

FROM THE EDITOR'S DESK

From the Editor's Desk: *JGIM* and COVID-19Carol K. Bates, MD¹, Jeff Jackson, MD MPH², and Steven Asch, MD MPH³

¹Harvard Medical School, Boston, MA, USA; ²Medical College of Wisconsin, Wauwatosa, WI, USA; ³Stanford University School of Medicine, Stanford, CA, USA.

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As you might imagine, *JGIM* has received many submissions that focus on COVID-19, and our approach to these is evolving over time. What is the sweet spot for *JGIM*?

One dilemma is time to publication. *JGIM* is less nimble than a website that can be consistently updated. We release publications as soon as they are in print format and well before they are assigned to an issue, but it takes time to get materials through the process of typesetting. We have been able to expedite this to 10 days at best, but the more that comes to us that is urgent, the longer it will take on average. We are also mindful that all of our author's work should be published as soon as possible, and with finite resources, there are potential downstream consequences if we expedite too much COVID-19 material.

A 10-day minimum for relevance would normally be an easy bar to clear, but with information flying at us from our clinical sites, the Centers for Disease Control, our state governments, etc., approaches to this illness are changing very quickly. This is particularly problematic for manuscripts describing natural history, specific clinical syndromes, and treatment of COVID-19 which are often superseded in days. We accepted a review of a clinical case series early on, but are unlikely to do so again at least in this time of rapidly rising cases in the USA and around the world.

Even attempting a 10-day turnaround time poses challenges for our traditional peer review structure. *JGIM*'s transition to Editorial Manager has allowed editors to keep abreast of peer review invitations and opinions in real time, but we cannot always expect reviewers to drop everything at this busy time to complete reviews quickly for us. The experts that we would most particularly rely upon for COVID-19 papers are the same people who are in the trenches developing policies, conducting research, shaping the educational mission, and delivering clinical care. We worry that they do not have time to eat or sleep—never mind thoughtfully critique a manuscript. Your editors-in-chief have provided rapid group peer review for some manuscripts for this and other urgent topics. While we can certainly edit for clarity, language, and methods, many COVID-19 submissions will test our expertise.

All of this leads to the question of where *JGIM* can have the most impact. We have expedited some heartfelt pieces in healing arts and some perspectives which as always do not necessarily represent the opinions of the editors-in-chief—though we are not shy in sharing our opinions. We welcome pieces that are not dependent on the changing numbers and in particular manuscripts that set the stage for how we will continue to think about the dilemmas that we will face in the years to come. We have expedited this “From the Editor's Desk” even though it will not necessarily refer to articles in the same printed issue as has been our habit. So, ironically, if you are reading this in the print issue, we may have evolved our thinking about how best to review COVID-19 manuscripts in the meantime.

There is one last editorial question that we have revisited because of the pandemic. Our team has had some spirited conversations on decisions to publish material that has appeared in other places. We published one paper¹ that referred to another paper in an economics journal ultimately doing so because our readership would otherwise be unlikely to ever hear of this important manuscript. We have rarely published pieces that relate to AHRQ monographs,² because the monographs reached a limited audience. Similarly, we have considered papers on materials that are behind the VA firewall and inaccessible to readers who do not work in the VA. For COVID-19 papers, we have considered the question of whether we should publish material that has also been in the lay press. The value of publications in the lay press that exhort governmental action is obvious. The argument has been made that secondary (and most often later) publication in *JGIM* will give durability through PubMed indexing and the ability to reference these publications in the coming year.

Editorial guidance on the question of secondary publication comes from the International Committee of Medical Journal Editors (ICMJE).³ The danger of duplicate/overlapping publication lies in the inadvertent double counting of data and the risk of overweighting of results. While not mentioned in ICMJE guidance, duplicate publication is also misleading in assessing promotion metrics in the overweighting of a body of work. ICMJE does have a proviso for public emergencies, stating that “...information with immediate implications

for public health should be disseminated without concern that this will preclude subsequent consideration for publication in a journal.” Therefore, while we recognize the risk that COVID-19-themed publications may put forward ideas that have already been disseminated in other settings, we are willing to take this risk and welcome submissions that may fall into that category.

Finally, a heartfelt thanks to readers working on the front lines. Many of you are leading the clinical, educational, and research mission and guiding our healthcare system’s response to this crisis. We wish all the best of physical and mental health for all of our readers and their loved ones. Stay well.

Corresponding Author: Carol K. Bates, MD; Harvard Medical School, Boston, MA, USA (e-mail: Carol_Bates@hms.harvard.edu).

Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

REFERENCES

1. **Alsan M, Wanamaker M, Hardeman RR.** The Tuskegee study of untreated syphilis: A case study in peripheral trauma with implications for health professionals. *JGIM.* 2019;35:322–25.
2. **Saluja S, Hochman M, Bourgoin A, Maxwell J.** Primary care: the new frontier for reducing admissions. *JGIM.* 2019;34:2894–97.
3. ICJME Recommendations, Overlapping Publications. <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/overlapping-publications.html#three>. Accessed 4/7/20

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