

Writing Editorials and Commentaries

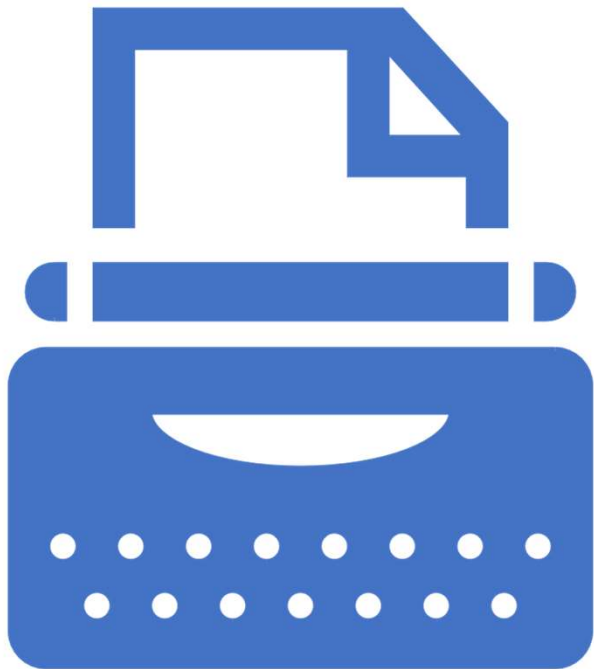
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International Editor, *The BMJ*

Former Executive Editor, *The Lancet*

Former Executive Editor, icddr,b, Bangladesh

Former Senior Editor, *PLOS Medicine*



Outline

- *Why* should you write editorials
- *What* are the elements, structure & style of editorials
- *How* to write, pitch & amplify editorials or commentaries



Why publish?

- Because you have something important to say
 - To change practice or policy
 - To promote thought or debate
 - To allow examination of your work
 - To educate
 - To advocate
-



Why publish?

- Because it's your responsibility
 - Because my boss says so!
 - Publication is a form of
 - Recognition
 - Credit
 - Visibility
 - Accomplishment
 - Leadership expression
-

PUBLISH *or* PERISH



Image credit: cifotart /iStock

Why publish editorials/
commentaries?

Definitions (no fixed standards)

- Editorials

- Often commissioned by an editor
 - Also 'pitched' by authors
 - And sometimes also written by the journal editors
 - Linked or 'hooked' to a current event, new research, or other topical issue or debate
-
- Appear at the beginning of a journal
 - Express an opinion
 - Are short (~ 800 words)
 - Often single-authored

- **Commentaries** are pretty much the same as editorials
- They express opinion (“comment”)
- They are about 800 words

- **Op-ed** is “opposite the editorial page” having traditionally appeared physically opposite of the editorial page in a newspaper.
- More and more academics are writing **op-eds**

I will use terms interchangeably

Editorials/commentaries

- Editorials/commentaries/op-eds are an expression of voice and opinion
- They are given priority and primacy by journals
- They are well-read
- Women are under-represented



October 23, 2019

Gender Disparities in Invited Commentary Authorship in 2459 Medical Journals

Emma G. Thomas, MSc, MA¹; Bamini Jayabalasingham, PhD²; Tom Collins, PhD²; et al

» [Author Affiliations](#) | [Article Information](#)

JAMA Netw Open. 2019;2(10):e1913682. doi:10.1001/jamanetworkopen.2019.13682

The odds of authoring an invited commentary were **21% lower for women** compared with men who had *similar fields of expertise and publication metrics* among researchers who had been actively publishing for the median of 19 years.

This result **challenges the common assumption** that gender disparities in invited article authorship can be explained by *greater publication success, seniority, or self-selection* into competitive fields among male scientists.

Loder and Burch 2019:

Other factors include challenges to women's involvement that are related to **competing demands on their time, their perceptions of themselves as experts, and their willingness to accept invitations.**

Covid invisibilised women's expertise

Women were far less likely to be **lead authors on high profile invited commentaries and editorials** during the pandemic the top 3 US clinical journals .

Brown C, Novick TK, Jacobs EA. Gender Disparities in Authorship of Invited Manuscripts During the COVID-19 Pandemic. Women's Health Rep (New Rochelle). 2021 May 25;2(1):149-153.

