available workforce is limited. Journals have to compete for competent reviewers and the potential rewards for the recipient of a manuscript are vague. Clearly, the reviewers are scientific authors themselves and therefore benefit indirectly. But frankly, criticizing manuscripts is bloody hard work and can be very time-consuming. There is no financial compensation, you cannot enter it into your CV and your selfless contribution to science is anonymous. Both editors and authors expect the review to be in the King’s English with no typos, spelling or grammatical errors. Invariably, there is a rigid, short deadline and one’s family may not always understand one’s commitment. The good news is well disguised.

Peer review consists of two responsibilities that are frequently in conflict. The reviewer wishes to encourage the authors and provide insightful and constructive criticism with specific recommendations that will ultimately lead to publication. The editors’ interests are different. Does the paper contain novel data? Is it relevant to the readership? Is it likely to have substantial impact? There is pressure to recommend publication of papers that reflect positive results and an inherent bias against negative trials, even if rejection of the research hypothesis is clinically important. Sadly, the paper in which you invest your time may never be published; all your brilliant suggestions may well be in vain.

Often, there is uncertainty concerning the extent of the review. Should one invest as much time on a paper that you recommend be rejected? How specific should one be in suggesting revision? The poorest papers are the ones that require the most effort from the reviewer. The tendency is to omit detailed criticism in the situations where it is most required. Editors frequently choose the senior authors from papers cited in the manuscript’s reference list as potential reviewers. Some journals invite the authors to suggest competent reviewers. The reviewer of a paper is, therefore, actively engaged in ongoing research in the field. Conflict of interest, however subconscious, can represent a dilemma. Some journals routinely remove the page containing the authors’ names in order to reduce potential bias.

An additional major problem for the reviewer is that the more skilfully you perform the task, the more likely you are to receive more papers to review. The conscientious reviewer, who is insightful, punctual and concise in expression, will be rewarded with even more work. In a field with a large number of publications, such as cardiology, a good reviewer will often receive in excess of two papers per month to review. In recognition of this, many journals ask the reviewer to pass the manuscript on to a colleague if the paper cannot be reviewed by the deadline. This is not an easy option. The local pool of investigators with an adequate expertise in the field and the necessary experience in the review process is usually limited. Finding a suitable colleague can be more work than reviewing the paper yourself. Either way, you still feel responsible for the quality of the review.

How can we improve this tried and tested tradition? It may be unrealistic to expect uniform guidelines, but here are some practical recommendations to the editors. Make the forms as simple as possible. Include comments to the editors on the same form on which detailed recommendations regarding acceptance/rejection are made. The comments by the reviewer to the authors usually contain most of the information that you wish to communicate to the editors. A repetition of these comments on a separate form is unnecessary. Consider offering a secure, simple e-mail alternative to potential reviewers. Anything that reduces the paperwork would be helpful.

Avoid 2-week deadlines. We understand that the journal is also under pressure to evaluate manuscripts with short turn-around times for authors, but the reviewer is also pressed and needs to find adequate time for a proper assessment of the paper. The authors deserve no less. Reviewing papers on planes, during dull meetings, or late at night makes one feel guilty or less thorough. Allow at least 3 weeks, and calculate the deadline from the time of the receipt of the paper. Authors understand that it can take 6 weeks before the journal can make a final decision. I personally prefer to be faxed or e-mailed as to my availability and willingness to review a paper prior to receiving the full manuscript in the post. It is more difficult to admit that you do not have time when you are holding the paper in your hands.

Offer some feedback as to the results of the review process. Some journals send you the other reviewers’ comments along with the editors’ decision and that is often helpful. Many of us would appreciate seeing the revised manuscript and cover letter prior to a final decision from the journal and would be willing to provide a second, abbreviated review with important papers. We have invested our time and are naturally curious as to the result.

Finally, be generous in a note of your gratitude. Add a personal touch if possible to the cover letter. As a group, we are generally ambitious, not shy, and we do love praise and appreciation. It seems a small thing to ask.

K. DICKSTEIN
University of Bergen
Central Hospital in Rogaland
Norway

Contrast media — a contradiction?

I read with interest the paper by Scheller et al.[1], suggesting a better clinical outcome when patients undergoing percutaneous coronary intervention and stenting received an ionic contrast medium during the procedure rather than when non-ionic contrast media were used. These results are surprising since they completely disagree with the results of two randomized clinical trials comparing ionic and non-ionic

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