

Volume 125, Number 5, November 2020

British Journal of Anaesthesia, 125 (5): 639-641 (2020)

doi: 10.1016/j.bja.2020.06.061

Advance Access Publication Date: 20 August 2020

© 2020 British Journal of Anaesthesia. Published by Elsevier Ltd. All rights reserved.

EDITORIALS

Excellence in editorials: fulfilling their critical role in the medical literature

Kate Leslie^{1,2,3,*} and Hugh C. Hemmings Jr.⁴

¹Department of Anaesthesia and Pain Management, Royal Melbourne Hospital, Melbourne, Australia, ²Centre for Integrated Critical Care, University of Melbourne, Melbourne, Australia, ³Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, Australia and ⁴Departments of Anesthesiology and Pharmacology, Weill Cornell Medicine, New York, NY, USA

*Corresponding author. E-mails: kate.leslie@mh.org.au, hchemmi@med.cornell.edu 🔰 @katy_skier; 🤟 @HughHemmings

Editorials express opinions about topical issues; explain complex research; and highlight strengths, weaknesses, and alternative interpretations of studies. Regardless of the topic or opinions expressed, editorial writers should strive to meet the test of excellence as applied by the Pulitzer Prize for editorial writing: 'clearness of style, moral purpose, sound reasoning, and power to influence public opinion in what the writer conceives to be the right direction'. In this editorial, we provide guidance about meeting this test of excellence and fostering diversity amongst authors for editorials published in the British Journal of Anaesthesia (BJA).

Why write and publish editorials?

Writing an editorial is an honour. It gives the writer a podium on which to flex their scientific and literary muscle, stimulate scientific discourse, and influence their colleagues for the greater good. Writing editorials is viewed as evidence of standing by colleagues, grant bodies, and promotions committees. Although it takes hard work over many years to become knowledgeable and recognised in a field, writing an editorial may take only days or weeks, rather than the months or years it takes to produce an original research paper or a review. With this honour comes a responsibility not to self-promote nor to denigrate the work of others.

Medical journals publish editorials for a variety of reasons.² Promotion of science and improved clinical outcomes for

patients are prime motivations. These editorials serve the important functions of interpreting research papers for a broader audience, contextualising their findings, highlighting controversy, promoting discussion, stimulating further research, and facilitating changes in practice.^{3,4} Promotion of professional activity and celebrating success are another key motivation, with editorials drawing attention to key studies, special issues, and events; plans for future endeavours; and important policies and guidelines of the journal or related professional organisations.^{5,6} Occasionally, editorials honour the contributions of pioneers in the field. Finally, editorials attract print, broadcast, and social media attention that extends the reach and impact of the journal and its contributors. Such attention stimulates readers to subscribe to the journal, to download and read full papers, and to promote papers through their networks. As editorials are usually not counted as citable items, they can improve the journal's citation metrics by attracting citations themselves,8 including by the controversial practice of excessive self-citation.^{9,10}

Who writes editorials?

Most editorials in medical journals are solicited from experts, thought leaders, and well-informed observers in the field. The opinions expressed in these editorials are considered independent of the editorial board, the journal, its owners, and its affiliated societies. Some journals, including the BJA, accept

unsolicited editorials, after a pre-submission approval process. Many journals also offer alternative manuscript categories (such as special articles in the BJA¹¹) for unsolicited opinion pieces. Only a handful of editorials in medical journals are written by the editorial board as a group, without naming individual authors. 12 Other editorials, in particular those about journal achievements, plans, policies, and guidelines, are written by the editor-in-chief or senior editors.

Editorial writers are selected by the editor-in-chief or recommended by the handling editors of the original research paper. Writers may be drawn from the reviewers themselves (most common), recommended by the reviewers based on their academic networks, be experts and thought leaders known to the editors, or be members of the editorial board. These processes may lead to a lack of diversity in editorial writers. 13 Editorials routinely have only one or two authors, and journals typically discourage inclusion of very junior authors on the writing team, making it hard for new voices (early career researchers, women, minorities, and people living outside of Western Europe or North America) to break through. The challenge for editors is to engage these unrepresented groups as authors. Some journals have introduced initiatives to improve diversity amongst reviewers and editorial writers. 14,15 The BJA has started an editorial fellowship programme for junior reviewers who are mentored by current editors and are encouraged to contribute an editorial (The first such editorial has just been published. 16).