How covid-19 bolstered an already perverse publishing system

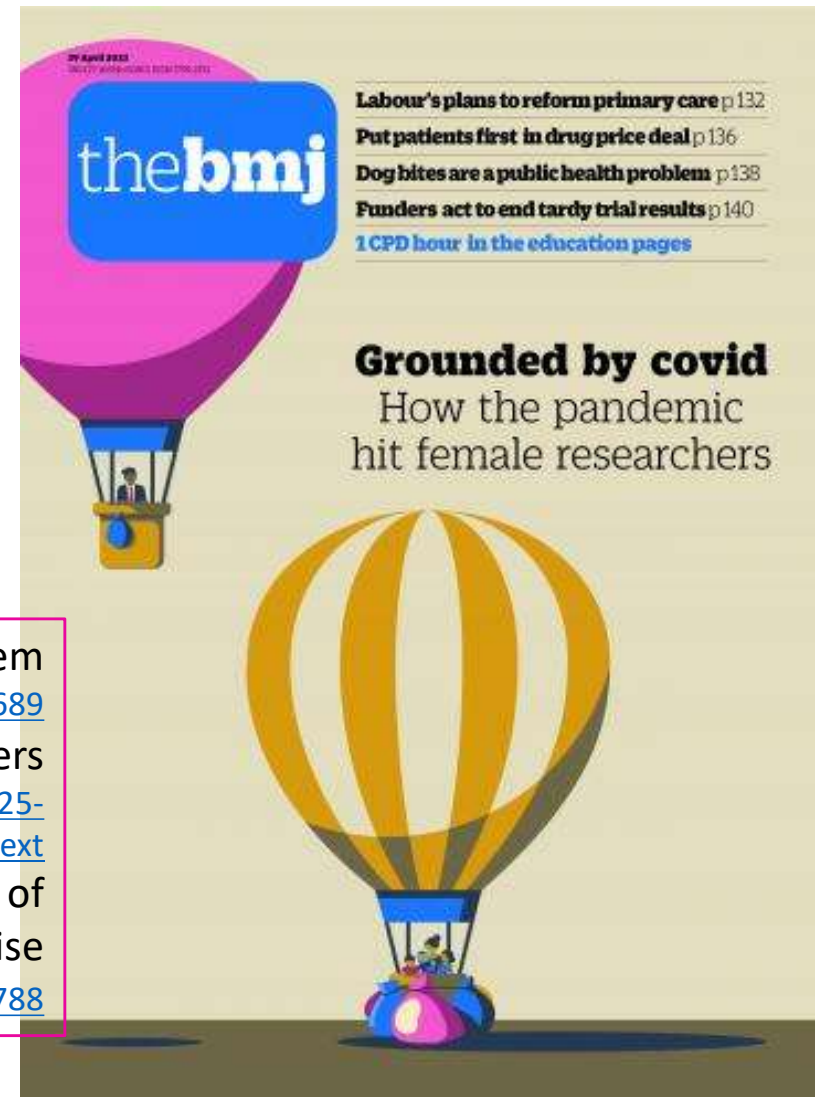
<https://www.bmj.com/content/380/bmj.p689>

Equity for women in science: the role of gatekeepers

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00625-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00625-6/fulltext)

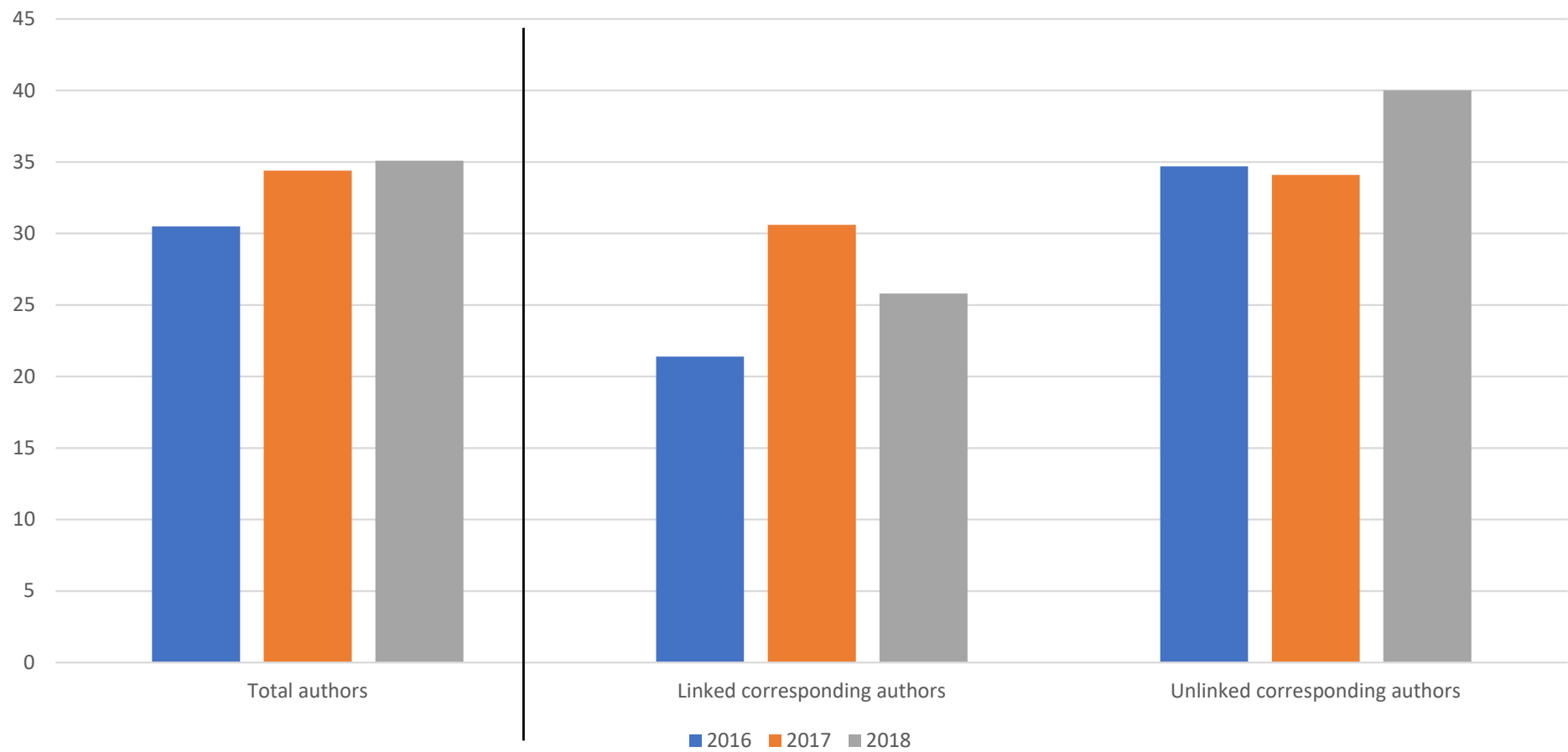
How pandemic publishing struck a blow to the visibility of women's expertise

