
Reports of Meetings

Anglo-German Medical Society

49th annual meeting, Cologne, 11-14 September 2008

The Anglo-German Medical Society (Deutsch-Englischer Ärztverband, www.agms.net) “was born after 1945 in order to rebuild the professional and personal relationships that had significantly cooled down between medical doctors of the two countries. Achieving a ready exchange of ideas, knowledge and personnel has been the aim of the AGMS ever since its foundation in 1959.” Its two national committees consist of practising doctors based in Germany and in the UK.

The society encourages collaboration between doctors and medical scientists in the two countries, as well as facilitating a constant exchange of knowledge and ideas. It provides grants for international projects and also has practical advice on how to find work. As someone who does German-English medical translation work in her spare time I was intrigued.

The theme of the meeting was palliative care, and the three blocks of sessions were grouped around pain, hospices, and miscellaneous, followed by a debate on physician assisted suicide. The first day was given over to the subject of pain. Traditionally, the brief to speakers is to speak in their mother tongue, with their slides appearing in translation, and a good few actually stuck to this, which to me seemed a very good idea as I find it easier to remember things that are explained in two languages.

Pain

The day started with a presentation from Cologne-based neurosurgeon A Kousoulakis, who introduced the concept of neuromodulators for pain management – and while it did get very scientific it was easy to follow, thanks to very good slides.

This was followed by a presentation from an Anglo-German specialist registrar in palliative medicine, Mark Taubert from Cardiff University Hospital, who spoke about pain therapy in malignant disease and compared and contrasted the British and German systems from the perspective of someone who has lived and worked in both countries.

Research surgeon Professor Edmund Neugebauer from the private University of Witten-Herdecke, near Cologne presented his concept of establishing a “pain-free clinic,” with the required surgical training and quality assurance standards and measures to put this into practice.

This presentation was followed by the practical perspective: surgeon Karl-Heinz Moser focused on pain therapy after outpatient surgical procedures (hernia operations) and explained how “pre-emptive” analgesia (given before the actual procedure) and the application of modern business management techniques had streamlined his practice and yielded satisfactory results for both doctor and patients.

The ensuing discussion was lively, and touched on, among other topics, national differences in medical training and grades, as well as semantics (“clinic” versus “Klinik”).

Hospices

Saturday’s theme was hospices, and again, the comparisons between the two different countries made the contributions extra fascinating. Hospice doctor Susanne Hirsmüller from Düsseldorf gave a historical overview over hospices in Germany – an idea that caught on some 20 years after Dame Cicely Saunders founded the first hospice in the UK. She explained funding models – as with health insurance, one of the fundamental differences from the UK – and introduced the hospice she herself works at, where the care is delivered by patients’ family doctors, as a case study.

Barbara Downes, palliative care consultant at Bolton Hospice, provided an overview of the UK system (where patients will be looked after by a palliative care doctor as well as their own general practitioner) and reported on the case of a patient in the care of her own hospice. Barry Miller, consultant in pain management and anaesthesia at the Royal Bolton Hospital, added the interventional anaesthetist’s perspective to the case report, after giving an overview of the integration of interventional and palliative care in the UK and outlining requirements for this to work.

Dorothea Kingreen, oncologist and haematologist from Berlin, reported on the “Home Care Projekt Berlin,” which integrates outpatient and inpatient hospice services in the city, using a range of affiliated specialists. The service is available only to people in Berlin whose health insurance covers Berlin, which would cause problems for those insured in their local statutory sickness funds, and is as such not a standard service available to all.

For me, Saturday’s session was one of two highlights of the meeting – Germany’s “Vorsprung durch Technik” and methodical approach to developing systems and delivering to an extremely high standard are impressive, but the NHS has 20 years’ more experience with hospices and has made greater inroads into palliative services and training, and patient care does not depend on location in the same way. And then there is the British sense of humour ...

Miscellaneous

The start to Sunday’s programme was made by orthopaedic surgeon Rainer Koll, who shared with the audience what it takes to look after Germany’s (winning) national hockey team. Norwich-based junior doctor and AGMS grant recipient Julia Ferié then briefly reported on the work of the Forum for International Health (www.foring.org). The next two sessions were my second personal highlight of the meeting and focused on paediatric palliative care:

Christoph Kramm from the University of Halle/Saale (and also a recipient of an AGMS grant) presented a vast collection of data comparing systems in Germany and the UK, and Professor Klaus Eugen Bonzel spoke about paediatric nephrology and terminal care at the university hospital in the German city of Essen and showed a short TV feature film about a teenage girl's kidney transplantation at his centre.

