

Letter from the Editor

Charles N. Cornell, MD

Received: 30 November 2012/Accepted: 30 November 2012 /Published online: 24 January 2013
© Hospital for Special Surgery 2013

With this issue, the *HSS Journal* enters its ninth year of publication. It is my hope, as Editor, that you will find its mix of clinical and basic science articles enlightening and helpful. The clinical articles offer some useful clinical pearls, including an analysis of the likelihood of responding to subacromial steroid injection, and the equivalence of using either allograft or autograft in lateral column lengthening of the foot. In addition, Kotwal has built on prior studies of the genetics of predisposition to develop thromboembolic complications following major joint arthroplasty by addressing thrombophilia in patients undergoing elective spine surgery. The issue also features two basic science studies of significant potential for future development of new treatments—for intervertebral disc disease and periprosthetic osteolysis.

As this issue was being prepared for press, the Election results confirmed that healthcare reform—with an emphasis on quality of outcome—is clearly the new reality for the American health care community. One feature of this reality is that “Pay for Performance” links reimbursement to a set of practice standards resulting from evidenced based practice. At the recent 94th Alumni Association meeting at the Hospital for Special Surgery, the validity of evidenced based practice was debated. Robert Marx, M.D., in the role of advocate, illustrated the need for modern medical practice to be based on evidence derived from high-quality clinical studies. In opposition, Robert Hotchkiss, M.D., cited several examples where supposedly good evidence has proven the opposite, due to poor clinical study design, inconclusive outcomes, and even fraud. He argued convincingly of the dangers that accompany the push for healthcare policy to be based on evidenced based practice

because of the poor quality of the evidence that currently exists in the healthcare literature.

This debate points out the critical impact that peer-reviewed publication can have on current medical practice. It is imperative that our published literature strives to be unimpeachable in terms of the clarity and accuracy of the data presented. The review and editorial process must rise to the occasion to ensure that published articles are original, clearly written, accurate, and as free from bias as possible. Peer review is the obvious cornerstone of this process. However, additionally, accurate disclosure of conflict of interest is paramount. The *HSS Journal* has joined several hundred other journals in requiring detailed disclosure, as prescribed by the International Committee of Medical Journal Editors (ICMJE), see <http://www.icmje.org/>. We now require all authors as well as all members of our editorial staff to maintain an updated ICMJE form that can be viewed by all readers. A link to the disclosure form for any author is now added to the title page of accepted articles.

I know that we will never be able to avoid all conflicts of interest and bias in our literature, but I also believe that, with honest disclosure, the conflicts can be managed. In the future, studies might actually measure the effect that conflicts of interest impose on the quality and reliability of our published content.

Conflict-of-Interest: Each author certifies that he or she has no commercial associations (e.g., consultancies, stock ownership, equity interest, patent/licensing arrangements, etc.) that might pose a significant conflict of interest in connection with the submitted article.

C. N. Cornell, MD (✉)
Hospital for Special Surgery,
535 East 70th Street,
New York, NY 10021, USA
e-mail: cornellc@hss.edu