Reviewer diligence
I have just read your editorial “To review or not to review”; I can attest to the dominant prevalence of gatekeepers among reviewers, seem to encounter nothing but gatekeepers in my attempts to publish.

When I read your unique and astonishing admission that the “obsessive reviewer” who reanalyses the author’s data is “extraordinarily rare,” I immediately thought, “Aha! Suspicions confirmed.” The presumptive, rather presumptuous, confidence in medical editorial diligence that my mentors attempted to promulgate in my training at journal club meetings seems unjustified if, as you seem to imply, and as I have long suspected, editors and reviewers usually verify neither analyses nor conclusions of scientific submissions. If they don’t do that, what good are they? If they don’t do that, how can they justify publishing such results?

If the rarity of the “obsessive reviewer” is widespread, it also will with Sivakumar’s letter on the “academic cartel,” goes a long way toward explaining the rejection of my manuscript, in which I analysed the reasons why the medical literature, according to analyses in the medical literature, in a high and consistent proportion of articles, over at least six decades (since the introduction of the randomised, controlled clinical trial in 1948 with the British study on streptomycin), has been abysmally poor, and in which I proposed solutions that required more relevant effort than editors and reviewers seem now to exert and change in focus on their part.

It also may also explain why the International Committee of Medical Journal Editors (ICMJE) did not answer my many duplicate letters (sent by post and email over an interval of three years) in which I pointed out the uniform failure, among medical editors, to adhere to the “uniform requirements for manuscripts submitted to medical journal editors”, in particular, the provision, “statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results?” Medical articles do not provide original data, only processed summaries thereof, so no reader, knowledgeable or otherwise, has access to original data and therefore no reader can ever verify reported results. Such editors seem not to want to contemplate their negligence, but do seem to want to perpetuate the mythical aura and authority of medicine in the absence of any rational foundation for it, while fraudulently paying lip service—for example, touting evidence based medicine—to the very rationality they neglect.

In this context, the meaning, in any rational sense, of your suggestion that the “obsessive reviewer” be “somewhat frightening” seems obscure. Frightening to whom and why? You seem to have indicated, in effect, that “obsessive reviewers,” by your assessment, are the only peer reviewers who perform their reviews in such a way as to come anywhere near justifying the accuracy and validity of, results in credibility and resultant prestige of the so called “peer reviewed medical journal.”

In contrast, you have, by the same statement, conceded, in effect, that peer reviewers, in their majority, omit any statistical verification of results, publishing in the so called “peer reviewed medical periodical literature,” and hence, by implication, fail to verify both the efficacy and safety of those treatments. Yet the so called “peer reviewed medical periodical literature” influences (unduly, it now seems) unsuspecting practitioners to apply such treatments, thus presumed “OK,” entirely on faith, to their unsuspecting patients.

Isn’t that prospect more frightening?

Furthermore, medical textbooks promulgate principles that they presume to validate by reference to results in the peer reviewed medical periodical literature. In turn, physicians study such medical textbooks and peer reviewed medical periodical literature in their quest to establish their qualification and cachet—for example, by advertising “FRCP, Board-Certified in Internal Medicine,” “Board-Certified in Vascular Surgery,” etc or at “Board-Certified in Internal Medicine,” “Board-Certified in Vascular Surgery,” etc or at trials establishing their qualification as expert witnesses by asserting, under oath, that they hold such qualifications.

They acquire the right so to advertise and so to assert by passing certain examinations, for example, administered by the American Board of Internal Medicine, Royal College of Surgeons, Royal College of Physicians, Royal College of General Practitioners, etc. The questions in such examinations rely on the principles in medical textbooks and results published in the peer reviewed medical periodical literature.

Failure of diligence of peer review of the medical literature obviously removes any rational basis for relying on such unverified principles, based on such unverified results. Don’t medical editors have a duty to patient welfare to promulgate the crisis in confidence more broadly than in your journal alone? Doesn’t the same duty extend to physicians, whose purported “qualifications” thus have no rational basis, so that they stand under an ethical obligation to withdraw any claim to prestige and cachet, based on such “qualifications,” and prevent perpetuation of the perpetration of the current colossal fraud upon the public?

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