My impression was that the society more than delivers on its aims, which are to achieve a ready exchange of ideas, knowledge, and personnel, and to encourage

collaboration between doctors and medical scientists in the two countries.

At the Cologne meeting, a motion was passed that members of health professions or professions allied to medicine can become associate members. I would recommend this to all medical editors and translators.

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EMAME conference

Fourth regional conference on medical journalism in the WHO Eastern Mediterranean Region, Manama, Bahrain, 5-7 November 2008

In the first two of these conferences on medical journalism, held in Cairo, Egypt,¹ and Riyadh, Saudi Arabia,² I had to spend hours in several airport transit zones to reach the venue. The third conference was held in January 2006 in my homeland, Shiraz, Iran. The fourth conference, a joint effort between the WHO Regional Office for the Eastern Mediterranean, *Journal of the Bahrain Medical Society*, Ministry of Health, Bahrain, and the *Eastern Mediterranean Association of Medical Editors* (EMAME), was held in Manama, Kingdom of Bahrain. I thought I could get there with a direct flight from Shiraz – but “whatever can go wrong, will go wrong.” In Bahrain we waited for one and half hours for the security check as they had not been informed about the meeting and its foreign guests.

Warm welcome

After this little problem, we received a warm welcome and hospitality, which continued throughout our stay. The Minister of Health of Bahrain, Dr Faisal Bin Yaqub Al-Hamer, came to the conference, had dinner with us, and gave all speakers a present. The conference venue was very good, as were the social programmes.

The conference was preceded by one-day workshops on medical writing and medical statistics for local editors and physicians. There were also four parallel short workshops in the afternoon of the first and second days of the conference on editorship, the Cochrane library, peer review, and statistics.

During the three days of the conference, almost 60 talks were presented. Almost 180 delegates attended the meeting from more than 20 countries in the region and also from Switzerland and India. After Bahrain, Iran and Pakistan had the highest number of participants. Many journals from the region were represented. Bahrain has two important medical journals—*Bahrain Medical Bulletin* and *Journal of the Bahrain Medical Society*—which had good presentations.

Aspects of journalism

Many talks were given on different aspects of journalism, including indexing of journals, editorship, ethics, and

peer review. However, some of the presentations were not scientifically sound. Too many abstracts were accepted for oral presentation, and there was no poster presentation session. This was the weak point: to present so many talks within such a short period, the organizers had to divide the presentations into two parallel sessions. Some of the participants could not be in the hall they really wanted, because they had to be in another hall giving a talk or being one of the chairpersons. In this way, some participants missed some great presentations.

The presence of outstanding guest speakers, among them John Overbeke, the vice president of WAME, from the Netherlands; Tim Albert from the UK; and Ana Marušić, president of the Council of Science Editors (CSE) and editor of the *Croatian Medical Journal*, from Croatia, was an opportunity that could have increased the quality of the scientific discussions at the meeting. However, the organizing committee did not use the full capacity of some of these scholars; as an example, Dr Overbeke gave only one short presentation on journal impact factor and chaired two sessions. Also, the conference could have arranged for oral presentations in only one hall and a poster presentation session.

One of the important events of this conference was that the newly elected EMAME Executive Council took over their positions. The term of these new officers is two years.

The next conference in this series will be held in Pakistan in 2010.

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References

1. Habibzadeh F. First regional conference on medical journalism in the WHO Eastern Mediterranean Region. *European Science Editing* 2004;30(1):18.
2. Habibzadeh F. Second regional conference on medical journalism in the WHO Eastern Mediterranean Region. *European Science Editing* 2005;31(1):18.

Communication support across the disciplines

Mediterranean Editors and Translators Meeting 2008, Split, Croatia, 11-13 September 2008

The Mediterranean Editors and Translators (MET) had their 2008 annual meeting and general assembly in the Croatian city of Split. It was the fourth annual MET event and the first to take place outside Spain, which makes this young association of language professionals working with English now truly Mediterranean. METM08 was attended by some 85 participants, mostly from countries around the Mediterranean, although northern Europe and even the United States and Brazil were represented. The focus of the meeting was on differences in language use and language support needs in different disciplines, ranging from hard sciences to humanities. The presenters included representatives of scientific journals in diverse fields – from applied linguistics to sociology, marine biology to medicine – and they all had captivating stories to tell.

