Scientific Journals Are Now Like Facebook

By Chuck Dinerstein, MD, MBA — September 22, 2020

Bad behavior has consequences, except when you're a social media platform. But the number of peer-reviewed articles subsequently retracted raises the question of whether medical journals believe that they, too, are "platforms" without responsibility for what they publish and disseminate.

"No provider or user of an interactive computer service shall be treated as the publisher or speaker of any information provided by another information content provider"

That quote is from Section 230 of the Telecommunications Act – the regulatory law that shields platforms, like Facebook, from what individuals say on their platforms, even though platforms curate or profit from the content provided by those individuals. Sweet deal. All the prestige and profit, none of the liability. While the media and the general public are fixated on various forms of meddling and disinformation on social media, that is just a distraction from another, older platform, medical journals.
How can that be? After all, the journals are reporting peer-reviewed scientific studies. Like many of our other assumptions, COVID-19 has uncovered that the underlying beliefs about our most prestigious journals may be misplaced. Consider two poster-child examples.

In 1998, Lancet published the work of Dr. Wakefield on the relationship between autism and MMR vaccines. A quick 12 years after its publication (six years if you count the initial withdrawal of the conclusions by ten of the twelve authors), the Lancet retracted the article stating

“That several elements of the 1998 paper by Wakefield et al. are incorrect, contrary to the findings of an earlier investigation. In particular, the claims in the original paper that children were "consecutively referred" and that investigations were "approved" by the local ethics committee have been proven to be false.”

In a great article [2] on the politics of science from the New Yorker, we have Lancet's editor in chief Richard Horton's response.

"Horton and Wakefield had been colleagues at the Royal Free Hospital, and, after the study appeared, Horton expressed no regrets about publishing it. "Progress in medicine depends on the free expression of new ideas," he wrote in a book about medical decision-making, in 2003. "Nobody wanted to believe the existence of the first few cases of aids in the early 1980s." Over the years, Horton's politics have come to be expressed in studies that The Lancet has chosen to publish. He told me that he chose to make "reparations" for the Wakefield paper with a focus on child and adolescent health. Last year, Horton received the Roux Prize, an award that comes with a hundred thousand dollars, for his contributions to population health."

Reparations? How about explaining how this paper, in the Lancet's words, "survive in-house and peer review?" There is no transparency, a value the Lancet states it values, in saying several elements are incorrect.

But then, everyone deserves a second chance. Dr. Horton's came this year when the Lancet and the New England Journal of Medicine (NEJM) published our second poster-child.

Surgisphere and the Hydroxychloroquine debacle
I have written on both the Lancet's original article [3] and its subsequent retraction [4]. The NEJM has a similar article making use of the uncorroborated Surgisphere data. After a few moments of controversy, the papers were withdrawn by their authors who could not vouch for the integrity of their data. But look as I might, I could not find how the NEJM would alter their procedures. The Lancet instituted a new rule requiring at least two of the authors to have seen the data. The New Yorker article again captures Dr. Horton's defense

“Horton described the episode as "a monumental fraud." (On June 3rd, Sapan Desai, the chief executive of Surgisphere, told the Guardian that there was "a fundamental misunderstanding about what our system is and how it works.") Horton said that something like this happens every few years. "In some ways, this is normal science," he said. "Science is not immune to having bad people. There are bad people in society, and there are bad people in science. Science is very vulnerable to deceit. . . . When somebody submits a paper to The Lancet, the first thing I think is not, Do I need to consider research misconduct?" He acknowledged the political appeal of the hydroxychloroquine study, in light of Trump's remarks. "It certainly excited our editors and peer reviewers about the possibility of answering that question," Horton said. "And we all made a collective error, and that collective mistake was to believe what we were being told."

To my mind, this is just a "me bad" statement. It is easier to take responsibility when there are no consequences.

The same holds true for another editor in chief, Mark Zuckerberg, although his publication reaches far more people about many more topics. Scientists have written to discuss the difficulties with peer-review, an admittedly imperfect system. But in many cases, peer-review is a necessary unremunerated side hustle for a young academic, not a due diligence vetting. Journal publication is a large, global business. Elsevier recorded $9.8 billion in revenue in the US in 2019, a profit of 34% to their parent company. You would think that if a fraction of that money, say 1%, which is about $30 million, could be redirected at paying for peer-review, we might get a better quality product. Perhaps not. But turning our attention only to peer-review assigns no culpability to the editors. That is why increasingly, even the best of our medical journals are acting more like platforms, protected by Section 230 of the Telecommunications act, than as trustworthy sources of research and clinical information.
pandemic