

## Two Top Priorities

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Assuming the position of Editor in Chief of the Journal of Anesthesia and Clinical Research (JACR) is a great opportunity but it also presents several challenges that need to be met.

This position provides me a great platform to serve our specialty by allowing us to advance our science via an open access medium with a faster peer review and publication process. I strongly believe that anesthesiology's outstanding research needs more open access and visibility compared to other medical specialties since our recent study has indicated that public interest in anesthesia may be trending down [1]. I believe that the visibility of our great leadership in patient safety during the perioperative period and our scientific efforts in areas beyond the operating room (which is not open to the public) can be improved by open access publications such as JACR which makes new information available in a timely manner.

The challenges come from multiple aspects. The number of journals is increasing dramatically with more and more publishers and professionals wanting to publish in open access journals. Based on a paper published recently in Plos One, the number of open access journals increased from 740 in 2000 to 4769 in 2009 [2]. Conducting a Google search, one could find around 20 open access journals related to anesthesiology and perioperative medicine available now. The total number will surely increase in the coming years and they will undoubtedly offer more platforms for physicians, perioperative professionals and scientists to publish their work related to anesthesiology. However, given this proliferation, questions of sustainability and impact naturally arise. The number of researchers and anesthesiologists across the world did not increase proportionally with the number of available journals. Thus, many journals still lack sufficient amounts of papers, especially high quality ones. Should we focus our efforts by merging some of the journals? I applaud the efforts by OMICS Publishing Group in acquiring journals and other initiatives including institutional membership (free for any publication with yearly institutional membership fee, please contact the publisher for detail) to maintain the sustainability of the JACR.

As scientists, we want to publish our work as soon as possible without any restriction to readers while also ensuring that our work appears in high-ranking journals (the rule of thumb of being "as high as possible" or at least in a PubMed cited journal with an official impact factor). While JACR publishes manuscripts with a short turnaround time and remains accessible to internet users for free, it is not cited in PubMed despite some of its papers having been deposited in PubMed Central and has yet to obtain an official impact factor (non official impact factor is 1). We still need to work hard to attract high quality submissions to JACR and help authors improve their manuscripts before their work can be published in JACR. This will require diligent work from our estimable reviewers and editors. I hope all JACR editors and reviewers take pride in their work and all authors are proud to have their work published in JACR. Please submit your anesthesiology, perioperative medicine, critical care and pain related work to JACR to help us elevate the journal to the next level.

As a newly appointed Editor in Chief, I would like to outline two of my top priorities:

### Publication fee Reduction for Authors

Biomedical research has never been so vulnerable to the unstable and weak economy. With shrinking and tight research funding, the pressure on researchers remains high and is increasing, especially for those in academic centers where publications are the most important factor mediating promotion or retention of faculty position. As researchers, we are busy writing more and more grants with historically low success rates, while also attempting to get our work published as soon as possible. Lack of publications invariably leads to either no grant awards or cessation of grant support. After years of hard work, we will need to either give away our copyrights for our work (the traditional well accepted way) or pay an acceptable fee for publication in an open access journal. We understandably want to retain our copyright and not pay any money or perhaps just a reasonable fee for publication especially during this funding climate. I am extremely pleased to inform that in the process of accepting this Editor in Chief position, I was able to convince the publisher and the editorial office of JACR to reduce the current publication fee of \$3600 to \$1500/manuscript for one year from the date of this editorial's publication, \$500 for case reports and review articles. There will be no charge for editorials for editors of JACR and invited editorials and review papers solicited by Editor in Chief of JACR.

### Plagiarism Prevention

The scientific community is shocked by the recent scandal related to Yoshitaka Fujii, a Japanese researcher in anesthesiology who has broken the record for retractions by fabricating data in at least 172 papers published in various reputable peer reviewed journals [3]. While this scandal damages the credibility of anesthesiology research, I strongly believe that our specialty actually stands at the forefront of finding and preventing such misconduct. It is important to note that Fujii's outrageous misconduct was eventually brought to light by the joint efforts of the Editors in Chief of three anesthesia related journals: Dr. Steve Yentis (*Anaesthesia*), Dr. Donald Miller (*Canadian Journal of Anesthesia*), and Dr. Steven L. Shafer (*Anesthesia & Analgesia*). Upon discovering plagiarism in an article Fujii submitted to the *Canadian Journal of Anesthesia*, Dr. Miller courageously confronted the author – with subsequent support from other experts in our field – and brought this serious matter to the attention of officials at Toho University, the home institution of the author. In realizing the importance of plagiarism prevention, *Anesthesia & Analgesia* is now one of the few pioneering medical journals that have formally implemented a policy

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to check every paper submitted to the journal for plagiarism before it goes out for scientific review.

Recent revelations of existing problems do not mean we have more problems or are more vulnerable than other specialties. Rather, anesthesiology is one of the leading specialties that are good at identifying and solving systematic problems. One of the great examples is the outstanding research and diligent scientific work on patient safety that has allowed the specialty to become a leader in patient safety [4-6]. I believe that anesthesiology is becoming a leader in science ethics, especially in regard to plagiarism prevention.

Open access should provide greater quality control in plagiarism prevention and other potential misconduct since manuscripts are freely accessible to all with a time stamp, rather than remaining hidden behind the barrier of membership or subscription. This facilitates plagiarism detection (<http://rcsproject.wordpress.com/oa-answers/plagiarism/>, data accessed on September 22, 2012). However, this cannot be served as a justification to publish anything from anybody who submits to open access journals without plagiarism check. To prevent situations like this from occurring in this journal, I have obtained the JACR publishing editor's promise to implement plagiarism check as soon as possible. Furthermore, I propose that all research papers submitted to JACR contain an ethical statement related to writing by stating that "the paper passes crosscheck screening using [software name; i.e. iThenticate, DOC cop ([www.doccop.com/](http://www.doccop.com/)) etc] without evidence of plagiarism" at the beginning of the methods section. This should be analogous to the ethical standard statements used for any human and animal subject studies that required institutional approval. We will need the joint

efforts from authors, reviewers, editors and the publisher to reach the goal of preventing any ethical violations.

While these proposed changes will undoubtedly improve this journal, they pale in comparison to the contributions of our editors, reviewers, supporting staff and submitting authors. With the collective effort of all these individuals, I greatly hope that we can build and transform JACR into a highly sought open access journal in the field of anesthesiology.

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