Journal of medical ethics, 1992, **18, 160–163**

Letters

Ethical questions about peer review

SIR

Your editorial in the March 1992 issue (1), is in my opinion something of a landmark – and a positive, favourable one – in the history of scholarly communication. In effect, you are urging the medical research community to take seriously a paper that leading peer review authorities rejected (for one reason or another) for publication. The peer review authority rejection might be characterised as having been made on a wholesale basis, and you yourselves were recently part of this rejection effort.

At the same time, I feel that a very serious ethical question regarding peer review and scholarly communication remains unanswered. Therefore, I respectfully request the editors of the *Journal of Medical Ethics* to include, as an extension of – or part of – this letter to the editor, the 'open letter' of January 31, 1992 regarding JME editorial policy in relation to the rejection of articles that will result in the saving of millions of lives.

Reference

(1) Gillon R. A startling 19,000-word thesis on the origin of AIDS: should the JME have published it? *Journal of medical ethics* 1992; 18: 3–4.

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Open letter

SIR

As part of my studies of peer review and scholarly communication, I consider this letter to be an open letter to you and to scholars interested in problems of scholarly communication. Also, I intend to write an article based on the contents of this letter (and also based on your replies to inquiries made in this letter).

Recently, the *Journal of Medical Ethics* rejected – via your rejection letter of 27th May 1991 – a manuscript submitted for publication in your journal and subsequently published as a monograph elsewhere (1). The main reason for rejection, as stated in your letter, regarded length. The manuscript was too long, in your opinion. You emphasised the problem of length, and emphasised your negative decision regarding the manuscript, by writing: 'There is just no way that I can publish a 19,000-word paper (even if I thought that it was going to save millions of lives...)'.

I would like to analyse and discuss this statement of yours within the following contexts of peer review and scholarly communication:

1) The question of just what you really 'can' or cannot do. (In this case, the word 'you' refers to the *Journal of Medical Ethics,* to you personally as editor, and to you (plural) who comprise the editorial leadership of the journal, including the chairman of the board, consulting editors, etc.)
2) The ethical ramifications of your statement in relation to the traditional ethical tenets of the medical profession.
3) The question of accountability, or responsibility, towards the journal's readers, towards the medical research community – and the medical profession as a whole, and towards the human race.

First of all, just so there is no misunderstanding, the discussion does not concern whether the article in question would have saved millions of lives or not. Instead, the discussion revolves around your on-the-record statement that if this article you rejected, or any other article of 19,000 words submitted to you, would save millions of lives, you would reject the articles because they were too long.

Regarding what you can or cannot do (item 1), I think it is nonsense, and a false statement, to state that you cannot publish an article of 19,000 words if such an article would save millions of lives. Some journals publish articles of a page or two in length, and some journals publish articles much longer than 19,000 words in length. In effect, limitations for length are arbitrary and artificial limitations set by editorial decision. In fact, whenever you receive an article of 19,000 words that will 'save millions of lives' by virtue of its publication, I feel you can do the following:

a) Include the article in the next issue of your journal, even if it means making the issue larger than usual, and even if it means a 'hold the presses' situation.
b) Create a special issue of your journal, devoted to saving millions of lives, based on the article that will save millions of lives, with editorial comment, and comment by authorities and experts in the field, on just how the article will save millions of lives.
c) Hold a press conference before publication, in which you announce publication, and in which you announce how the publication will save millions of lives. (I think such action by a journal similar to the *Journal of Medical Ethics,* in the cases of Semmelweis and childbirth fever, and Beauperthuy and yellow fever, could have saved at least thousands of lives.)

Regarding ethical ramifications (item 2), I think your statement has such vast

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potential consequences that the questions of peer review ethics are superseded and transcended by questions of medical ethics. It seems to me that the basis of medical ethics is to relieve suffering and save lives. How is it possible that a journal devoted to 'Medical Ethics' – both in title and in contents of the published articles – will automatically reject articles of 19,000 words that will save millions of lives, on the basis that the articles are too lengthy? I would think that any scholarly journal dedicated to medical ethics as its main subject matter would actively solicit – on a world-wide basis – *all* articles that would save millions of lives, whether they were less than a page long or more than 19,000 words long.

