



## Impact factors and consent to publish

Geoffrey Hughes

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It is estimated that more than 100 000 scientific, biological and medical journals are published worldwide, some believing the figure to be closer to 200 000. They range from the well known and generalist, such as *Scientific American* and *Nature*, to those dedicated to a discrete specialty or professional group with a limited circulation. General medical journals include *The Lancet*, the *British Medical Journal* (BMJ) and the *Journal of the American Medical Association*; specialist journals include *Gut*, *Archives of Diseases in Childhood* and the prestigious, renowned and seminal publication you are currently reading.

To quote Richard Smith, former editor of the *BMJ*, medical journals are there to inform, reform, disseminate science, educate, provide a forum for a community to debate the issues of the day, entertain and make money.

Several sets of people have a vested interest in the publication of a journal, be it medical, scientific, hobby related or a mainstream populist purveyor of celebrity gossip. These groups include the journal owners, the publishers (not necessarily the same people as the owners), the editorial and production teams, advertisers, the authors of the published articles and finally, but most importantly, the readers who buy or subscribe to it. A sale does not always mean that the purchaser will even be bothered to read it once they hold a copy in their hands. Life can be too busy, interesting or complicated to waste time perusing a journal. Who knows how many fastidiously and lovingly produced periodicals lie around unread and unwanted after purchase, waiting to become the equivalent of tomorrow's fish and chips paper?

For most publications available in the high street, it is the numbers of sales that ultimately decide their long-term fate and viability. For academic journals (be they in the sciences or in the humanities) commercial profit is important, but it is not the only marker of success. The

owners may support a periodical that fails to break even if it fits within the broad church of their philosophy or philanthropy. Depending on perspective, success can be measured by numbers of hard copy sales, numbers of people accessing it via the internet, numbers of institutional subscriptions, the quality of published articles, the quality of the science, requests for reprints, the relevance of material to contemporary life, the time to publish an article from the date of first submission, the number of typographical errors, the quality of images and so on.

The impact factor is one measure of success used by the publishing industry. It is a fraction, the numerator being the number of cited articles in a defined period and the denominator being the number of articles that are actually citable in a slightly different defined period. To most readers, it is of no interest and of no relevance, but to some authors and some publishing houses it is of great importance. The *BMJ* published a prominent debate about the role of impact factors recently, and for those who are interested it is well worth the effort of reading the discussion.<sup>1</sup> Impact factors were also discussed at some length at a recent meeting of medical editors in London, at which a representative from the Institute of Scientific Information (<http://isiwebofknowledge.com/>) in the US spoke passionately on the subject.

By impact factor alone, the successful journals, before which we all should genuflect and offer ourselves in humble sacrifice, are the *New England Journal of Medicine*, *Nature Medicine* and *The Lancet*. Specialist journals tend to consistently score a much lower impact factor and the *Emergency Medicine Journal* (EMJ) is no different. It will be encouraging if we can increase our score, but it is not something we (in the editorial or production teams) worry about or lose sleep over. If you are interested in knowing what our impact

factor is, it can be found at the *EMJ* website (<http://emj.bmj.com>).

Consent is a matter that causes anxiety for some authors who submit papers to the *EMJ*, especially in the category of Emergency Casebook, the section in which we publish case reports. Enquiries we receive indicate that there is occasional misunderstanding about what consent means in this context. The enquiries range from simple questions of fact, assertive and slightly aggressive ones accusing us of arrogance and conservatism, to attempts to get around the issue with tautological distortions of language, which beggar belief and defy description.

The consent criteria are listed on the *EMJ* website; they primarily cover consent to publish a paper in the *EMJ*, but they also touch on locally obtained consent (via an ethics committee) to conduct research. They are specific and include the only circumstances in which publication without patient consent will be allowed. The casual observer may consider that the guidelines are too conservative, but they are founded on the principle that patients have a right to expect that identifiable information about them will not be shared with other people without their knowledge. Confidentiality is owed to all patients. This duty endures beyond the individual's death.

We are always happy to solve queries about publication if they are not answered by reading "instructions for authors and reviewers" on the website, as the process can seem to be overly complex for people submitting for the first time.

We are always keen to improve our editorial and publishing processes. Suggestions and ideas try and improve them are welcome and will be considered carefully. Immediate and dramatic increases in the impact factor may be slightly out of our control.

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## REFERENCES

- 1 Hobbs R, Williams G. Should we ditch impact factors. *BMJ* 2007;334:568-9.