On Judgment, Impact Factor and Feelings: What Can We Learn from the Impact Factor?

To the editor. From the article What Can Be Learned from the Impact Factor of the Croatian Medical Journal (CMJ) 1994-2003? I learned that the increase in the impact factor of CMJ mainly resulted from the increased number of fully independent citations and authors self-citations in journals other than CMJ, better international visibility, free full-text availability, and quite a number of international contributions published particularly in thematic issues (1). As a regular reader of the Journal I congratulate the editorial staff on their commitment to move the journal closer to the focus of the international readership. Further, I would like to use this opportunity to add a few lines about essential parameters determining the quality of medical journals.

Since impact factor was widely recognized as a quantitative measure in 1960’s, the complexities in interpreting the performance of journals and their quality have been discussed time and again (2-4), especially the view that impact factor is too highly valued. Following the omnipresent urge to increase a journal’s impact factor, editorial staff tries to choose manuscripts that would not only meet the needs of their journal, but also help rise the impact factor. Therefore, many submissions are rejected for reasons other than poor methodology, flawed results, or weak clinical reasoning. In addition, the criticism brought before the audience by Davis (5) pointed to the fashion of making “snap and dangerous judgments about the quality of other’s work simply by perusing the names of the journals in which they publish, with no actual attempt to read their papers.”

I became aware of this dogmatism through my work in history of medicine, and realized that no period in history of science has been resistant to the imperatives of standard and prestige of the time. Consequently, I cannot but see the process of applying rigid formal standards of empirical research and dismissing studies not of immediate application in medicine, hence not interesting for further citations, as limited and potentially dangerous. A brief insight into medical history (although such an attempt may not affect the IF of the journal) allows us to list many achievements that did not have any potential applicability at the moment of their publication but later proved of essential importance. The isolation of trypsinogen in 1971, for example, seemed quite unexciting at the time, until further work made it possible to synthesize renin inhibitors and inhibitors of protease of human immunodeficiency virus type 1 (HIV-1), now a basic element in the treatment of HIV-1 infection (6). The fact that issues which did not fit into the framework of thinking of the day yielded profound breakthroughs later on is notorious in the history of medicine. The influence of editors and editorial policy is therefore highly responsible and complex. Editors are in the position of becoming potential visionaries when assessing papers on challenging approaches, different from the mainstream medicine. Open-mindedness and wisdom should therefore be given advantage over the impact factor of a journal. Some journals have already set out in that direction and are looking forward to continue. I was delighted by the point emphasized by the editorial staff of the Journal of American Academy of Dermatology in their discussion of the clinical influence of their journal (7). Not forgetting the role of the journal in continuing education of practitioners and above all in helping to benefit clinical practice, they put forward the question: What kind of impact are we really after? Case reports in journals were mentioned as a polar opposite to basic research-oriented publications, which accumulate citations. They looked at the effect of case reports on impact factor of their journal in 2000 and concluded that it would have been higher without case reports (2.656 instead of 2.131). However, they concluded (7): “But we like case reports; we think most of our readers like them, we believe that they are important and time tested instructional tool … and we feel that they play an important role in contributing to one of the main missions of the journal: the continuing education (and pleasure!) of its readers.” The decision of the editorial staff to continue publishing papers of no value for their journal’s impact factor but precious for the benefit of patients impressed me. I was delighted with the use of the words like, feel, and pleasure. It is indeed rare to include any aspect of human feeling in such a kind of analysis and the fact that the editors also cared about the pleasure (not only education, elucidation, and knowledge) of their readers, the fact that they liked case reports (despite the drag on the impact factor) and they felt (not only measure!) for the global benefit, gave me hope for the humane and emphatic medicine in the future.

Our perception of nature is destined to be limited and only time (or history!) will be the proper judge of the value of our findings, papers, and the quality of our journals. No matter how strict we want to be in our attempts to reach prestige with what we compile, we should always have the patients in our
minds and the fact that not all the values can be calculated, expressed and judged mathematically and on the spot.

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References
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