



# What is a medical journal good for?

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*We must dare to think about “unthinkable things” because when things become unthinkable, thinking stops and action becomes mindless.*

James William Fulbright

Over the past 8 years I have been presenting talks and workshops on writing for publication in medical journals to family physicians and other health care professionals across the country. One of the many things I have learned from doing so has been that for most family physicians, including university-affiliated academic family physicians like me, medical journals remain a mysterious “black box.”

Not long after I became the Scientific Editor at *Canadian Family Physician (CFP)* in 2009, I read *The Trouble with Medical Journals*<sup>1</sup> by the former editor of the *BMJ*, Richard Smith. Arguably, I might have been better off reading the book before I took on the job at *CFP*, as Dr Smith carefully and systematically (but also, fortunately, humorously) cataloged and discussed the many problems of medical journals ranging from the pitfalls of peer review—lousy at detecting fraud or plagiarism—to the conflicts of interest that many medical journals have, particularly with the pharmaceutical industry.<sup>1</sup> *The Trouble with Medical Journals* should be mandatory reading for all doctors.

More recently, in 2016, Dr Smith gave a talk to the International Society of Medical Publication Professionals at which he reflected on the many functions of medical journals and then ranked them on how he thought they were doing.<sup>2</sup> In what most of us consider to be their primary functions—selecting and publishing relevant, high-quality research and supporting continuing professional development—he rated journals poorly at somewhere between 2 and 4 out of a score of 10.

Paradoxically, he rated medical journals highly (a score of 9 out of 10) for the very thing we least expect them to do: putting issues on the agenda—like, for example, the social determinants of health,<sup>3,4</sup> climate change,<sup>5</sup> and the effects of colonization on the health of Indigenous people<sup>6</sup>—all issues that *CFP* has brought to the fore for family physicians over the past few years.

The relaunch of the *CFP* website earlier this year has allowed us to provide yet another forum to put important issues on the family medicine agenda through the creation of a new blog space. The first blog contributions

have been posted ([www.cfp.ca/blog](http://www.cfp.ca/blog))<sup>7</sup> and we encourage readers to access them and to contribute their own reflection or opinion on an issue or a situation in family medicine or health care by going to our guidelines page on the website ([www.cfp.ca/content/cfp-blog-guide-lines](http://www.cfp.ca/content/cfp-blog-guide-lines)). Over time we hope to create a space at *CFP* where family physicians can contribute to a national conversation about the things that our profession needs to think about in a rapidly changing and challenging world.

Although Dr Smith laments that few journals attempt the role of putting issues on the agenda, *CFP* has been very effective at doing so over the years, publishing thoughtful and sometimes provocative editorials, commentary, and debates—and the September issue is no exception.

In a commentary (page 664) entitled “Competing demands and opportunities in primary care,”<sup>8</sup> Christina Korownyk and her colleagues compare the relative benefits of interventions in primary care—from the treatment of acute symptomatic illness to prevention and health promotion—using evidence from randomized controlled trials to ask where our priorities should lie. In a world in which the time pressures on family physicians to provide care to the acutely ill and those with complex chronic health conditions, as well as to deliver comprehensive preventive care, continues to grow<sup>9</sup> the authors ask a timely question.

As Richard Smith puts it, “Although ‘good at telling people what to think about [medical journals] are less good at telling them what to think,’ which, I think, is a good thing.”<sup>2</sup>

So do we.

## References

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