When are editorials solicited?

In the print era, editorials were published together with the original research paper in the same hard copy issue of the journal. This production lag gave editors and writers time to solicit and produce editorials after acceptance of the original paper. Now, most papers are published online ahead of print, or in online-only journals, often within days of acceptance. Editors, therefore, must solicit editorials earlier, often when papers are accepted pending minor revision. This gives writers only a few weeks to write their editorial and respond to reviewer comments. Because of this time pressure, editors may favour writers who reliably produce high-quality work in a short time frame, another factor reducing diversity amongst editorialists. Although publishing the original paper and editorial simultaneously is ideal, with advances in online publishing, the editorial and its associated paper can be linked electronically (which is how most readers access journal content in any case). This allows more time for preparation of a thoughtful editorial that can appear a month or so after the paper is published online.

How should an editorial be written?

As opinion pieces, editorials are much more varied in content, structure, and style than original research papers or review articles. This diversity is to be celebrated. Here, we offer our opinions about how to write a clear, well-reasoned, and persuasive editorial.

Content

Editorials express opinions about topical issues and provide background and context for important papers. They rarely contain new data that are being presented for the first time, but may present previously published data, often in a novel way. Authors should avoid providing another review of the original research paper, which has already been peer reviewed and accepted, nor they should provide a full-scale review of the issue at hand. Editorials about original research papers can clarify complex methods or results, put the results into context, express opinions about whether the work is definitive, and comment on whether the findings should be implemented in practice. It is also common to discuss any limitations and to provide solutions or suggestions to move the field forward. Difference in scientific approach and clinical practice should be highlighted, along with possible explanations for differences in findings compared with previous work. In addition to purely scientific discourse, journals also publish editorials on political issues and their relationship to medicine. 17,18

Structure

Editorials should follow a logical argument.¹⁹ Editorials addressing a research paper often have four sections: (i) a statement of the problem that the paper addresses; (ii) a summary of the paper's findings, strengths, and limitations; (iii) a detailed consideration of the issue that stimulated the editorial; and (iv) advice about what readers should take away. Subheadings may help readers understand the structure of the argument. Word counts and references are typically limited, but writers may include a figure, table, illustration, or infographic to enhance their message and break up the text.

Style

Editorials are often written in a more literary style than scientific papers.² Nevertheless, writers should avoid hyperbole, lay language, and jargon. If there are multiple authors, the writing style should be seamless and the sections well balanced. Opinions should be identified as such and evidencebased comments should be referenced. Our guidance for writing editorials with GRACE is provided in Box 1.

Title and quotations

Titles of editorials are most effective when short and engaging.²⁰ Whether they are clever or not, titles must reflect the contents of the editorial to draw readers in and facilitate

Box 1 GRACE.

Gracious: discuss strengths and limitations respectfully. Relevant: provide opinions relevant to the paper and its readers.

Accurate: quote the paper and literature accurately and conform to journal requirements.

Controversial: express an opinion and advance the discourse in a thoughtful and provocative way.

Engaging: write for a general readership, medical journalists, social media, and the public.

discovery by internet searches, thereby increasing the impact of the editorial. A catchy title or pithy quote can attract attention, but writers should make sure that their title has not been used before (more than 20 editorials with quo vadis in the title having been published so far in 2020). Avoid titles that are too contrived, obscure, or cute, and ensure that references to popular culture will stand the test of time. A relevant (but not hackneyed) quotation can strengthen the message, by drawing upon literary and historical resources.

Editorial review

Editorial manuscripts may be sent for peer review even though they were invited submissions and include personal opinions of the authors. (This editorial was no exception.) The aim of peer review is to provide constructive feedback to authors about the relevance, accuracy, clarity, and readability of their work with the goal of increasing its impact.