<https://www.bmj.com/content/381/bmj.p788>



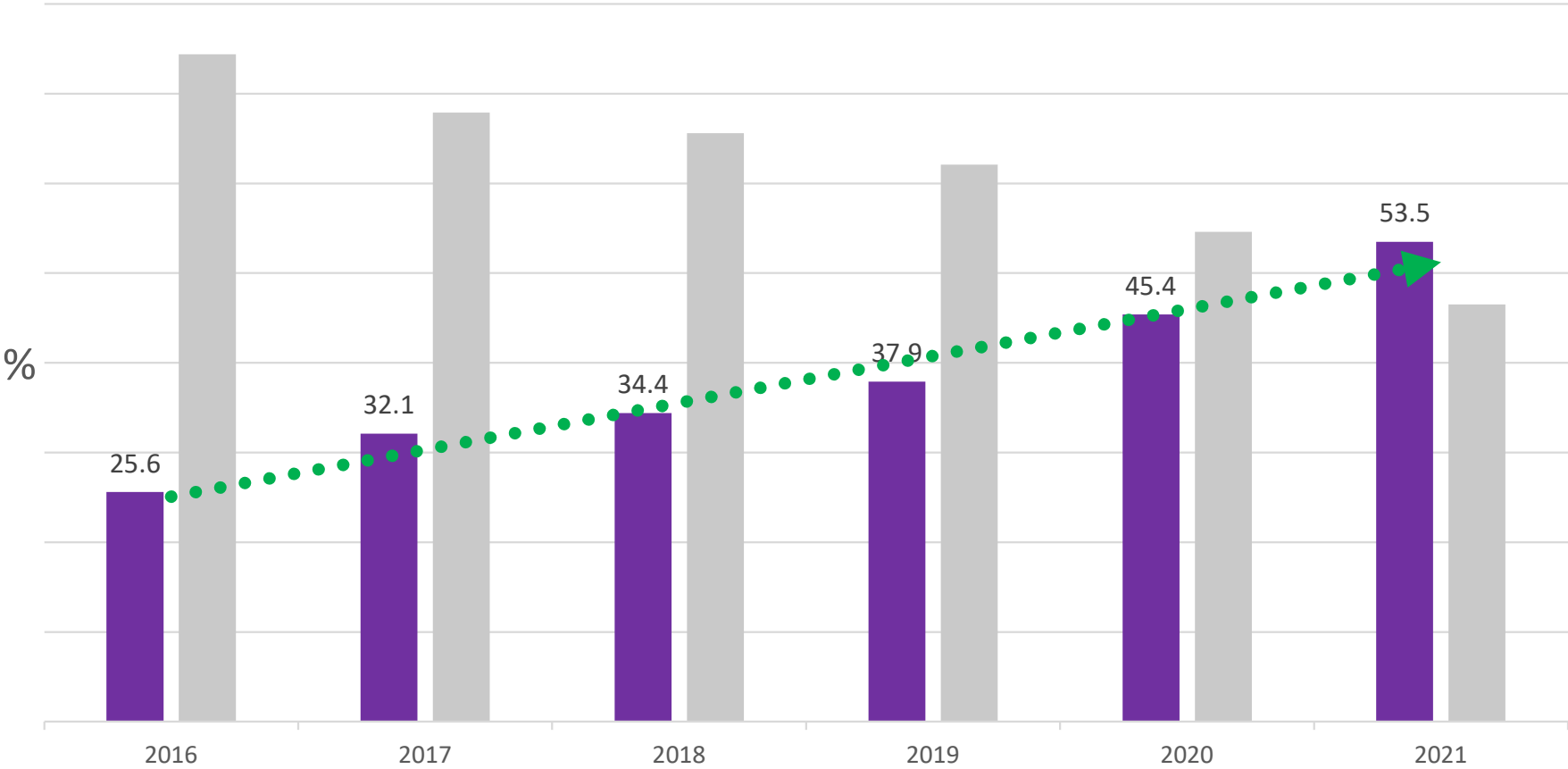
The Lancet: Positive action = improvement over time