Keynote speeches

METM08 keynote speakers were John Swales and Liz Wager. John Swales is professor emeritus of linguistics and former director of the English Language Institute of the University of Michigan. He initiated the genre-analysis movement and his contribution to METM08 focused on the genre of the research article, with a workshop on abstracts and the writing of abstracts, and a keynote address about the methods sections of research articles (how and why they differ between disciplines). He also pointed out salient variations in the rhetoric used in research papers from different disciplines.

Liz Wager, a freelance publications consultant, secretary of the Committee on Publication Ethics (COPE), and member of the BMJ ethics committee, gave a keynote speech about publication ethics in the electronic era. With the advent of the internet, local and international journals alike have become global, and there is a great deal of international collaboration on all levels of publication. But the internet hasn't brought universal standards or harmonization of practices. What's more, it has made plagiarism, copy-paste writing and copyright breaches much easier than before. There are no universally accepted standards of publication ethics: different individuals, institutions, countries, or cultures may set their own boundaries. Many rules are unwritten, and many are unknown by authors and reviewers or perhaps not generally accepted. Liz Wager indicated how manuscript editors and translators can spot ethical problems and contribute to solving them, and her occasionally provocative statements gave the audience ample food for thought and discussion.

Workshops

As a copy editor of several English-language medical journals published in Italy with an international but mostly Mediterranean authorship and readership, I deal with many of the issues mentioned by Liz Wager. There's a fair amount of copy-paste writing in the manuscripts that end

up on my desk – prepublication plagiarism, fortunately caught in time, but still problematic because these papers have already been accepted for publication. Reason enough for me to attend the workshop by MET chairperson Mary Ellen Kerans entitled “Managing plagiarism: an approach to dialog between authors and editors.” This provided background information on the plagiarism problem as well as useful directions on how to resolve it at different levels, and the role of language editors and translators in this process.

A recurrent theme was the use of English in research publications: which disciplines and situations really require the use of English, and when might the national language be more appropriate; when is multilingual publication the best choice, and how best to manage this; and what quality of English should be expected when it is produced by non-native speakers. There were panel discussions about multilingual publication, linguistics research relevant to wordface practitioners, translation revision and quality assurance, and cultural differences in communication among disciplines. The parallel presentations were subdivided into three threads: research, promising practices, and knowledge updates. In addition to the more academic presentations, there were all kinds of practical items on the programme, such as a demonstration of dictation software by two of its users, tips on how to “create” time for busy freelancers, and how to help academics prepare oral presentations in English when this is not their mother tongue.

The first day of the meeting offered a series of training workshops on practical tools for improving text flow, the anatomy of the thorax, statistics for editors and translators, and storytelling techniques to create high-impact PowerPoint presentations, to name just a few. And there was a pre-METM extra: a half-day computer workshop on corpus-guided editing and translation.

The meeting was impeccably organized at the University of Split Faculty of Medicine by a local team of volunteers. Special mention is due to Darko Hren of the *Croatian Medical Journal* and Anita Marušić of *Acta Adriatica*. METM08 ended with a wonderful closing dinner, where John Swales gave a sweeping performance with a toast to friends present and absent: “Although they are not in our sight, we can recognise them with our glasses.”

MET will return to its home town, Barcelona, for its next annual meeting on 30 and 31 October 2009, preceded by a workshop day on 29 October. The website (www.metmeetings.org) has further details on the meeting and also on MET's spring workshop programme.

I thank Valerie Matarese, Sarah Griffin-Mason, and Mary Ellen Kerans for providing useful suggestions.

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Ensuring research integrity in biomedical publishing

ALPSP Seminar in association with COPE, London, 22 October 2008

This much needed seminar on publication ethics was aimed at editors, editorial directors, managing editors, and publishers of peer reviewed scientific journals. It covered how to adopt policies, implementing policies, what the implications are, and how to communicate the policies to your authors, editors, and readers.

