**TITLE: Why Publication becomes a Pressure – The Other side of the Glass**

**Author: Dr. Dinesh Kumar. V**

**Affiliation and corresponding address:**

**Assistant professor,**

**Department of Anatomy,**

**Jawaharlal Institute of Postgraduate Medical Education and research**

**Puducherry – 605006**

**India**

**Mobile number: 9994038701**

**Email:** [**dinesh.88560@gmail.com**](mailto:dinesh.88560@gmail.com)

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**Abstract:**

The competition existing among young doctors, in the “publish or perish” era has many unknown faces. Excessive emphasis on scientific output and judging the competency of a young doctor solely by the number of publications may also affect other clinical and educational activities of health profession, forcing him / her to join the rat race. The ostensible regulations formulated by the Medical Council of India for promotion is subjected to infinite rounds of debate in the Indian academia. Most debates takes into account the perspectives of the doyens of Indian publishing arena. But, the voices of the huge sector of young doctors largely go unaddressed. This correspondence is an earnest attempt to cross section the existing scenario and the hurdles, a young Indian doctor has to overcome to embark his name as a astute researcher.

**Why Publication becomes a Pressure – The Other side of the Glass**

I read the editorial by *Bandewar S et al*. (1) related to the Medical Council of India’s amended qualifications for medical teachers with great interest. In this correspondence, I would like to throw light on few issues which are seldom addressed in the Indian research academia.

1. **Academic job market of India – where only Curriculum Vitae counts**

It is not an uncommon scenario in medical colleges, where new faculty showing serious concern about their teaching and / or patient –care related commitments are often warned about their “misplaced priorities” (2). In China, articles listed in Science Citation Index (SCI) publications are considered as a priority or must for candidate in medical job fairs (3). Equating the same for India, we can ascertain that young doctors, who are interested in pursuing jobs, often find it difficult to balance their clinical practice, teaching and research.

1. **Bloated Authorship – inflating the profile without contributing much**

*Prosperi M et al.* (4) analysed more than 21 million MEDLINE / PubMed-indexed papers published worldwide and found a modest rise in kin co-authorship globally. According to authors, this is a big issue in India, Italy and Poland. Owing to the fact that most academic institutes use the number of publication as a sole criteria for recruitment, some of the faculty try to add their names in the list of authors, thereby giving an artificial added advantage over others. Assessing the acumen of an individual by mere calculation of *H-index* without giving weightage to the contribution made at the departmental or institutional level, might not always be a fair evaluation process.

1. **Wait…wait…cycle – how a young doctor turns pessimistic in research?**

In the study (5) conducted in India regarding the current views of faculty regarding publications, 35% respondents felt dejected because of the undue delay in publication process. In many instances, the rejection is due to deficient grammar, inadequate references in support of their statements and defect in conduction of research (6). 57.3% of the respondents in the study (5) felt that the mandate regarding publications induces unhealthy competition. The ideal research process includes conception of idea, literature review, protocol submission and institute review board clearance, execution of research and writing of paper. In the publication cycle, it takes another 6 months to one year. In the meanwhile, if another researcher arrives at the same conclusion, serendipitously, then the one who publishes the research first gets the complete credit. It is not an uncommon situation to find a young doctor aiming at a particular journal, submits his work and after waiting for months, receives a negative response. After facing three or four rejections, and after wasting a year in publication pipeline, he / she develops pessimism over his / her research work. In other words, the stress associated with publishing experimental results, before others and in a reputed (of course, ‘specialty specific’) journals can drain the young doctors much of practising science and conducting research in its truest sense (7). This makes the loss of scientific discovery even more marked and enormous amount of research findings to be locked in the form of “grey literature”. (8)

The ‘pressure to publish’ trend among the young doctors, after being has some dysfunctional aspects associated with it. Since, excellence in teaching and ability to render humanistic care are not highly valued in deliberations to grant promotions and recruitment in prestigious institutes, some faculty members get caught in the dyadic web of intrigue / narrow self-interest and “who first gets there” syndrome (9). It still more becomes inappropriate when the interest is not to share or to do things together, but rather falls within the category of espionage and nosing for one's own benefit, which hampers collegial relationship amidst faculty (9).

I conclude that clinging on to publications as the sole criteria for assessing the scholarship of a clinician or academician, has its own disadvantages and moreover might hamper the much needed collegiality of the medical profession. I would also like to humbly represent that, owing to these issues, some committed doctors, who have a great acumen in humanistic patient care or soulful teaching are not getting their due recognition in the red-taped academia. A young doctor should enjoy the bliss of conducting research and not consider it as a burden, by getting pressurized to publish.

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