

Editor's dilemma on low-income countries

Sir: Peter Tyrer's editorial in the October issue makes interesting reading and certainly deserves credit for its balanced view on a subject seldom discussed yet pertinent to intellectual growth in a supposedly globalised world. There are two poignant issues.

First, publication bias is very difficult to avoid in the context of the inordinate disparity in socioeconomic development between high-income and low-income regions. This subtly instigates a prejudice against outputs from the low-income countries in general, and assessment of a paper from a low-income country for publication in a journal in the West is just one aspect of this global prejudice.

Second, an editor has a repertoire of reasons for rejecting a paper at the in-house level not necessarily related to the quality of the paper and any of these reasons could be an avenue of the editor's transference – political or cultural or both. To illustrate this point, I recall a non-plenary discussion at a meeting of the West African College of Physicians at Accra, Ghana, in 2003, at which African psychiatric authors mentioned some 'editorial' reasons for rejection of their papers submitted to journals in high-income countries. These included 'constraint of printing space', 'the theme of your paper is outside the current interest of the journal', and so on. Could these reasons be euphemisms for poor-quality submissions or simply biased rationalisations?

Richard Smith, former editor of the *BMJ*, in an address to a coterie of Nigerian medical academics in Lagos, Nigeria, in 2002, stressed the need to blend editorial scrutiny (peer review) with achieving an ecumenical (my term) spread of published papers in any international journal. The quest for quality, of course, is paramount and I express my total abhorrence at the idea of applying less demanding criteria in the assessment of papers from low- and middle-income countries in order perhaps to placate their authors.

It should be borne in mind that there are ample intellectual and motivational resources in low- and middle-income countries, though these have often been substantially emasculated by political misgovernance. It would be helpful to use existing support from high-income countries: discounted

publications (journals and books), the restructuring of the composition of editorial boards to include assessors from low- and middle-income countries (Horton, 2003), the offer of learning facilities (e.g. access to e-databases) and sponsored exchange programmes for collaborative research, as implied in the programme for Young Investigators in Biological Child and Adolescent Psychiatry (Ehrlich & Stegemann, 2007). These forms of assistance, aside from being salutary to understanding trans-regional patterns of psychiatric epidemiology and enhancing intellectual advancement, would be tantamount to ploughing back to low- and middle-income countries some of the huge gains of colonialism to the West.

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Author's reply

Sir: Professor Famuyiwa raises some relevant points which are difficult to answer easily. Do editors live in leafy worlds of global prejudice or are some of them just being hard-nosed climbers in the Journal Impact Table? The sad conclusion is that US papers will be cited most in the literature and those from low-income countries the very least, and although I agree this may often not be based on merit, it is the current fashion. When an editor such as Richard Horton does stick his neck out and publishes a series on global mental health (those who think he was just a vehicle in this enterprise are mistaken – he was the prime mover) in which the low-income countries do get a proper mention and also a boost to their influence that goes far beyond lip service (*Lancet*, 2008), it is difficult to know what the rest of the editorial world thinks. The series has gone down well (Patel *et al*, 2008) and I am sure at least a few editors have regretted not being in the forefront of this movement themselves.

We also need to be aware that the major medical journals of the world are going through a difficult time at present because the influence of what is euphemistically called special interests, but in essence mainly consists of the pharmaceutical industry, has handicapped some of the advice that has been delivered, and paradoxically better information has flowed forth in low-income countries (Adams *et al*, 2006).

Correspondence is welcome either on articles published in *International Psychiatry* or on aspects of current policy and practice in psychiatry in different countries. Letters (of up to 500 words) should be sent to: Amit Malik MRCPsych, Consultant Psychiatrist, Hampshire Partnership NHS Trust, UK, email ip@rcpsych.ac.uk.