

## Publish or Perish – Insights from the Editors

Tom Marwick MBBS, PhD, MPH  
Baker Heart and Diabetes Institute, Melbourne, Australia

I hate the term “publish or perish”, but unfortunately, for researchers it is accurate! All of the research funding bodies that I am aware of use previous research performance as a guide to likely future success, and therefore to funding. The issue is how to define research performance. In this presentation, I assume that research performance is measurable as “impact”, most widely assessed as citations, but preferably as an impact on guidelines or change in practice.

**Journal selection.** Selection of an appropriate journal is a critical step. Clearly, you would like to publish in the Journal with the highest impact factor, but this simple metric is a little obscure - essentially, it is a ratio between citations and published pages. A journal wanting to increase impact factor may elect to publish more reviews (which are often cited), and fewer papers (to decrease the denominator). Sometimes, journals set up processes to cite their own papers in reviews that are specific to the journal, and very commonly they arrange editorials for every paper. IF does not allow for comparison of performance in different fields. In recognition of these limitations, most jurisdictions recognize impact factor as being a faulty metric.

My preference is to use citations – an imaging paper in an imaging journal may be seen and used (and cited) by more imagers than the same paper in a general journal. However, there is a disconnect between the citation of the paper, which is an academic activity, and the translation of knowledge and clinical practice.

My advice is to select the Journal according to your audience. I am clinical researcher, I want other clinicians to see and change practice on the basis of my work, and therefore for example I’m much more keen on publishing in the JACC journals, which are widely read by cardiologists, than in other channels which have a stronger academic following.

**Survival in the war of publication.** The term survival can unfortunately become a literal consideration in researchers who attach too much significance to the peer review process. This process is not helped by unnecessarily hostile reviewers who use the cloak of anonymity for rudeness or bullying that they would avoid in personal interaction. You have to ignore that, it says more about them than about you. Likewise, it is vital to realize that the editor’s decision relates to their perspective of what should be published in the Journal, and may have nothing to do with the quality of your science. As a young researcher, I remember one of my mentors quoting his boss saying “for every paper there is a journal”. I don’t completely accept this, because sometimes serial rejections occur because the data really isn’t good, and the work shouldn’t be published anywhere, but the thought behind it is reasonable, that it’s a matter of finding the right audience.

**My own criteria.** From my standpoint, a high-quality paper has to either contribute to a change of practice, or provide new insights to better help clinicians understand disease. This means that papers that are confirmatory, or add relatively minor increments of knowledge should either be presented as research correspondence or go to a downstream Journal. The quality of presentation is important. While it seems superficial, a manuscript that is untidy, with multiple typographic errors is often construed to be a sign of an author whose attention to detail is inadequate. Likewise, good quality illustrations, particularly central illustration, is a major attraction. Keep in mind that most busy readers will read your abstract and scan your figures. When you want others to know about and use your data, perhaps the most effective means of that is having material presented at national and international meetings. Almost universally, this involves cutting and pasting figures into slides.