Indian contribution to international surgical literature: A serious problem!

Sir.

We appreciate Kaushik for raising such an important issue.[1] Clinical and basic science research has been neglected as a part of postgraduate surgical training in India. The authors attempted to gauge contribution by Indian surgical fraternity to academic world. When one observes the methods they have included only two key words i.e. 'India' and 'surgery'. It is a possibility that authors may have missed a few publications during their search strategy. However authors' message is not disputable, irrespective of their search strategy. We do not deny the fact that there is a serious problem in Indian Surgical Community when it comes to research and development. It is a shame that trainees developing excellent clinical and surgical skills remain devoid of research opportunities. The fundamental problem with publications from Indian surgical community is lack of research infrastructure and institutes overburdened with clinical responsibilities. Needless to say, funding is a major problem in conducting quality research. It is therefore not surprising that most of the surgical literature from Indian journals is based on small series and case reports. There is not much scope for quality research during a three year post-graduate surgical training. International surgical literature is dominated by the Western World. The U.S. is by far the highest-ranking region in publications in the top 50 biomedical journals even after adjusting for population size, gross national product and other factors. Canada and Western Europe share the second place while the rest of the world is far behind. [2] Along with all other problems it is difficult to meet with the research standards of the Western World. The problem is further compounded by the surgical disease profile in India. For example surgical issues particularly common in India (for example: tuberculosis,

amoebiasis etc) are not common in the west and vice versa. This has a significant impact on citations of Indian publications. The journals with the highest impact factors generally have a lower proportion of articles which are never cited and Indian literature struggles when it comes to high impact factor journals.[3] Publication in a peer-reviewed journal is a crucial end-point for surgical trainees to progress in their career. General surgical journals form an important "translational bridge" for the success of published laboratory research into clinical application.[4] Clinical research is difficult because of non uniformity in the surgical practice even in a single institution and most of the surgical units work without any fixed protocols. In their conclusion author has requested that while publishing papers we should cite Indian authors and Indian publication. This seems like asking for a favour rather the recognition of quality of work. Many of the Indian journals are not peer reviewed and not Pubmed-indexed, this makes potential Indian authors to publish their good quality work in other peer-reviewed journals. In conclusion, this is a serious issue and Indian surgical community needs to generate good quality research that is published in Indian journals to avoid their extinction from international surgical literature.

Chandra Shekhar Bhati, Chandrashekhar A. Kubal

Department of Queen Elizabeth Hospital, Birmingham, United Kingdom, B15 2TH, UK. E-mail: csbhati@gmail.com

REFERENCES

- Kaushik R. Indian surgical literature: The 'top 100' papers. 2006;68:11-6.
- Soteriades ES, Rosmarakis ES, Paraschakis K, Falagas ME. Research contribution of different world regions in the top 50 biomedical journals (1995-2002). FASEB J 2006;20:29-34.
- Weale AR, Bailey M, Lear PA. The level of non-citation of articles within a journal as a measure of quality: a comparison to the impact factor. BMC Med Res Methodol 2004;4:14.
- Adusumilli PS, Chan MK, Ben-Porat L, Mullerad M, Stiles BM, Tuorto S, et al. Citation characteristics of basic science research publications in general surgical journals J Surg Res. 2005;128:168-73.