For item 3 (accountability, responsibility), I think some ideas of Louis Pascal are pertinent, as found in his article (1). On page 22 he writes: 'The editors of the world's learned journals are the gate-keepers of knowledge ... where scientific errors have the potential, already partially realised, to bring about worldwide holocaust, then incorrect knowledge presents a threat of enormous magnitude. The editors of the world's learned journals are at the interface between knowledge and society. Their power is enormous. Their responsibility is enormous'.

It seems paradoxical, ironic, and unethical to me that editors of a journal dedicated to medical ethics would attempt to wash their hands of the responsibility and accountability to their readers, to medical researchers, to the medical profession, and to humanity if millions of lives were lost – instead of saved – specifically because the editors rejected an article on the basis that it was 19,000 words long.

I am very interested in knowing how you try to justify such an editorial policy, and I look forward to hearing your courteous reply.

Reference

(1) Pascal L. What happens when science goes bad. The corruption of science and the origin of AIDS: a case study in spontaneous generation. Working paper no 9, Science and Technology Analysis, University of Wollongong.

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Editor's response

So far as publication of the 19,000-word paper is concerned, I have explained the situation in my editorial of March 1992. I tried hard to persuade Mr Pascal to reduce the length of his paper so that we might publish it. However, our instructions to authors are quite clear, and I was not prepared to publish a 19,000-word paper.

So far as my brief remark, in my letter to Mr Pascal, that there was no way that I could publish a 19,000-word paper even if I thought – and I didn't – that it would save 'millions of lives' is concerned, no, I don't really cleave to this absolutist moral stance! Suffice it to say here that I would need to be confronted with an extremely compelling case before I so flagrantly overrode the normal publishing rules of the journal, and neither I nor the editorial board felt that this was such a case. We did, however, try to play our part in helping Mr Pascal argue his case before the scientific community, outlining his thesis and drawing attention to where the full version could be obtained.

Alternative medicine: response to Kottow

SIR

In his discussion of the ethics of promoting alternative medicines Michael Kottow (1) confuses the problem of demonstrating their efficacy empirically with that of establishing a rational explanation for any such efficacy. A consistent empiricist following David Hume (2) might be content to accept that an intervention causes the cure of a disease where the intervention is associated with cure, beyond the expectations of chance, in properly designed clinical trials. Kottow is not content with this and requires an explanation for causal action which is coherent with the materialist ontology of disease and the mechanistic view of biological process. The legitimacy of this scientific materialism he argues, *ad hominem*, is demonstrated by examining the theoretical views of modern organic psychiatrists. The value of concepts like health and well-being are dismissed as elusive to serious analysis, on the ground that they do not clearly identify material objects or scalable physical quantities.

There is little new in these arguments. The 16th century medical establishment persecuted the physician Paracelsus on the grounds that his therapeutics was not based upon the Galenic humoral pathology (3). Similarly the Paris Academy refused to sanction the opening of a free homoeopathic dispensary in Paris in 1835, not because there was no evidence of efficacy, but because homoeopathy's principles were not congruent with the pathological principles of the day (4). Kottow offers no defence of his materialism on either rational or empirical grounds. Rather he asserts that those who do not accept it should be obliged to demonstrate the plausibility of their alternative ontology. That criteria could be found to assess plausibility is not clear.

Kottow finds another ground on which to judge alternative medicines unethical. Alternative systems, he argues, explain both disease occurrence and therapeutic failure by blaming the spiritual deficiencies of the sick person. This person, thus diminished, becomes dependent on the enlightened alternative practitioner for guidance; a relationship which the latter is clearly well placed to exploit. This position is close to that taken by David Armstrong (5), who has argued, following Ivan Illich, that if medicine is social control, then whole-person medicine must be social control of the whole person. Whether a focus on the individual and his symptoms rather than a pathological lesion empowers or diminishes that person cannot be taken as decided. Jewson (6) has argued convincingly that a symptom-based model of illness has been associated with patient dominance within the doctor-patient relationship, while the modern biomedical model has been associated with the dominance of the doctor.

Kottow's sociological caricature is not, however, central to his argument, but merely serves to distract our attention from the weakness of his contention that alternative medicines cannot possibly work because they are not founded on modern biological mechanism. It seems reasonable on scientific grounds to require that the efficacy of alternative medicines be demonstrated empirically before we allow their practice to be ethical. To require that their practitioners are materialists, or that their mode of action be immediately explicable within the parameters of our current