% female Comment authors over time



Demand not supply issue

Women corresponding authors, *The Lancet* Comment

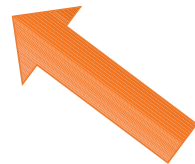


Poor representation (few women)

Less
advancement &
promotion



Less
funding &
awards



Vicious cycle makes
contributions of women
(& other minoritized
groups) invisible and
perpetuates inequities

Fewer
publications



Poor
participation as
peer reviewers &
authors

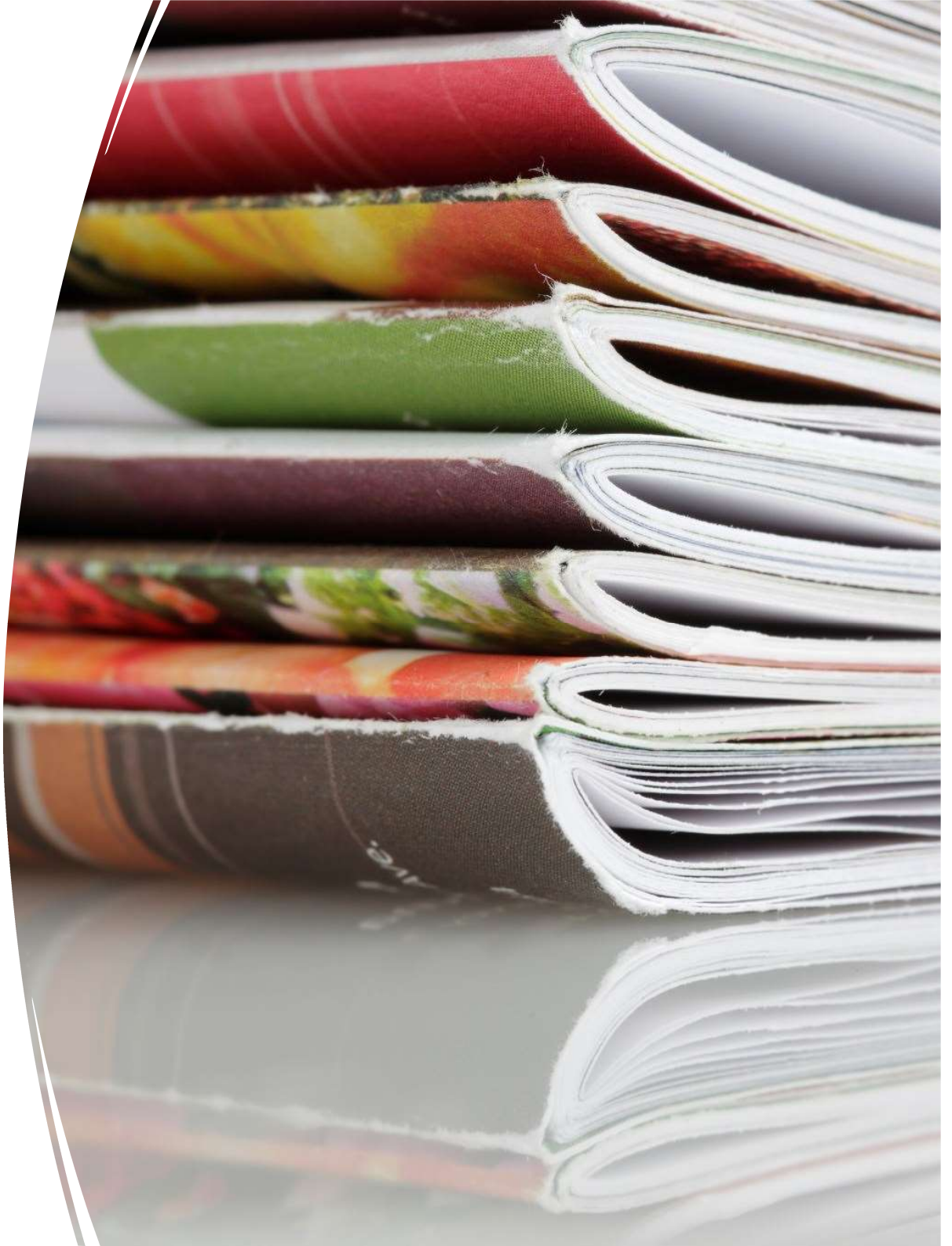


Clark J & Horton R, **What is *The Lancet* doing about gender and diversity?** *Lancet*; 2019

Lundine J, Bourgeault IL, Clark J et al. **The gendered system of academic publishing.** *Lancet*; 2018

Silver J, **Gender equity on journal editorial boards.** *Lancet* 2019.

Why editorials are unique



Research Articles

- Core of journals and academic assessment
- Contain data and study findings
- IMRaD structure (Introduction, Methods, Results, Discussion)
- Facts

Non-Research Articles

- Do not contain original empirical data
- Analyses, argumentation, opinion, essays, reviews, perspectives, viewpoints, editorials/commentaries
- Narrative or essay structure
- Also evidence-based but not reporting of research

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Why editorials are important

- Readable
- Short (busy clinician or academic...)
- 'Educate and entertain'
- Influential
- Well read

- Improve your visibility
- Float a provocative or original idea
- Establish yourself in your field
- Lay the groundwork for a research idea





What are editorials

The most effective editorials are **concise** and **detailed**, **authoritative** and **scholarly**, and **insightful** and **thought provoking**.

EDITORIAL

Editorials represent the opinions of the authors and *JAMA* and not those of the American Medical Association.

Editorial Matters

Guidelines for Writing Effective Editorials

Phil B. Fontanarosa, MD, MBA

What are editorials

- Opinion
- Persuasive
- Critical
- Attention grabbing
- Interesting
- Expressive
- Novel

As an editorial writer

- Build on an argument and try to persuade readers to think or consider your point of view
- Aim to influence opinion, promote critical thinking, provoke a debate, critique a position or decision, and often cause people to take action on an issue
- *But* evidence-based !



Editorial writing not as hard as it seems

- Expression of your work and passion / what does the world need to hear & read about?
