

LETTERS

Editors and teachers with standards: a dying breed

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I read with interest the absorbing review of Jerome P. Kassirer's memoirs by Sanjay Pai (1). The review brings out the essence of the man and his memoirs very well and enhances the respect and the admiration for the legendary editor. Peer reviewed print journals still remain the gold standard of dissemination of new research in spite of the availability of other methods. However, as the reviewer writes, the times are changing. If the editors who uphold the highest standards of medical publishing are removed then the whole body of knowledge being published can come under a cloud. Recent news in the lay media about non-disclosure of conflict of interest by the editors of the venerated '*Harrison's Principles of Internal Medicine*' is one such example of the importance of integrity in the editorial process (2).

The reviewer also discusses Kassirer's views on the mindless application of technology. The reasons for overuse of technology like practising defensive medicine, the *laissez faire* approach and, perhaps, profiteering are the root causes of the problem; but a more insidious happening is the lack of teachers who can teach good clinical medicine and the decision-making process which Kassirer is known for. In the absence of a clinical approach, technology becomes the substitute, initially, and then the norm. This is significant in view of the clamour (and definite need) for increasing the number of medical colleges and the uptake of students.

But just as editors with integrity are being driven out of the system, so too are good clinical teachers unwilling to associate themselves with colleges with low ethical standards, started often by businessmen and politicians for profit and power, compounding the problem. Good editors and good teachers are being driven on a slow march to extinction which does not augur well for the medical profession.

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Global research partnerships in advancing public health: A case study on India

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Collaborative research is integral to medicine. Multi-national and multi-institutional research partnerships produce advances in medicine and public health that have a significant societal impact. Developing nations can gain from such collaborative partnerships in achieving progress in sustainable development goals. However, it is important that the research agenda is relevant to the region where studies are conducted. Funding of research by the national government and regional organisations will ensure that the research is appropriate for the region, and ethically rigorous. In this study, I investigated the characteristics of research partnerships in India, especially the sources of research funding.

I conducted a cross-sectional analysis of all original research articles published in the top five high impact clinical research journals over a period of ten years prior to February 18, 2018. I restricted the search on the PubMed database to articles containing the word "India" in any part of the publication, and to those which provide an abstract. Of the 258 articles that were retrieved from this search, I found 59 manuscripts which describe research conducted exclusively in India.

Of the 59 research studies, 31 were published in *The Lancet*, 13 in *BMJ*, 11 in *New England Journal of Medicine*, 3 in *Journal of American Medical Association* and 1 in *Annals of Internal Medicine*. Only 46% of the studies had an Indian-affiliated researcher listed as a first author, and 29% as a corresponding author. The first and the last authors of the study were both from outside India in 63% of the studies. The Government of India provided funding support to 9 studies (15%), whereas a foreign government provided support to 29 studies (51%). 54% of studies had funding from a non-governmental organisation, not including the United Nations, the World Health Organization or the World Bank. The Bill & Melinda Gates Foundation and Wellcome Trust provided research funding in 14 (24%) and 7 (12%) of the studies respectively. Only 6 studies were conducted with pharmaceutical support, of which only 3 were funded exclusively by the industry. Of the 59 studies, 36 were interventional and 23 were observational. Maternal and child health were the fields of study in 36% of the publications. Infections, chronic diseases, and cause of death studies formed the other major fields. A substantial proportion of research projects (15%) were focused on describing mortality rates specific to exposures such as infectious organisms and risk factors such as smoking.

A majority of the high-impact clinical medicine and public health research articles on India have partnerships that span countries and funders. Although all the research topics identified in this study were relevant to the Indian context,