

From the Editor

“In the first place, never keep a patient sick when you can do something for him. In the second place, never take a higher fee than what you truly feel you are entitled to. In the third place, always pray for your patients.”

—James Hope (1801–41), Chief of Internal Medicine, St. George’s Hospital, London, UK

The Journal in PubMed

A significant achievement occurred this year that was predicated by events that took place almost a decade ago. One of the most important elements of a publication’s value in the scientific community is its acceptance as an ‘indexed publication’. This term originates from the listing of journals in an electronic database termed the *Index Medicus*. It is organized and maintained by the federal government under the National Library of Medicine (NLM). Such indexing is achieved through a rigorous application procedure that is multifaceted and complex. A journal requesting consideration for indexing submits its application to the NLM and enters a peer-review process. Representatives from the scientific publication community along with the NLM review all applications and make judgment on a number of elements of the publication that are deemed necessary for citation. These include the regularity of publication, the scientific quality of published papers, the impact on both the science and technology of the field, and the importance to the discipline. Also important is the number of similar content publications already indexed and the size and breadth of the target audience. If a journal’s application is accepted it is placed on **MedLine** the largest electronic database in existence for retrieving medical information.

Several years ago an application was submitted on behalf of the Journal to the NLM for index consideration. This was spearheaded and organized by Phyllis Stark, the previous Journal editor. Despite substantial work and valiant efforts by a number of AmSECT members, the application was rejected. A written report received from the NLM identified several causative factors for rejection. Most notable was the statement that identified the Journal as a ‘specialty publication’. Both the leadership and editorial board of the Journal, although dismayed, were not deflated and decided to reapply once the mandatory waiting period was over. The plan was to resubmit application in the year 2001.

Efforts began immediately in mid-year 2000 to organize a successful strategy that would enable the Journal to meet this goal. It began with the solicitation of advice and support from editors from peer-publications. A number of past and current editors of journals that published reports on cardiopulmonary bypass were contacted. These included Thomas Ferguson, MD from the *Annals of Thoracic Surgery*, Andrew Wechsler, MD from the *Journal of Thoracic and Cardiovascular Surgery*, and several associate editors from other prestigious cardiac and anesthesia journals. All editors were in

complete support of AmSECT’s desire to achieve index status for JECT and agreed to support us in any way possible. Throughout the year we worked closely with Dr. Ferguson who provided critical and sound advice on how to proceed. In addition, there were several individuals from the University of Nebraska Medical Center who had recently gone through the application process for the *Liver Transplantation*, who also provided advice on how to proceed.

As part of the process we contacted Sheldon Kotzin, Head Librarian, from the NLM who provided background information on the indexed status of the Journal. Mr. Kotzin informed us that in the early 1990’s the American Hospital Association (AHA) began an electronic database for journals that published papers in the health sciences from journals that did not have research as their primary focus. Many of the journals were administrative or process oriented. The name of the AHA generated database that contained these publications was called **HealthStar**. For some reason JECT was identified by the AHA and was included on this electronic database¹ During the mid-1990’s the AHA was no longer able to maintain **HealthStar** and looked to other database management systems to service the files. The NLM evaluated **HealthStar** and decided to acquire the system. Each of the journals in **HealthStar** was evaluated for their scientific content and overall net value to readers. When JECT was reviewed it was decided that it should be included on **MedLine**, which is how its listings began to appear in the mid-1990’s. The citations begin with Volume 22 issue 1, published in 1990. The question that arose after receiving this classification was: Is the Journal indexed?

According to Mr. Kotzin, since JECT did not go through the formal application process we cannot state that the Journal is indexed in *Index Medicus*. However, it can be stated that the Journal is indexed in **MedLine** through **PubMed**. We further inquired about the value of submitting an application for formal recognition through the *Index Medicus* process. Mr. Kotzin informed us that the review committee would not view this favorably since they receive a large number of applications on an annual basis. The time and energy necessary to review a journal that is all ready in **MedLine**, and hence ‘indexed’, is prohibitive. Also, the Journal has been indexed in the Cumulative Index of Allied Health and Nursing Literature since 1982, which provides readers with electronic access to 20 years of JECT publications.

In summary the following is known: 1. The Journal has been recognized by the NLM as a quality publication worthy of index status. 2. The Journal is indexed in **MedLine** through the electronic database organized and managed by the NLM. 3. Efforts are underway to have the entire 33 volume history of JECT publications accessible through **PubMed**.

On behalf of the editorial staff I wish you all a warm and joyous holiday season. I hope the challenges of the New Year provide you with opportunity for growth with the ultimate goal of sharing your talents through high quality patient care and through altruistic deeds.

Alfred H. Stammers, MSA, CCP
Editor

¹I have been unable to identify any member who could explain how the AHA identified JECT for inclusion on HealthStar.