



Commentaries

Parochialism and Biased Reviews

I wrote this quickly, while I was still irate.

I have submitted enough papers to journals, with sufficient acceptances and rejections to allow myself some emotional distance when I get another rejection. However, I get agitated when both reviewers, anonymous always, fail to understand my thesis and criticize the manuscript for being uninformed. This has been the case on more than one occasion when I've attempted to make psychiatrists, few of whom have any interaction with Parkinson patients, aware of their peculiar and interesting problems.

In the latest example I collected a series of fascinating hallucinations, delusions and compulsions described by colleagues around North America to illustrate the spectrum of the phenomenology. The critiques write "old stuff; we know that; it's well described in the literature on schizophrenia. You should look up the following article, which does a better job of it." Well, it wasn't stated exactly like that, but close. What upset me though, was that my article sought to show how different the problem was, and how very much *unlike* schizophrenia these problems are. To make matters worse, the second reviewer provided a different reference. And to seal the deal, both references were completely unrelated to what all three of us were talking about. It made it clear to me that the reviewers needed some education, and, but I'm unsure how to accomplish this, how to make clear to those in our field how much those outside of it, whom we often rely on for help, don't know.

The episode also reminded me of a true anecdote. When a close friend was a fellow, he trained with a famous doctor at the Mayo Clinic. Dr Famous came into the lab one day and proclaimed, "I'm so pleased to see that peer review really does work." He then went on to explain that he had submitted a paper to a major journal in the field and it was rejected. He thought this represented a poor choice of review-

ers, and unlike the rest of us, was entitled to a re-review. Because of his fame, and probably a close relationship with the editor-in-chief, he got a re-review, and it was rejected a second time. He then evidently got upset that such a prestigious journal could have done so poorly finding reviewers that he submitted it a third time, at which point it was accepted. As we all teach our children, life's not fair. Most journals have an iron-clad policy forbidding repeated reviews.

Getting papers published can be a hazardous enterprise for the ego. I've had the most trouble in situations, trying, as a neurologist, to publish articles that are largely psychiatric in psychiatric journals. It is impossible to know if the problem is my lack of sophistication in the field, my inability to be adequately critical of my own work in a field that I'm not formally trained in, or whether it's due to a bias of reviewers trying to maintain an elevated view of themselves that outsiders couldn't possibly have the expertise to be admitted to their club. In fact, in my own narrow research field, behavioral aspects of PD, the vast bulk of the work, from observational to drug treatment trials, is confined to the neurological literature. Most PD specialists found, very early on, that most of their consulting psychiatrists didn't know much about PD, and didn't appreciate their very specific problems and responses to medications so that the clinical studies needed to be published in movement disorder journals in order that the actual treating doctors would be educated. I think that even the few psychiatrists, usually geriatric psychiatrists, who published in this area sought movement disorder forums for the same reason. And, in some sense, this is good because it has expanded the focus of movement disorder specialists to embrace behavior, which is relevant to almost all neurological disorders, especially movement disorders.

I suspect that neurologists and other specialists are equally blind in reviewing

outsider (non-neurologist) papers. We all probably, if we think about it, feel the bristles going up on the back of our necks when we see a paper submitted by a non-club member. "How could that doctor have any expertise?"

On the other hand, we are often blind to the things we don't see or appreciate. We usually lack the expertise and sophistication of different disciplines, but there is a role for bowing to data and observations that have not been made in other fields.

When I receive a rejection like this, I think back to my early days of submitting articles. At some point, after about three or four years, I started getting accepted more often. Considerably more often. I thought this was due to my having joined a clinical research group comprised of most of the famous leaders in the field. I was, of course, quite junior to them, but they were on the editorial boards of journals, published many important articles, and reviewed most of the papers in our field. I was now a "member" of the club. I discussed this with one of that group's distinguished but younger members and told him that I thought that I was now getting accepted because the people reviewing my papers now knew me and probably either had a lower threshold or were more likely to believe my reports. He disagreed and thought that, with experience, I had simply learned and improved and was submitting better papers.

Of course, I still don't know who was correct. Probably both of us, and I'll never know. In the meanwhile I've asked a psychiatrist-friend to review my latest rejection and tell me if I'm paranoid or justified. She's a psychiatrist who works with neurologists and I'm a neurologist who works with psychiatrists. She calls me the "reverse" her. I like that and will persevere as we both aim towards further integrating our disciplines. Parochialism only serves the past.

– JOSEPH H. FRIEDMAN, MD

Disclosure of Financial Interests

The editor's potential conflicts of interest are available by emailing him at joseph_friedman@brown.edu.

CORRESPONDENCE

e-mail: joseph_friedman@brown.edu