Reviewer's report

Title: Does anybody read "evidence-based" articles?

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Reviewer: Tom Walley

Level of interest: A paper whose findings are important to those with closely related research interests

Advice on publication: Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions

This is an entertaining article based on hit rates for top articles in the electronic BMJ in the year 2001. The findings are not really surprising, i.e. that the highest hit rates are for clinical reviews and editorials with much lower hit rates for original research papers. This does underscore the importance of editorials in journals such as the BMJ which the authors on the present paper rightly criticise as having potential for creating a bias in the readers' interpretation of the data.

Having described the basic data, however the authors then go on to extrapolate widely on why this is the case. They conclude that the issue is that evidence based articles are so constrained by the standard format and structure that they have become largely unreadable. I am sure there is a strong element of truth in this, although the authors have not presented any data to support that as the reason. Speaking from personal experience I would look to the editorials to give me a quick update in areas on which I was less familiar and would tend to read original research articles only in those areas of particular interest to me. I daresay my pattern therefore would not be that different from that described in this paper with regard to the BMJ.

The authors discuss such important issues as the fact that critical appraisal of articles takes a lot of time, perhaps for little new added information and most of us being stressed for time would sooner turn for such information to a source such as the BMJ's own excellent "Clinical Evidence" book, i.e. we don't have time to appraise the data ourselves and depend on others, including editorial writers, to do the appraisal and synthesis for us.

Compulsory revision on these points below, I think
The authors haven't considered the extent to which these results may be peculiar to the BMJ, as I am sure the editors of the BMJ will acknowledge that their journal attempts to do many things - to educate certainly, to provide a source of debate for the medical profession, and perhaps only secondarily to provide an area where the evidence base is pushed forward. There are many specialist journals that do little else except publish evidence based articles and one doesn't necessarily turn to the BMJ for these. Above all else, I am sure the editor of the BMJ would agree that it is his role to have his journal read by a wide audience, not necessarily all of whom are either British or medical. I think therefore that the authors of the current article have not taken the aims of the journal into account in considering the pattern of utilisation of articles.

Nor have they considered who might be doing the accessing. I think the BMJ would set itself as
being accessible to wider audiences than many specialist journals, reporting only evidenced based articles. In this respect I think the current authors have failed to consider the generalisability of their results.

In conclusion the pattern described is of interest, but mainly unique to the BMJ and I think their inferences in many respects go beyond what is reasonable based on the evidence presented.

In response to specific BIOMED questions:

1. Does the debate present a novel argument, or a novel insight into existing work?  
The argument is not really novel - the source of data used is.
2. Does the debate address an important problem of interest to a broad biomedical audience?  
Yes this is an area of concern
3. Is the piece well argued and referenced?  
Referencing is good, inference goes beyond the data by a long way.
4. Has the author used logical arguments and sound reasoning?  
As no. 3
5. Is the piece written well enough for publication?  
Yes

Competing interests:

None declared.