- Uses conversational language
- Most people find writing a challenge (& achievement)
- YOU are the expert, no one knows your subject matter better

Elements of an editorial

- An important and interesting message
- Numbers
 - Set context and importance
- Balance
 - Always acknowledge the other side of the argument
- Expertise
- Clear, simple writing
- Short, sweet, within word limits
- Single author or max 3 co-authors

Requirements – specific to journal

The BMJ Editorials

- These are usually commissioned. We are, however, happy to consider and peer review unsolicited editorials. Please remember that the primary audience for our editorials comprises generalists, including GPs. We are keen to consider editorials, or ideas for editorials, from authors outside the UK.
- Please make clear the evidence base of each key statement:
 - Expert opinion;
 - Personal clinical experience;
 - Observational studies;
 - Trials; or
 - Systematic reviews.
- Up to 800 words long. No more than 12 references.

The Lancet Comment

- Most Comments are commissioned by journal editors, but spontaneous Comments are considered on topics relevant to a general medical audience, including events within the past month, or in the near future.
- Short title – avoid cliché, jargon, idioms
- Main text of about 800-1000 words, max 12 references
- Active rather than passive tone
- COI policy
- We encourage diversity in co-authorship, including women and colleagues from low- and middle-income countries.

Structure

- 800 words equals about 8 paragraphs
- Short, “grabbing” and descriptive title (but not too clever)
- Sometimes sub-headings are used (check requirements)



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Cite this as: *BMJ* 2023;380:p627
<https://doi.org/10.1136/bmj.p627>
Published: 21 March 2023

Closing the gap in childhood immunisation after the pandemic

Two steps forward, one step back

Isabelle Muryangaju,¹ Elisa López-Varela,¹ Quique Bassat¹

Childhood immunisations are among the most cost effective, equitable, and successful interventions of all times. The World Health Organization's expanded programme on immunisation has ensured that routine childhood immunisations are available in every country, and vaccination is believed to save around three million lives annually.¹ Eligible low and middle income countries have been supported by Gavi (the Vaccine Alliance) and Unicef to improve access to new and underused vaccines.