Reporting guidelines

The day kicked off with Doug Altman (Centre for Statistics in Medicine, University of Oxford) presenting "Reporting guidelines and the practicalities in signing up to them". He began with the importance of transparency in reporting of research so that readers can make their own conclusions of the results, the reliability of reporting research, and the criticalness of published research.

Poor reporting in studies can be from missing or incomplete methods and findings; the study can be misleading and also biased as studies that do not report any major significance have less chance of being published. If the reader cannot tell how the research was done then the article does not contain the necessary information.

When it comes to who is at fault for poor reporting, it can be authors, peer reviewers, and editors. Authors may not know what to include and editors do not know what should be included. (No one said this was easy).

The authors need more information and help with their reporting, so where better than the good old Instructions for Authors: there are never enough, if any, on reporting guidelines. The aim is to help authors be less biased and more accurate with their findings.

CONSORT statements for reporting randomized controlled trials was a good start, a set of 22 essential items to evaluate the study plus the flow diagram to take you on the patients' progress throughout the trial. Now many guidelines have been adopted by journals – STROBE, QUORUM, STARD, and many more.

Doug figures that there are four key principles with reporting guidelines: transparency, accuracy, clarity, and completeness.

The EQUATOR network, launched in June 2008, grew out of CONSORT and other guideline groups. It seeks to improve the quality of scientific publications by promoting transparent and accurate reporting of health research. The responsibilities for editors now are to take reasonable steps to ensure the quality of the research they publish.

Barriers to adopting this? Authors think compliance will be too much work, and they may ask "Who checks it anyway?" Peer reviewers may see it as the editor's job, then editors may think it is taking too much of their time and not fully understand the guidelines.

So EQUATOR needs to be on your Instructions for Authors and shared between colleagues – you can write an editorial in your journal and get people to sign up to EQUATOR's newsletter.

Screening

Next up was Mandy Hill (editorial director, Oxford University Press) presenting "Screening procedures. How publishers can help". Mandy categorized the screening procedures into six sections, but I am only going to touch on policy, instructions for authors, the submission process, and pre-acceptance checks.

The journal or publisher needs to be clear on its own policies and what they see as good practice, and they need to be clear how they relay these policies to their authors, peer reviewers, and editors. The journal or publisher needs to be aware of changing trends and policy changes and to be able to feed it back to the relevant readers. A good start would be to discuss at board meetings or publisher meetings and to have slides on ethical policies that have recently arisen and that editors need to be more aware of. For example, conflict of interest: authors need to be aware they may have conflicts of interest, and so do reviewers – how many of you ask the reviewer to submit a conflict of interest statement? Also the editor has to declare any conflicts of interest towards any article or his/her actual position as editor. Ethics approval is another policy, and authors and editors need to be aware of the Helsinki Declaration, ethics approval, patient consent, etc. Appropriate guidelines need to be in place and it must be stressed that they are guidelines only: you need to decide what would be mandatory and what would be recommended. For example, the clinical trials registration is required and made mandatory, but who is checking this information and that it has been registered?

Instructions for Authors are important: get this right and you're half way there. Be as clear and as transparent as you can: if your instructions are good and clear and to the point and the authors read them (ha ha) then you are informing and instructing them about good practice. Mandy reminded us that we should always be updating the instructions for authors, which I am sure many of us do (hmm...). They should be clear, easily searchable, and easy to navigate, and there should be instructions for reviewers and instructions for editors.

It's very important to get the submission process right. Now that we have online manuscript tracking systems we can enforce authors to submit things such as their conflicts of interest, tell us whether they have got ethics approval and where they got it from. These systems are quite clever and can be configured to how you wish to use the screens – you can have mandatory boxes and you could have links to your instructions for authors in the submission pages.

Pre-acceptance checks are what takes the time for manuscripts to get past our journal policies. Plagiarism is hard to track but it does happen and it probably happens more than you know, and fortunately software can track the articles to see if they have been published elsewhere. Digital manipulation also takes up time and energy and different kinds of software can detect if anyone has manipulated the

figures. These both cost money and resource but are highly recommended for publishers to keep your ethics policy robust. COPE will be able to advise you on how to deal with cases that arise, and they have some very useful flowcharts that everyone should read.

