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Editorial

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EDITORIAL

You are more responsible than you realize

Life for journal editors, reviewers and authors of academic papers runs a significant chance of changing irreversibly in the coming months. It appears we are more responsible for what is published than we may think. Pacira BioSciences Inc., a pharmaceutical company, has brought a trade libel action in the US District of New Jersey against the journal *Anesthesiology*, its Editor-in-Chief, the American Society of Anesthesiologists and multiple authors of several published papers, for statements made about a non-opioid pain medication drug manufactured by Pacira [1]. The Complaint and Demand for Jury Trial is well worth reading, not just because the analgesic in question has been used in orthopaedic surgery, but that statements made by authors can be challenged, and may even be presented to a jury. Each of us must be certain we are accurate and able to justify everything we say or publish. I do not know if this case will proceed but its mere existence is a wake-up call for journals.

I have long been astonished that anyone reads what I write. Yet they do. Perhaps it is because writing is a lonely occupation, undertaken generally by an individual sat alone in front of a computer screen. It is sometimes difficult to realize that what you are writing will at some point become available for public consumption. Each year, as many as 1.8 million articles are published in the scientific literature [2], in which there are 28 100 scholarly peer-reviewed journals. Some have said that half of academic papers are only read by their authors and journal editors, and that 90% of papers published are never cited [3]. Not everyone would agree that the numbers are so depressing but what is certain is that a significant number of papers we place in a journal, and as an Editor-in-Chief I accept, will not be widely read. Many will not be read at all. But how many readers does it take to make a lawsuit? Not many, I would suggest.

What this means is that we each have a responsibility to produce accurate data, and each step of the editorial chain—authors, editors, reviewers, publishers—can be held responsible for what is said. The case being argued out in New Jersey stands the chance of turning peer-reviewed publishing upside down. I shall be watching that space with interest.

Turning to our journal, this journal, *JHPS*, I thought the last issue, number 7.4, was packed to the seams with fascination. Again, it is wrong of me to choose, but again I will do so. I have a soft spot for ischiofemoral impingement, so was particularly taken by Audenaert *et al.* [4] who propose that a reduced ischiofemoral distance is strongly dominated by evolutionary effects in sexual dimorphism of the pelvis. I had not previously considered that at all but now the authors say it, there may be something in their view. The other paper that particularly interested me was that by Beck *et al.* [5] on three techniques for pelvic osteotomy and how their outcomes compared. They looked at periacetabular osteotomy (PAO), rotational acetabular osteotomy (RAO), and eccentric RAO (ERAO). PAO, say the authors, has a higher complication rate than RAO or ERAO, while the revision rate was not statistically different between the three techniques.

As for this issue, number 8.1, two papers caught my attention, although all the papers were excellent. The first was that by Valenzuela and O'Donnell [6] on iliopsoas impingement after total hip arthroplasty. For my own practice, which is endoscopic and beyond, iliopsoas impingement after total hip arthroplasty is something I have seen quite frequently in recent times. The authors have suggested that if we are to perform a psoas tenotomy, we should consider it at the lesser trochanter rather than higher up, as the former, in their hands, showed better outcomes. However, the authors do also say that larger studies are needed to achieve statistically significant results, a fair observation. As for my second selection, I am a sucker for radiographic signs, so much enjoyed the paper from Atilla *et al.* [7] on their so-called 'rear drop'. This is a new radiographic landmark for estimating pelvic tilt on pelvis AP radiographs. The new reference figure corresponds to the posteroinferior edge of the horseshoe shape of the acetabular margin. The shape of the rear drop changes with changing pelvic tilt and correlates with established indicators of acetabular retroversion. I look forward to seeing if we all

start talking about the rear drop sign in future. I am always up for something new.

So, as ever, please enjoy this issue of *JHPS*. It is published for you, the hip preservation practitioner, and is filled from cover to cover with brilliance. I commend this issue to you in its entirety.

And remember, you will be doing us all a great favour if you read, use and cite this journal at every opportunity. Ask everyone you know to do the same.

My very best wishes to you all.

Richard (Ricky) Villar
Editor-in-Chief, Journal of Hip Preservation Surgery

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