

To review or not to review? That is the question

Review o non review? Questo è il problema

Mario Di Napoli¹, Silvia Maina²

¹ UOC Neurologia. Ospedale Generale Provinciale San Camillo de' Lellis, Rieti. Editor in Chief, *Reviews in Health Care*

² Editor, *SEEd Medical Publishers*

*Whether 'tis nobler in the mind to suffer
The slings and arrows of outrageous fortune,
Or to take arms against a sea of troubles...*

William Shakespeare, Hamlet Act 3, Scene 1 Soliloquy

We appreciated the letter to the editors by Drs. La Torre and Unim [1] in response to our previous editorial [2] about the number of authors listed in review papers published in RHC. Rightly, Drs. La Torre and Unim pointed our attention on the way to report a systematic review paper according to PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) guidelines [3]. In synthesis, the aim of the PRISMA Statement is to help authors in improving the reporting of systematic reviews and meta-analyses. PRISMA may also be useful for critical appraisal of published systematic reviews, although it is not a quality assessment instrument to gauge the quality of a systematic review [3]. It is obvious that systematic reviews and meta-analyses are important in health care. Clinicians and researchers read them in order to stay updated in their own field [4,5]. Clinical practice guidelines often use systematic reviews as a starting point for their developing. A systematic review may be required by granting agencies to ensure there is justification for further researches.

Reviews in Health Care, together with several health care journals, is moved to this direction [6]. As in any research field, the value and importance of a systematic review depends on what was done, what was found, and the clarity of reporting. However, we think that guidelines should be taken in the right consideration but, as everything else, they should be used and adopted with judgment. For example, the last update of PRISMA guidelines about the prior registration of the protocol of any systematic review and meta-analysis [7], requiring that this protocol should be made accessible before any hands-on work is done, sounds quite ludicrous, unjustified and rather insidious [8]. It appears as a way to brindle the scientific thought within research lobbies, more than to advance knowledge, to improve free and

Corresponding author

Mario Di Napoli
Email: mariodinapoli@katamail.com

Disclosure

The authors declare that they have no financial competing interests

research transparency, to improve cultural interchanges and ethical conducts, and to educate health providers.

Our philosophy in conducting this Journal is searching scientific freedom, breadth, and depth. We encourage authors not only to review in a critical appraisal the current status of knowledge on a topic using all literature available, but also to put forward a vision for the future in their field. It is important for each review to be accessible and interesting to a general reader.

Our intention in conducting this Journal is also reducing information overload. Information overload is a general problem for scientific society and more in general for our contemporary world, extending well beyond science. The review papers published on *Reviews in Health Care* must simultaneously provide an introduction into primary literature of a specific field, summarize current knowledge in that field, and judiciously interpret that knowledge. This is the goal of the information upon which scientists and researchers depend in order to stay informed. To this end, the RHC model was adaptable to the new world of electronic information, e.g., with online access and online supplementary materials and for this reason the Publisher made the online open access free of charge for the registered readers.

The reduction of information overload needs not only sifting, reviewing, and synthesizing information (i.e. handling information with sophistication and meaning, not merely mechanically), but also overcoming information overload; i.e. it is important to ensure information is valued and read; to ensure that new knowledge is assimilated and applied to support and accelerate progress, and finally, to ensure to funders that research investment is not wasted.

Our avenue in conducting this Journal is filtering for quality and adding value. Our goal is to provide timely perspectives by direct request, rather than by spontaneous submissions (even if spontaneous articles are very welcome). Choices of articles are guided by a master plan of topics in health care. The established process allows for recognizing and responding to new areas of work and areas that have evolved or taken special advantages of conceptual or technological breakthroughs. The role of the RHC review article is to draw together all the primary research in a field and provide a systematic, intelligent synthesis from the perspective of an expert in that field. This means a subtle, time-saving benefit for the readers: the authors have already done the work for the readers and they are highlighting for the readers what is important as well as future directions and future hot topics.

Together with updating knowledge of the readers, our goal in conducting this Journal is also developing skills and responsibilities in the researchers of the future. Developing their experiences in reviewing, selecting, and condensing multiple sources of data from an early age will help them in completing their scientific expertise and will enable them to keep up with the wealth of relevant information. We and our editorials will have a strong role in alleviating information overload by pre-selecting and recommending important content, and facilitating access to it. The Journal should play an important role in providing a first level of evaluation and selection, and saving readers' time in finding good quality, relevant contents.

One year has passed since the first issue and many significant events have occurred in this brief time. Following our philosophy, RHC is now indexed in many databases, such as DOAJ, NewJour, Ulrich's Periodicals Directory, and Science Gate. Of course, this indexing effort will be one of our main goals for next year, as soon as there will be a track record of timely and solid content, not only to increase the visibility of the Journal, but also because it represents an appreciation of the quality of its articles.

Indexing and abstracting services will facilitate the broadest dissemination of information by pointing researchers to articles that are relevant to the field. However, can a small journal, born in Italy, reach the worldwide readership? We believe it can. Some of the data of this first year give us, if not reason, at least some hope. Among the many interesting submissions, several different Countries have been represented from both developed and developing Countries, such as United States, Argentina, Colombia, and Nigeria, only to cite some places. Since RHC was born in Italy, we decided to allow its authors to choose if they would like to write in Italian or in English. Anyway, we are noting that the number of English

articles is, slowly, but continuously increasing. We are glad of this trend, not for a sort of xenophilia, but because, as the word itself states, to publish means to make information available for the public to know. Of course writing in English means to reach a higher number of readers.

In this occasion, we also would like to thank everyone who has been involved with the Journal during this first year, as scientific board, editors, reviewers and, of course, authors. We look forward to continue publishing high quality articles, with a growth in our readership as well as our editorial content.

References

1. La Torre G, Unim B. How to report a review? *Reviews in Health Care* 2011; 2: 195-202
2. Maina S, Di Napoli M. How many authors are needed to write a review? *Reviews in Health Care* 2011; 2, 83-6
3. Moher D, Liberati A, Tetzlaff J, Altman DG. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *Ann Intern Med* 2009; 151; 264-9
4. Oxman AD, Cook DJ, Guyatt GH. Users' guides to the medical literature. VI. How to use an overview. Evidence-Based Medicine Working Group. *JAMA* 1994; 272: 1367-71
5. Swingle GH, Volmink J, Ioannidis JP. Number of published systematic reviews and global burden of disease: database analysis. *BMJ* 2003; 327: 1083-4
6. Young C, Horton R. Putting clinical trials into context. *Lancet* 2005; 366: 107-8
7. Liberati A, Altman DG, Tetzlaff J, Mulrow C, Gøtzsche PC, Ioannidis JP, et al. The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. *PLoS Med* 2009; 6: e1000100
8. Takkouche B, Norman G. Meta-analysis protocol registration: sed quis custodiet ipsos custodes? [but who will guard the guardians?]. *Epidemiology* 2010; 21: 614-5