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Of knowledge and deception

My purpose is to draw attention to two articles in this issue. Let us begin with knowledge. This commodity, Francis Bacon remarked, is power; to which Samuel Johnson added that it comes in two kinds: 'We know a subject ourselves, or we know where we can find information upon it'. In biomedicine, the sum total of knowledge doubles about every twenty years; and, whether in routine clinical work, continuing professional development, teaching or writing, every doctor needs the skills to manage it quickly and efficiently. Today, many of the questions that arise in everyday practice simply go unanswered because of the practical difficulties of obtaining information; this needs to change. In commercial life, knowledge is seen as an important part of the economy, and the term 'knowledge management' signifies a systematic approach to Dr Johnson's knowledge of the second kind. As regards knowledge in medicine, one of the key players over the past decade has been Dr Jeremy Wyatt, now director of the Knowledge Management Centre, School of Public Policy, University College London. On p. 168 Dr Wyatt begins a series of ten articles under the heading Knowledge for the Clinician, in which he will take us through the sources that will influence clinical decision-making in the coming years. Will clinical knowledge management demand a computer in every pocket? In the future perhaps, but not yet; print-on-paper and the spoken word have some way to run. Read on.

What of my second theme, deception? On p. 164 Professor Resch and two colleagues report an ingenious trial in the new sphere of 'journalology', exploring the notion that peer review, as practised by medical journals, favours the orthodox over the unorthodox. Two versions of a short paper were prepared, describing a well-designed but fictitious placebo-controlled study indicating benefit from an anti-obesity treatment. Version A stated that the active agent was hydroxycitrate, a questionable but orthodox remedy; version B substituted homoeopathic sulphur. Nearly 400 individuals who had published on obesity were asked to complete a review protocol on this fabricated paper, supposedly at the request of a nutrition journal, having been randomized to receive one or other version. Those reviewers who responded did show some bias against unorthodox therapy—though probably not sufficient bias to account for the dearth of, say, homoeopathy trials in mainstream medical journals (as some have suggested). A useful result then; but some may question whether the end in this study justified the means. A sizeable number of scientists were deceived into devoting time and effort to what amounted to an experiment without their consent. Though the peer-review process does cry out for research, though an international group was broadly in favour of the experiment and though there is ample precedent for deception of this kind[1], my own vote would have been against. The relationship between editor and reviewer, like that between doctor and patient, depends on trust and we should be wary of any activity, however well meant, that might vitiate it. What editor would countenance a trial in which the protocol required deception of patients? The authors argue that informed consent would have invalidated the study. Though satisfied that the work merits publication, I would not wish the *JRSM* to take part in such an experiment. Perhaps the best answer is for participant journals to indicate on their peer review documents that a small proportion of the material despatched for an opinion will be spiked with invented data for research purposes; reviewers would then have a chance to opt out.

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REFERENCE

1 Godlee F, Jefferson T, eds. *Peer Review in Health Sciences.* London: BMJ, 1999