Overcoming the Crisis of Clinical Research

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Part of the challenge and, at the same time, fascination of being a clinician lies in applying scientific methods in the care of patients and in understanding disease [1]. Greater knowledge should result in significant benefits for the patients, and in a sense of continued development on the part of the physician. We are witnessing, however, a progressive detachment of clinicians from research that is often accompanied by a sense of personal stagnation and tiredness [2]. Such detachment is primarily the consequence of the current crisis of clinical research: influential randomized trials are generally done by and for the benefits of the industry, guidelines serve vested interests, and national and federal research funds are funneled almost exclusively to research with little relevance to health outcomes [3]. In the late 1970s, Engel [4] pointed to the dangers of the alliance between commercial interests in medicine and biomedical reductionism. Indeed, corporate interest in medical science is likely to highlight the importance of single etiological factors and therapeutic agents in the management of disease [5, 6].

Twenty years ago this journal anticipated the current medical scenario dominated by special interest groups [7]: corporate interests which result in self-selected academic oligarchies (special interest groups) that influence clinical and scientific information. Members of special interest

groups, by virtue of their financial power and close ties with other members of the group, have the task of systematically preventing dissemination of data which may be in conflict with their interests [8]. Corporate powers fused with academic medicine to create an unhealthy alliance that works against objective reporting of clinical research, sets up meetings and symposia with the specific purpose of selling the participants to the sponsors, and substantially controls journals, medical associations, and related foundations (through direct support and/or advertising). The growth of evidence-based medicine, with its emphasis on systematic reviews and guidelines, provided an ideal ground for multiplying the effects of financial conflicts of interest in medicine [2, 9]. Physicians have been forced to prescription patterns that are financially biased, detrimental, and costly, and that clash with clinical reality [2]. Independent clinical research, such as that funded by non-profit research organizations, may be a threat to corporate interest. This has been taken care of: the more distant research is from clinical challenges, the less likely it is to disturb the marketing strategies of the industries [8]. The antidote to such developments is essentially political and has to do with what each one of us may do within medical societies and academia [8] and, in a more general sense, with the use of taxpayer's money [10].

However, the current crisis in clinical research is also intellectual. Feinstein [11] attributed its main roots to the decline of clinical medicine as the source of fundamental scientific challenges, which took place after World War II. "The preclinical sciences became detached from their clinical origins and were converted into 'basic biomedical sciences' with goals that often no longer aimed at mechanisms of disease, with investigators who often had no clinical training or responsibilities, and with results that often had no overt relationship to clinical phenomena" [11, p. 216]. In psychiatry, the progress of neuroscience in the past decades has often led to a belief that clinical problems were likely to be ultimately solved by this approach. An increasing number of psychiatrists are wondering, however, why the cures and clinical insights that neuroscience has promised have not taken place. Biological reductionism has resulted in an idealistic approach and in scientific roads to nowhere, which are quite far from the explanatory pluralism required by clinical practice [12].

This journal has always supported papers that were characterized by the "clinical factor": the degree and extent to which a journal article provides information to the clinician that may improve his/her practice [13]. For the past several years Richard Balon, with increasing difficulties, has been selecting articles published in psychiatric journals that may entail the clinical factor [14].

Psychotherapy and Psychosomatics continues to be the home of innovative clinical thinking at the interface of behavioral and medical sciences and of contributions that censorship would not permit to appear. It is also the home of critical thinking in the setting of systematic reviews characterized by artificial consensus of an endless list of authors, intellectual mediocrity, and ghost-writing [8]. Preserving intellectual freedom despite the proliferating connections between pharmaceutical and biotechnology industries and the physicians is a major ethical challenge of medicine today. The journal continues to seek medical papers characterized by the clinical factor and that develop clinical hypotheses. We deal with a broad range of clinical issues, particularly at an interdisciplinary level, related to assessment and treatment, with particular reference to psychotherapy and clinical pharmacopsychology [15]. Our limited space has forced us to develop a research letter section for contributions that we would not have the possibility of publishing as regular articles.

Is our emphasis on clinical papers and utility obsolete? It does not appear so. The journal has kept a top impact factor in 2016 (8.96), which places it as fourth in the Science Citation Index Psychology ranking and seventh in the Psychiatry ranking. These rankings, however, do not

differentiate whether a journal is exclusively concerned with review articles (which are more likely to be cited) or publishes also original investigations. In the Science Citation Index Psychology ranking, the 3 journals preceding *Psychotherapy and Psychosomatics* are exclusively dedicated to review articles. This indicates that *Psychotherapy and Psychosomatics* is the top journal for original investigations in psychology.

Such an achievement is the result of several converging efforts. We should acknowledge here the perfect synchrony between Karger's editorial office and the associate editors, the work of the editorial board and statistical consultants, the help of many external reviewers (listed below) who dedicated their time and efforts to assess and improve the quality of submitted manuscripts, the skills of Emanuela Offidani and Andrea Sabbatini who prepared the press releases of the published articles, and the support of our authors and readers.

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