Vaccination coverage increased substantially between 2000 and 2019, averting about 37 million deaths globally during that period. The global coverage of DTP3 (three doses of the combined diphtheria, pertussis, and tetanus vaccine), third polio dose, and first measles dose was 84%-86% globally by 2019, and coverage of the second dose of measles vaccine increased from 42% to 71% from 2010 to 2019. Coverage of more recently recommended vaccines such as rotavirus, pneumococcal conjugate, rubella, and hepatitis B also increased.^{2,3}

Vaccination coverage had plateaued before the covid-19 pandemic began in 2020, however, and cracks had appeared in the once successful implementation programme. In 2019 alone, 19.7 million children, particularly in low and middle income countries did not receive their third dose of DTP, and 70% of these had not received a single dose of DTP vaccine ("zero dose" children). In Africa the dropout rate between the first and third dose of DTP was estimated at 9%. Between 2010 and 2019, increasing numbers of children received no immunisations—most of whom were in Gavi supported countries in WHO's Africa (increase from 6.1 million to 6.8 million), Western Pacific (0.9 million to 1.2 million), and Americas regions (0.5 million to 1.5 million)—because of a failure to deliver services to the hardest to reach, "last mile" populations. As countries reached middle income levels, those previously supported by Gavi found themselves with limited access to vaccines.^{2,4}

The pandemic and ensuing restrictive preventive measures exposed weaknesses in all health systems. It was deeply damaging for primary healthcare services, particularly routine immunisation programmes globally. Many countries, especially those with low or middle incomes, experienced interruptions in routine immunisation campaigns and services, restrictions in supply and access to vaccines (for example, shortages of BCG vaccine because of increased unproved use for covid-19), shortages of healthcare staff and personal protective equipment, and disruptions in access to vaccination services.

Vaccine hesitancy increased as a result of rampant misinformation on vaccine safety and development.^{5,6} All this quickly reduced vaccine demand and coverage, allowing breakthrough outbreaks. Measles outbreaks are on the rise worldwide—incidence increased by 79% globally in the first two months of 2022 compared with the same time in 2021,⁷ and at least 21 outbreaks were reported, especially in Africa and the eastern Mediterranean.⁸ Global progress in polio eradication has been halted by fresh outbreaks, triggering major vaccination campaigns in Africa and elsewhere.⁹

Are mass campaigns enough?

Signs of falling vaccine coverage and increasing vaccine hesitancy and measles mortality existed before covid-19. Although mass vaccination campaigns have returned to pre-pandemic capabilities, they do not tackle the long term issues underlying these trends. Nonetheless, the pandemic provided an opportunity to rethink the expanded programme on immunisation. A new, improved, sustainable, and pandemic-proof routine vaccination programme can now be developed informed by the strategies implemented by countries and organisations to combat the pandemic. For example, WHO's 2030 immunisation agenda is people centred, country owned, partnership based, and guided by data, with implementation drawing on the lessons from the pandemic.¹⁰

Countries, communities, and local, international, and multilateral organisations can all do more, however. One of the lessons from Covax, the global initiative to ensure equitable and rapid access to covid-19 vaccines,¹¹ is that it is possible to join forces, secure funding, and accelerate vaccine development. If this could be done for covid-19 vaccines, it can be done for other vaccines.

Several changes will be required to implement recovery measures and integrate covid-19 vaccination into routine immunisation. Firstly, countries should include all age groups in their routine immunisation programmes in order to reach high risk groups (elderly people, healthcare workers, people with underlying disorders) and include newer adult vaccines such as influenza and shingles. Secondly, digital health integration should be accelerated to allow effective delivery of vaccines, programme monitoring, and surveillance. Thirdly, investment should be increased to ensure a healthcare workforce that is robust in both numbers and quality of training. Fourthly, given the failure of Covax to counter national self-interest, regional manufacturing and distribution hubs for vaccines and health supplies should be created in low and middle income countries to facilitate equitable access to vaccines. And, finally,

Style

- Easy language, active voice

Style: Easy language

- Short words
- Short sentences
- Short paragraphs
- No jargon and no clichés
- Avoid figures of speech and idioms
- Active better than passive voice

Style: Passive vs. Active

- In a sentence written in the **passive voice**, the subject receives the action.
- In a sentence written in the **active voice**, the subject of sentence performs the action.

Style: Passive vs. Active

- Passive:

Research has been cited to demonstrate that an estimated 20% of primary school children can have reading problems develop.

- Active:

Researchers estimate that up to 20% of primary school children have reading problems.

Style: Easy language, active voice

- Not this:

As necessitated by unexpected blue box recycling expenditure increases, combined with municipal road-infrastructure improvement expenditures resulting from repairs necessary to meet prior mandated infrastructure maintenance levels, increased property taxes are advocated for the coming fiscal year.

