

Peer review: the importance of quality control

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When reading medical journals, we all like to know that the content has been subjected to rigorous peer-review. This quality control helps us to be more confident in the information presented. Articles that have undergone an intensive peer-reviewing and editing process are useful—both to physicians and to the patients those physicians treat. Articles that are clear, concise, timely, accurate and (of course) interesting make the physician's job easier and more pleasant, and can improve the physician's interaction with his or her patients. The converse is that articles that are poorly peer-reviewed and edited can have a negative impact on patient care: they are difficult to read, difficult to understand, and their practical implications can be difficult to determine.

You might be thinking, 'this is all very well, but how are we supposed to find the time to peer-review manuscripts?'. Like everyone else, doctors today are busy. In many cases they are trying to balance having a private life with treating patients, teaching students, conducting research, managing finances, attending meetings and keeping up with the literature. So when it comes to taking on extra work, such as peer-reviewing an article, or even writing one, many of us would just say 'no'. Is that the right response, though? Do we have a responsibility to contribute to improving the knowledge base of fellow physicians and upcoming students, or can we feel justified in a decision to 'let someone else do it'?

Those of us who do accept invitations to referee articles often find that we are then bombarded by numerous requests, as editorial offices struggle to locate others willing to contribute in this way. We are left with a dilemma: should we always say 'no' and hope that in time we are no longer contacted, or should we say 'yes' and risk being called upon even more often? How many of us have accepted such invitations to then be faced

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with the challenge of returning our comments in a timely way, balancing these commitments with all the other demands on our time? If more people were to become involved in peer-review it would not only alleviate the burden on those who regularly referee papers, but would also result in a broader range of opinions being represented. After all, we should not assume that the authors and referees have considered the views of others.

A previous editorial on this topic highlighted the duty of doctors to contribute, as part of the commitment embedded in the Hippocratic Oath (*Nat Clin Pract Gastroenterol Hepatol* 1: 59): "I swear to fulfill, to the best of my ability and judgment, this covenant: I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow."

There are two main ways in which you, as physicians, can fulfill this aspect of your oath. One way is by writing articles on topics that interest you and that would be interesting and useful to other urologists. The other way is by acting as a peer-reviewer of those articles. Acting as a peer-reviewer gives you the opportunity to act as a quality-control expert, ensuring that your own expertise is taken into account before an article is published. Your opinions could influence the practice of thousands of physicians world-wide, just like their opinions influence your own. Of course that is what *Nature Clinical Practice Urology* aims to do—improve patient care by providing expert guidance on best practice.

The next time an editorial office contacts you, be it *Nature Clinical Practice Urology's* or that of any other journal, think about the contribution you could make before declining the invitation. Your experience and expertise have been called on, and you could make a difference to the lives of patients around the world.

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Competing interests

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