Identification of Reviewers
A Statement of Policy

Should editorial reviews be signed by the consultant? A reviewer recently returned his critique with these comments, “In accordance with my personal policy, it is my preference that my review be returned to the authors with my signature. It is my belief that unsigned reviews tend to be excessively critical and more biased and prejudiced because a reviewer may hide behind anonymity.” I have received several requests of this nature in the past few months and it may be helpful to describe the current editorial policies of this periodical.

The proponents of disclosure contend there is no place in science for anonymity. Commoner urges that reviews should not only be signed, but that they should be published. He suggests that such publication would convert the peer review process into an open dialogue that would contribute to the progress of science. Commoner contends that since the reviewers’ mistakes are protected by anonymity, they are less likely to be corrected in advance by self-criticism. He believes that the review process should be two-sided, that is, both sides should be required not only to criticize, but to reply to criticism. Other advocates maintain that the system of anonymous review permits and even encourages slipshod reviews, expressions of personal bias, conclusions unsubstantiated by data, and occasionally thoughtless or even vicious criticism.

Opponents of signed reviews (and I am in this group) assert that anonymity assists the reviewers in being forthright and constructively critical. In this era of fragmented specialization, each medical “fraternity” of investigators working in highly specialized fields has become increasingly narrow. Thus, it is predictable that colleagues and friends will be asked to judge each other’s work; disclosure of the referee’s identity may impair critical comments. Commoner suggests that publication of signed reviews would prevent immoderate commentary, but would not impede careful analysis. Would the public appearance of the critique and counter-criticism achieve these goals? I submit that publication of reviews is not only impractical but unnecessary since alternate methods are available. The concept of open dialogue in the pre-publication phase of scientific communication is a vital element in the preservation of scientific integrity and originality. However, this type of peer review does not require drastic change in current review procedures. In a recent communication I noted that it is possible to facilitate open lines of communication among authors, referees, and the editorial board. Undeniably important work has been refused publication by erroneous judgments of editorial boards and I have urged authors to contact my office if they believe that the referees’ analyses were in error. There has been a gratifying response to this invitation and authors more frequently than ever before voice their concern with aspects of the reviewer’s report. Obvious misunderstandings or reviewers’ errors can be corrected quickly. More subtle differences may require that I return the paper to the reviewer with a detailed rebuttal by the investigator. Frequently, it is best to send the manuscript and the author’s objections with the consultant’s critique to a third or fourth reviewer. A spirited dialogue may ensue and I have experienced no difficulty in arranging candid editorial debates between the authors and the reviewers, even though the reviewers are never identified. Responding to an author’s rebuttal, one reviewer noted, “Through such a mechanism I think that scientific questions can be sorted out in many cases and should always be available as a recourse to the author of a manuscript which has been refused publication.” Dialogue which is conducted through the means of an editorial office can be comprehensive and enlightening to both parties. Most important, it protects the referee’s right to refuse to participate in such dialogue. Hell hath no greater fury than the scorned author. A torrent of letters, some abusive, may be bestowed upon a referee by disappointed investigators. This is indeed small thanks for services rendered without financial remuneration! The editor provides a screening mechanism insuring that only constructive and reasonable letters of complaint are submitted to the consultant. If the reviewer refuses to answer or indicates that he is too busy to engage in even the most
instructive dialogue, there remains the opportunity to submit initial reviewer's comments and the author's response to other referees.

An editor could be placed in an untenable position if consultants sent their comments directly to authors even if these comments did not include final recommendations submitted to the editorial board. Priorities for subject material and editorial format may vary from year to year and sometimes from month to month. Either adulatory comments or hyper-critical statements within the reviewer's text may inadvertently place undue pressure upon editorial boards since their decision must be based upon a balanced view of all consultants' reports and immediate needs of that journal. Legal requirements may necessitate preliminary study by the editor in consultation with counsel or publisher. Most of these objections can be obviated if a consultant identifies all material he wishes to have transmitted to the author. This advance information assists the editorial board in preparing diplomatic and more insightful responses to the author.

What is the most equitable policy to pursue: identification or anonymity? Our policy is to provide maximum flexibility for reviewers. I believe that we must protect the evident wishes of the majority of consultants to remain anonymous. However, it is possible to honor the requests of those reviewers (and the list appears to be growing) who desire the editor to transmit signed reviews. I ask only that the reviewer communicate with my office if he wishes to have his identity known or if he wishes to write directly to the author. The peer review system has faults, but it has played an indispensable role in recent decades in assuring excellence of biomedical research. Medical journalism is in a period of unusual ferment and cautious adoption of new methods is indicated. Proponents and opponents of signed reviews should share observations in the months ahead and this may help determine if one method is unequivocally superior to the other.

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REFERENCES


The Diagnosis of Success

Surgery for coronary arterial bypass has been utilized for over ten years in the treatment of ischemic heart disease. Despite the performance of over 70,000 of these procedures annually, the benefits of this operation are still questioned. In fact, the methods of diagnosing perioperative myocardial injuries are still being questioned (see article by Rucker et al on page 300). Recently, scanning of infarcts has been proposed as an improved technique for making this diagnosis, and proponents have suggested that this should be a routine part of the work-up for perioperative cardiac injury. The purpose of this editorial is to try to place in perspective the procedures available for diagnosing perioperative cardiac injury and to suggest the optimal studies for the diagnosis of success in surgery for myocardial revascularization. Obviously, because economics must be considered in recommending any form of testing, the optimal studies should be those which are fewest in number, safest for the patient, and lowest in cost that will provide the needed information.

Basically, four things can happen to the heart as a result of coronary arterial surgery. The first alternative is that the conduits for bypass are placed without injury to the myocardium and that these conduits function to correct the deficits in perfusion that lead to the operation. The second alternative is that the grafts are implanted without injuring the myocardium but that the grafts fail to remain patent. A third alternative is that localized muscular death (myocardial infarction) results from the operation. These localized injuries are probably due in most cases to technical error (ie, poor anastomoses) or emboli. The fourth possible basic outcome is that there is a total or global myocardial injury resulting from poor myocardial protection during the performance of the surgical procedure. This type of injury can occur with patent or nonpatent grafts.

In actual practice, a combination of these four basic alternatives frequently results from an operation. A procedure may result in three of four grafts being patent, with correction of a deficit in perfusion to most of the heart. The occluded fourth graft may be associated with a localized infarction. If this infarction is small, the net result of the operation may be an improvement in myocardial function, and the operation may be considered to be a clinical success; however, if the infarct is large, there may be a deterioration of cardiac function, leading to worsening of the patient's clinical condition or death.

Since the total effect on the heart following bypass surgery is often a mixture of good and bad, the single most important test for the evaluation of surgery for coronary arterial bypass is clinical observation. Relief of symptoms and prolongation of life are the ultimate tests which this procedure must face.