- This:

We advocate increased property taxes in order to cover the increased costs of blue box recycling and the much-needed repairs to several local roads.

Style: Easy language, first person tense!

- *Because of its greater cost-effectiveness, and on the basis of other criteria developed by the testing team, the storage-pumping method is recommended.*
- *We recommend the storage pumping method because of its greater cost-effectiveness and on the basis of other criteria developed by the testing team.*

Short sentences, short words

We conducted an investigation of the outbreak

We investigated the outbreak

We took a sample of the population

We sampled the population

We made an assessment of the situation

We assessed the situation

Opinionated but scholarly

- Good editorials engage issues, not personalities
- They refrain from name-calling or other “petty” tactics of persuasion
- Need to offer alternative solutions to the problem or issue being criticized. Anyone can gripe about a problem....
- But a good editorial should take a pro-active approach to making the situation better by using constructive criticism and giving solutions.

Types of editorials

Types

Info-editorial

CTA-editorial

Linked editorial



Info-editorial

- Goal is to create awareness
- Lay out some facts and figures
- Good for highlighting neglected issue or the emergence of a new concern
- Often raises attention to a problem rather than provide solutions
- Can pose a rhetorical question (*How will governments respond?*) or argue a general point (*Governments must respond*)



CTA-editorial

Call To Action

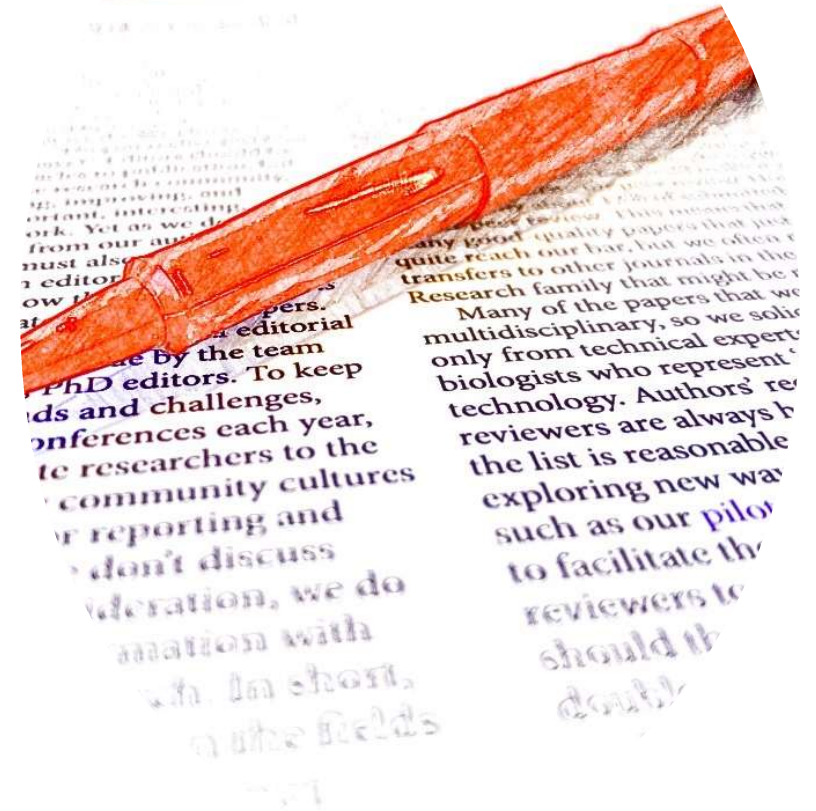


- Goal is to promote critical thinking and debate
 - Goal is to cause people or organisations to take action on an issue
 - Use facts to underly a forceful argument for change
 - Strong bottom line message (*X & Y must do this*) & action (*If X does not act, this will happen*)
-
- In order to influence opinion and policy decisions, need to choose journal audience carefully



Linked editorial

- Commissioned by an editor to put a research paper in context
- Usually the editorial writer is a peer reviewer of the research paper being published
- Lays out a short summary of the research paper and then its strengths and weaknesses
- Discusses the implications of the research and often expands upon what is needed next (or not)
- Usually points to new or missing issues



Exercise 1

- Think of a topic for your next editorial
- Who is your target audience?