Conclusions

The British Journal of Anaesthesia values the contributions that editorials make to the advancement of science and clinical care, success of the journal, and education and entertainment of our readers. The editors are committed to soliciting editorials from authors who are both authoritative and diverse, and to encouraging a level of scholarship and writing that meets the Pulitzer Prize test of excellence.1

Declarations of interest

KL is a member of the editorial board of the British Journal of Anaesthesia. HCH is editor-in-chief of the British Journal of Anaesthesia.

Funding

Department of Anaesthesia and Pain Management, Royal Melbourne Hospital to KL; Department of Anesthesiology, Weill Cornell Medicine to HCH; British Journal of Anaesthesia to HCH.

References

- 1. The Pulitzer Prizes. Editorial writing. Available from: https://www.pulitzer.org/prize-winners-by-category/214. [Accessed 15 June 2020]
- 2. Peh WC, Ng KH. Writing an editorial. Singapore Med J 2010; **51**: 612-5
- 3. Wong CA. Dantrolene and malignant hyperthermia carts: do we need them on maternity units? Anesthesiology 2018; **129**: 225-7

- 4. Kelly FE, Duggan LV. Preparing for, and more importantly preventing, 'cannot intubate, cannot oxygenate' events. Anaesthesia 2020; 75: 707-10
- 5. Boer C, Moonesinghe SR. Women empowerment in anaesthesia research and clinical practice: meeting report from the British Journal of Anaesthesia Women in Anaesthesia Research symposium. Br J Anaesth 2020; 124: e59-62
- 6. Enright A. Worldwide standards of practice for anesthesia. Anesth Analg 2018; 126: 1807-8
- 7. Hunter JM. Dr J. Edmund Riding CBE, MD, FRCA, FRCS (Hon), FCARCSI (Hon), FANZCA (Hon): 1924-2018. Br J Anaesth 2018; 121: 531-3
- 8. McVeigh ME, Mann SJ. The journal impact factor denominator: defining citable (counted) items. JAMA 2009; 302: 1107-9
- 9. Ioannidis J, Baas J, Klavans R, Boyack K. A standardized citation metrics author database annotated for scientific field. PLoS Biol 2019; 17, e3000384
- 10. Ioannidis J, Thombs B. A user's guide to inflated and manipulated impact factors. Eur J Clin Invest 2019; 49:
- 11. British Journal of Anaesthesia. Guide for authors. Available from: https://www.elsevier.com/journals/british-journalof-anaesthesia/0007-0912/guide-for-authors. 15 June 2020]
- 12. The Lancet. Medicine and medical science: Black lives matter more. Lancet 2020; 395: 1813
- 13. Flexman AM, Parmar A, Lorello GR. Representation of female authors in the Canadian Journal of Anesthesia: a retrospective analysis of articles between 1954 and 2017. Can J Anaesth 2019; 66: 495-502
- 14. Berger A, Kunzli N. Welcome to the third training pillar of IJPH: young researcher editorials. Int J Public Health 2018; **63**: 1009-10
- 15. Iob G, Visintini C, Palese A. An overview of JAN editorials from 2014 to 2019: Who cares? J Adv Nurs 2020; 76: 1289-92
- 16. Kemp HI, Corner E, Colvin LA. Chronic pain after COVID-19: implications for rehabilitation. Br J Anaesth 2020. https://doi.org/10.1016/j.bja.2020.05.021. Advance Access published on May 31, 2020
- 17. Yamey G, Gonsalves G. Donald Trump: a political determinant of COVID-19. BMJ 2020; 369: m1643
- 18. Kelsall D, Stanbrook MB, Flegel K, Patrick K, Russell E, Sibbald B. Why CMAJ writes editorials. CMAJ 2016; 188: 850
- 19. Fontanarosa PB. Editorial matters: guidelines for writing effective editorials. JAMA 2014; 311: 2179-80
- 20. Warden SJ, van Dyk N. Insert catchy title here: engaging readers and improving health with stylish academic editorials. Br J Sports Med 2019; **53**: 1131-2