Metrics of science

"The agreement among the trialists to share unpublished data with @WHO is an example of how science can advance and is critical in the midst of what is likely to be numerous underpowered RCTs. Looking forward to the new era of living guidelines."

> – Dr. Soumya Swaminathan, former Chief Scientist of World Health Organization, September 3, 2020^[1]

Kulkarni *et al.* analyse changing trends in Coronavirus 2019 (COVID-19) publications in India by bibliometric analysis in their article published in the November 2022 issue of the journal. There they conducted a search on a database of indexed journals and discovered the pattern of publications related to the pandemic.^[2] During COVID-19 times when we want to have more information to enhance our collective wisdom, it s a great service to the wider scientific society to make such dissection in real time. Such web analysis prods us to look curiously around, find something new in everyday affairs and encourage us to make healthy competition among peers. Nevertheless, I was unable to know the day/duration when such a search was made. The investigators mention the year of the search result they highlighted in the figures but no other points.

The writers state in *Discussion* that corticosteroids have been found to lower mortality in COVID-19 hypoxemic individuals. Here, I want to underscore that WHO sponsored multicontinental RECOVERY trial found that the immunosuppressive drug was beneficial only in those hypoxemic individuals who were receiving either invasive mechanical ventilation or oxygen alone with more benefit accrued to the former group. Furthermore, in the group not on respiratory support, the glucocorticoid drug was not associated with survival improvement.^[3]

The investigators find that an increase in the number of scientific publications will improve the overall scientific environment and may help us propel in the arena. What is obvious is that when more people work on an area, more research gets generated and more is the statistics. National Medical Commission, University Grants Commission and Dental Council of India also encourage young faculty members to write more research papers by tweaking their promotion – rules.^[4] Nonetheless, what also needs to be realized is that the number of papers piled up by an author may not translate to an equal value.

In 1905, a German clerk posted at the Swiss Patent Office – Albert Einstein – got his four papers published and we are still exploring their implications.^[5] If the number of papers becomes a (main) criterion to advance one's career, one of the greatest scientists will find it hard to stay in the competition. This rush to publish many papers as one can may dissuade serious researchers to build up and plan something big and may compel them to do anything and everything just to hike the numbers. Some serious thought should be made for this unintended consequence of our priorities and policies. If the incentive to do more results in low-quality jobs, our shared future may wander into darkness.

In Figure 1, two AIIMS appear producing top research output. Now we have several such Institutions^[6] and I want to know which institutes among many find a place in the list. The authors underline in the abstract that they entered keywords COVID-19, SARS-CoV, pandemic, coronavirus, India and outbursts for the bibliometric analysis. But I suggest adding pneumonia, fever, infection, flu, lower respiratory tract infection, X-ray, sputum, oximeter, oximetry, oxygen and outbreak entries as keywords. These are the words I have been listening to for close to 3 years now and represent the jargon of the indoor medical wards.

Figures 3 and 4 do not have entries for case reports, case series, meta-analyses, commentary, perspective, comment or systematic review. Therefore, I want to know how many such articles were there in the *Results* section.

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Conflicts of interest

There are no conflicts of interest.

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