Workshop cases

After an extended lunch and a very exciting fire drill, which turned out to be a real fire in the next building, we quickly worked through the workshop cases with Jeremy Theobald (Emerging Health Threats Forum). One session was on ethical approval of studies and the other was on conflicts of interest. The discussion showed that most people have the same views on ethics approval, even though it is not so black and white. I have always struggled with when to ask and when not to ask authors about ethics approval: there are good guidelines around but there is still that 5% of articles where I do not know, and I would like to see that 5% become clearer. Sometimes one editor will say “No need to get it because it is a such and such an article” and another editor will say “Yes of course you need it.”

Conflict of interest was much clearer and straight forward as most guidelines for this are similar, and most people agreed with the conclusions of the three cases that were discussed.

Making peer review effective

Ginny Barbour (chief editor, *PLoS Medicine*), presenting “How to make peer review as effective as possible”, started us off by saying how little evidence is available for the peer review mechanism ensuring quality of biomedical research. This has always fascinated me; when I first attended the peer review congress in 2001 all I heard was the good and the great bleating about how peer review is not the perfect model, it is the cause of bias and it is slow and it costs an arm and a leg (the UK delegates would say that). Then Ginny went on and again I was fascinated.

Why do we do it then? We receive thousands of articles a year and they all need a decision, so peer review is a critical tool to make those decisions. Also authors and readers expect it, and it helps the editors out as the whole process is not just on their shoulders. Critical review helps an article to become a better article; no one likes a good moan about their paper but it does help the author get it published. They can cut out the inaccuracies and improve the quality. On the downside it takes time to get good reviews (moans) and non-biased ones too.

Ginny had some suggestions for the stages of peer review. Editorial triage: see if you can get rid of the bad and ugly before you send them out for external review – this is a good way of saving time and improving your turnaround times. Checklists: when articles are out for external review it is important the reviewer has a checklist to work from so they are giving a structured critique of the article. Editorial committee meetings: articles need to get a decision from the editors, hence the editorial committee meeting where a number of editors look at all the data and make recommendations and decisions on the articles. The struggle for reviewers: if you send out articles to quite a few

reviewers and you struggle to get reviewers to agree to do the review then the article is probably not worth reviewing in the first place as some reviewers will review only good papers. Mechanics of peer review: have a good online tracking system so that people can easily use and access it; keep your reviewer database up to date; thank reviewers and give feedback as they are doing you the favour.

Complaints

Last up was Sabine Kleinert (senior executive editor, *The Lancet*) presenting “Complaints procedure.” (Just sweep them all under the carpet – oops maybe not.)

Sabine differentiated between appeals and complaints: a complaint is an expression of dissatisfaction with an editor’s or a journal’s way of working, like flawed process of decision making, whereas appeals are an act of serious or a heartfelt request to reconsider a decision. This is quite an important matter as I have often heard appeals being in the complaints category.

So to save time and energy we go back to the Instructions for Authors: to cut your complaints down you need to prevent them in the first place and that is by telling your authors exactly what to expect when they submit to your journal – tell them about timeframes, process, and decision making. This way there are no shocks. It will not stop complaints altogether, but we can learn from those complaints and use them to our advantage.

Some complaints are timeframes not being met in the peer review process, editorial misconduct, conflicts of interest not explained on commissions, etc (the list can go on, not that I am complaining).

A prime example of editorial misconduct was the Sir Cyril Burt case. He founded the *Journal of Statistical Psychology* and published 63 of his own disputed articles in the same journal. He also altered work of others without their permission, added references to his own work, published a letter he wrote himself under a pseudonym, and responded (also by himself) under a different pseudonym to attack a colleague. (The last is my favourite.)

Sabine went on to say how to handle complaints. Don’t get angry is the most obvious, we all make mistakes; try to distinguish the difference between a genuine complaint and just a strop from an author because he/she has been rejected again. Investigate what went wrong, offer an explanation and an apology, and if you need to change policy or a process because of the complaint then let the person know – in most cases they will be pacified.

In 1996 *The Lancet* hired an Ombudsperson to deal with authors who were still not happy. This is an honorary position for usually 3-4 years; they independently assess cases but have no input into the peer review process or decisions on articles. They then write a report for the journal and will advise whether it needs to change policy or to do anything else. You can also get advice from COPE if you are a member.

Appeals are a journals nightmare; there are many appeals with journals, especially the general ones with high rejection rates. Some authors appeal for the sake of it, but having criteria to follow makes it easier for editors: do they