

Does It Cure? Or Does It Just Count?

MY STUDY CHANGED NOTHING

I remember a study I published some years back on antibiotic prescribing patterns in our medical wards. We collected data for three months and found that over 60% of patients received antibiotics without a clear indication. I felt proud when it got published, but then I went back to work and nothing changed—I still prescribed antibiotics the same way, and so did my colleagues. The study sat on a shelf somewhere; it existed, it counted for my promotion, but it did not cure anyone. That was ten years ago, and I have published many studies since then, most of them cross-sectional, most costing nothing but time, and most getting me closer to my next promotion. Yet almost all of them changed absolutely nothing in my practice. I am not proud of this, but I am honest about it, and I know I am not alone.

WE PUBLISH FOR PROMOTION, NOT FOR PRACTICE

Most of us publish for one reason only: promotion. That is the truth, and we should not pretend otherwise. We do cross-sectional studies because they are cheap and easy—we collect data from our wards, run basic statistics on SPSS or PSPP, write the paper, submit it, pray it gets accepted, and then move on to the next one. We do this because our careers depend on it; without publications, we do not get promoted or recognized. So we publish whatever we can, whether surveys, audits, or case series, simply because we have to. But let us ask a harder question now: does our research actually change anything? We study our own patients, measure their blood pressure, count their infections, document their outcomes, and find patterns that are unique to our setting—and then we ignore everything we found. We do not apply our findings to our practice, we do not change our protocols, and we do not update our order sheets. Why? Because we follow guidelines from America, from Europe, from WHO, trusting them more than we trust ourselves. We treat our own data like a formality and foreign guidelines like scripture. We study our own population, then treat them like foreigners; we collect evidence, then act as if we never collected it at all.

WE TRUST FOREIGN GUIDELINES MORE THAN OUR OWN DATA

Think about what we actually do. We measure antibiotic resistance in our hospital and find that 70% of *E. coli* are resistant to ciprofloxacin, yet we

keep prescribing ciprofloxacin because the American guidelines say it works. We study our cesarean section rates and find they are twice the WHO recommendation, yet we keep doing them because the European protocols do not mention our context. We document delays in stroke care and find that our patients wait six hours before getting a CT scan, yet we keep waiting because the British guidelines assume a CT is always available. This is neither sustainable nor honest. If our research does not change how we practice, then what is it really for? It becomes nothing more than a certificate, a ticket, a checkbox—it counts for our CV but does not count for our patients. We publish to get promoted; that is the system, we understand it, and we live it. But we can do better. We do not need to stop publishing for promotion—that is not realistic—but we can start publishing for practice as well, making our research count twice: once for our careers and once for our patients.

ASK YOURSELF: WHAT WILL CHANGE ON SUNDAY MORNING?

The answer lies in asking one simple question at the end of every study: what will we do differently on Sunday morning? Not “more research is needed”—that sentence has been written a million times and means nothing. Not “policy makers should consider”—that is just passing responsibility to someone else. Not “further studies are recommended”—that is a way of saying we found nothing useful. We want one honest, concrete, small but real sentence instead. Something like: “We will start checking blood sugar in all admitted pneumonia patients because our study showed it predicts outcome.” Or: “We will stop using ciprofloxacin for urinary tract infections because our resistance data is too high.” Or: “We will refer all suspected stroke patients within one hour because our study showed delays cause death.” Or: “We will change our surgical antibiotic prophylaxis from ceftriaxone to cefazolin because our study showed ceftriaxone is not working.” These are small changes that do not require funding, randomized trials, or foreign approval—they just require the courage to trust your own data and change your own practice.

OUR NEW POLICY: ONE HONEST PARAGRAPH PER PAPER

We know you have no funding, no training in research methods, and that you are overworked—

we are too, and we are all tired and stretched. That is exactly why we need to make our research count, because if you do a study and it changes nothing, you have wasted your time, your patients' time, and the reader's time, and that is a luxury we cannot afford anymore. So from this issue forward, every original article we publish must include a section called "What We Will Change," placed right after the discussion and limited to no more than 150 words, answering just one question: what one thing will we do differently starting Sunday? If you cannot answer that question, we will ask you to revise, to think harder, and to talk to your ward sister, your registrar, or your head nurse—ask them what would change if they believed your study. If after all that you still cannot answer, we will still consider your paper because we understand the system and know you need publications, and we will not reject you for being honest. But we will ask you to add one sentence: "This study does

not change our current practice," and we will publish that sentence openly without hiding it or being ashamed of it, but also without pretending otherwise. That is our promise to you: honesty in both directions. Does it cure, or does it just count? If it cures—even a little, even one patient, even one change in one prescription—we celebrate it. If it only counts for your promotion, we will publish it too because we have no choice and neither do you. But we will remember, and you will remember, and slowly, over time, we will stop treating our own data as foreign, we will stop trusting Boston more than we trust our own wards, and we will change one small thing at a time, one paper at a time, one honest paragraph at a time. That is how we wake up, and that is how we cure.

Editor-in-Chief