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Bringing Together Research and Practice

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EDITORIAL

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Research, to be meaningful to the community, should be able to affect or mold the practice of medicine, favorably. It is in this context that the *International Journal of Medical Science Research and Practice* (freely available at <http://www.ijmsrp.com/>) is being launched. And I feel proud to be writing the inaugural editorial. The aim of the journal is to bring together the researcher and the practitioner on the same platform, so as to build up the providers, expertise, and capacity for evidence-informed practice. IJMSRP is a quarterly, open access, peer reviewed journal with wide scope of subjects, i.e. basic medical science subjects (anatomy, physiology, biochemistry), para-clinical subjects (pathology, microbiology, pharmacology, forensic medicine, community medicine); and clinical sciences (medicine, surgery, obstetrics gynecology, orthopedics, pediatrics, ophthalmology, otolaryngology, psychiatry, dermatology, medical ethics, and medical education) etc. Professionals of all levels should benefit from the wide range of high quality, accessible articles published in this journal.

What constitutes research and what kind of research deserves to be published is a never-ending debate. To me, every research is pertinent and merits publication as long as it is ethical, relevant (to be able to have an impact on practice of the specialty) and topical (applicable to current needs). The basic idea of a research is to clear doubts. The generalizability of the results would, however, depend upon the robustness of the methodology adopted to answer the research question. As there can be different paths to reach a destination, there can be several methodologies to answer a research question. Mount Everest has been conquered through various routes, and yet a perfect route is yet to be discovered—the ‘perfect route’ here referring to one where the mountaineer doesn’t face death, illness or any other hindrances in achieving the goal. Such a route may, perhaps, never be discovered yet the mighty peak will continue to be the attraction of the climbers, to satisfy their passion of adventure. Same is true for research; all methods have one/another flaw and thus there is no method ‘too perfect’ to answer a research question. Knowing that fully well, we seek

answers, even though they may not be the ultimate unchallengeable truth to the research question, relevant to the practice of medicine. It is a boon in disguise that no research is perfect. Had it been, there would be no new hypotheses, no new postulates, and no new theories to work upon.

Another question is “whether every research has to be novel”? Papers are often rejected for the lack of novelty. The editors look for a novelty not only in the research question, but equally so in the methods undertaken to solve this question. This may need some debate. Repetition of older experiments is also essential, not only to validate the earlier findings, but also to find out whether the results would change with change in setting of the study or experiment, or over a period of time. At the same time, a novel twist in the selection of participants, inclusion criteria, tools, case-definitions, outcome measures, study deviation, follow-up and statistical methods can serve to bring a new dimension to research. This needs to be amply highlighted when a paper is being sent for publication, so as to quench the editor’s inevitable thirst for novelty. No research question is ever too stale despite it being repeated. There can always be newer settings, different tools, diverse population groups, and novel outcome measures with the same research question. What’s more important is the honesty and confidence with which the research is conducted.

For me, another desirable function of a research is that it should be able to generate more queries than it is able to answer. This is essential for a cascading and never-ending quest for knowledge. Once Mount Everest was conquered, it was not that the mountaineers stopped scaling the peak; rather, it was pursued with more vigor, it was planned with more knowledge and it revealed more of the mountain than had been known before. Several new questions were generated during each ascent and the focus then shifted to answering these, taking into consideration new parameters for the success of a journey like the shortest route, the safest route, the most feasible route, the least use of technological assistance, a differently-abled person as the traveler, preventing mortality and morbidity related to high altitude

climbing, etc. A research question therefore remains alive by leaving in its wake more questions. That is the beauty of research. The natural hierarchical progression of translational research starts with the generation of research question, execution of technical research and its transformation into operational research before being finally absorbed as a policy into the (health) system.

Fellow editors and researchers, the choice is yours. You can hunt for the perfect research, the one that efficiently gives a precise and correct answer, or you can look for the research where you are left newer questions to contend with. As for me, I believe that every research is perfect as long as it provides new dimensions, presents understandable strong evidences and admits limitations. You can look for the perfect research according to the parameters you set, but odds are, it's right in front of your eyes.

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