

## Editorial

### Palliative Care Research: state of play and journal direction

What is the state of play in palliative care research? Do we reflect that as a journal? We want to reflect, where possible, the cutting edge of research in the field, promote the highest possible standards of palliative care research, encourage wide research dissemination, and work to facilitate the translation of research evidence into impact on all aspects of palliative care practice and policy.

It is hard however to determine what the current situation is with palliative care research internationally. Whilst there are an increasing number of atlases of palliative care, both international, regional and national, few explicitly map palliative care research resource, although its importance is often acknowledged. The latest EAPC Atlas of Palliative Care in Europe<sup>1</sup> does outline research capacity in each country, but this tells us little about the type, quality and quantity of research undertaken. In the UK, the academic palliative care research groups have been called 'fragile', with little growth noted during the 2000s<sup>2</sup>. Studies of palliative care research tell us a little more about focus, quality and type of research. National studies, such as those in Sweden and Ireland, identify upward trends in publication numbers, and an increase in quantitative research approaches and studies outside cancer, although there remain critiques of the small scale of studies<sup>3</sup>. International studies are also increasing in number, although are predominantly observational rather than interventional<sup>5</sup>. Trials in palliative care remain small, with low quality of reporting<sup>6</sup>.

Given these trends, we wanted to see how the research we publish in Palliative Medicine compares. Certainly we can see an increase in the number of papers submitted to the journal over time, between 2010 to 2015 we saw a 48% increase in the number of annual submissions. More interesting perhaps is to examine the type of research we publish. Whilst we haven't compared with submitted research, in the first 8 editions of 2016, the papers we published comprise 29% reviews, 46% quantitative research, 19% qualitative research, 5% mixed methods. Overall, only 2.5% of the papers we published reported trials, most of the quantitative papers were cross-sectional or cohort studies. We also examined the funding declarations of these papers: 38% declared no funding source for their research, of which 62% were reporting empirical research not just reviews for which funding sources can be challenging. Studies with no funding declarations came from across continents: 17 from Europe, 3 Asian, 1 African, 5 Australian, 1 US, and 4 from international groups. Of funded studies, five percent of studies we published report international funding (primarily from EU sources), 38% have national sources of funding, 10% charity, 4% academic funding and only 2% commercial funding.

Whilst this is only a small snapshot, these data mirror wider trends of increasing numbers of papers and a predominance of observational rather than interventional research. Perhaps this isn't surprising when the large number of studies which appear to be unfunded are taken into consideration, given the resource requirements typically associated with sufficiently powered robust trials. Observational research is critically important to answer particular types of questions, but it remains concerning that our field does not seem to be able to fully embrace common approaches to testing efficacy and outcomes of care.

What is the way forwards? Clearly, for palliative care more widely, we need to continue to focus on producing the highest possible quality of research addressing questions of importance to the field.

This continues to require investment in appropriate research training and clear research career paths and posts so that competitive, high quality grant applications result in meaningful well reported research. We must, as a speciality, ensure that high quality research remains central to what we do, and this must mean an increased focus on sourcing research funding.

What can we do as a journal? We plan to continue our focus on maximising reporting quality and clarity so that the papers we do publish are the best they can be. This will include more emphasis on reporting guidelines, and on clear presentation of abstracts, discussion sections and key statements so that readers can quickly and easily identify the main messages from the papers we do publish. Our ongoing challenge remains sourcing high quality reviews in a timely manner, despite active management of the process. We know this is a major issue for authors, and is the main source of delay in our publishing processes. Please do consider joining our reviewer team, we won't bombard you with requests.

As well as our successful annual special issues, we are also introducing 'virtual issues', where editors curate existing content on a particular area to enhance discoverability for readers. If you have a suggestion for a virtual issue, or would like to curate one, please do get in contact. Our focus on dissemination is expanding beyond our existing successful social media activities (@palliativemedj and <https://www.facebook.com/PalliativeMedicineJournal/>) to include a new podcast series spearheaded by Editor Dr Amara Nwosu; you will start to see more podcasts arriving on the webpages very shortly.

We can see these activities are successful in our Altrmetric scores, where the median scores for our articles far outpace those of similar journals in the field, demonstrating a 'buzz' around our papers which I hope encourages authors to submit papers to us. Our latest impact factor (3.685) we hope is a reflection of some of these activities, and again is not only the highest we have thus far achieved, but places Palliative Medicine firmly ahead of the field, being now the 19<sup>th</sup> ranked of 151 journals in general medicine. Such metrics don't drive our strategy as a journal, they are too imperfect for that, but hopefully demonstrate that our focus on quality and dissemination has an impact on readership and usage.

Catherine Walshe

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2. Clark D, Clark J, Greenwood A. The place of supportive, palliative and end-of-life care research in the United Kingdom Research Assessment Exercise, 2001 and 2008. Palliative Medicine 2010;**24**(5):533-43.
3. McIlpatrick SJ, Murphy T. Palliative care research on the island of Ireland over the last decade: a systematic review and thematic analysis of peer reviewed publications. BMC Palliat Care 2013;**12**(1):33.
4. Hensch I, Carlander I, Holm M, et al. Palliative Care Research--A Systematic Review of foci, designs and methods of research conducted in Sweden between 2007 and 2012. Scand J Caring Sci 2016;**30**(1):5-25.

5. Clark J, Gardiner C, Barnes A. International palliative care research in the context of global development: a systematic mapping review. *BMJ Support Palliat Care* 2016.
6. Hui D, Arthur J, Dalal S, et al. Quality of the supportive and palliative oncology literature: a focused analysis on randomized controlled trials. *Support Care Cancer* 2012;**20**(8):1779-85.