How

PROCESS



Process

- A lot of the work happens *before* you begin writing:
 - Determining exactly what you want to say
 - Stating exactly why your editorial is important
 - Deciding exactly who needs to hear your message
- This is the *conceptualization* of your work
- It involves *thinking* not writing
- It also involves *gathering* information

5-step Process

- Collect
- Think
- Organise
- Draft
- Pitch

Elements of all editorials

- An important and interesting **message**
- Numbers
 - Set context and importance
- Balance
 - Always acknowledge the other side of the argument
- Expertise
- Clear, simple writing
- Short, sweet, within word limits

1. Collect your ideas: *the thinking phase*

- What do I have to say?
 - What about this opinion/outrage/knowledge do I want to share?
 - What is the message I want to put across?
-
- Exercise 2 : define your message

Message

- Your message is what your editorial says
- Too much writing fails because it isn't absolutely clear what is being said
- If you cannot describe your message clearly, your writing will probably fail

Define your message

- A single sentence
- Contains a verb
- Not your objective or title

- Your “bottom line”

Message, examples

A new, improved and sustainable routine vaccination programme **must be developed**

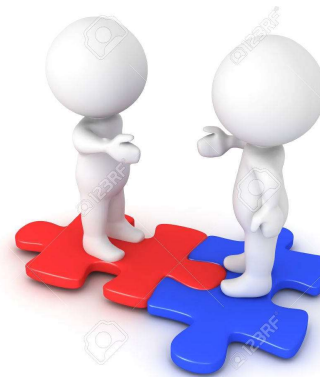
The pandemic treaty **should oblige** governments to report data on imprisoned people

Urgent action **is needed** to maintain vital services in Sri Lanka

2. Collect your ideas again: *the more thinking phase*

- How is your message relevant to Journal A? Journal B?
- How does your message have significance for this audience?

- **Exercise:** make a match



Making a match

- Your goals and the audience you are trying to reach
- The strength of your message (novelty, importance)
- Timings (world health days, major events)
- The readership (audience) of the journal
- Its priorities and interests (read their website and journal pages)
- Gaps in the literature

Requirements, reminder

The BMJ Editorials

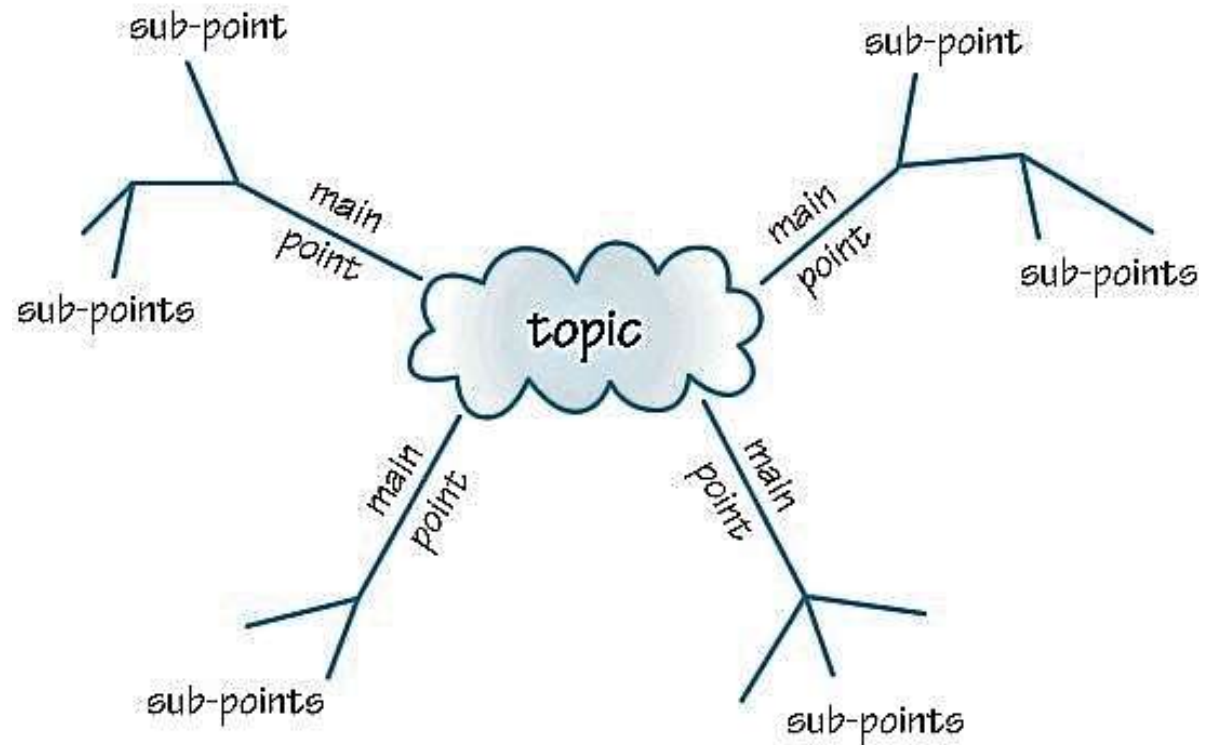
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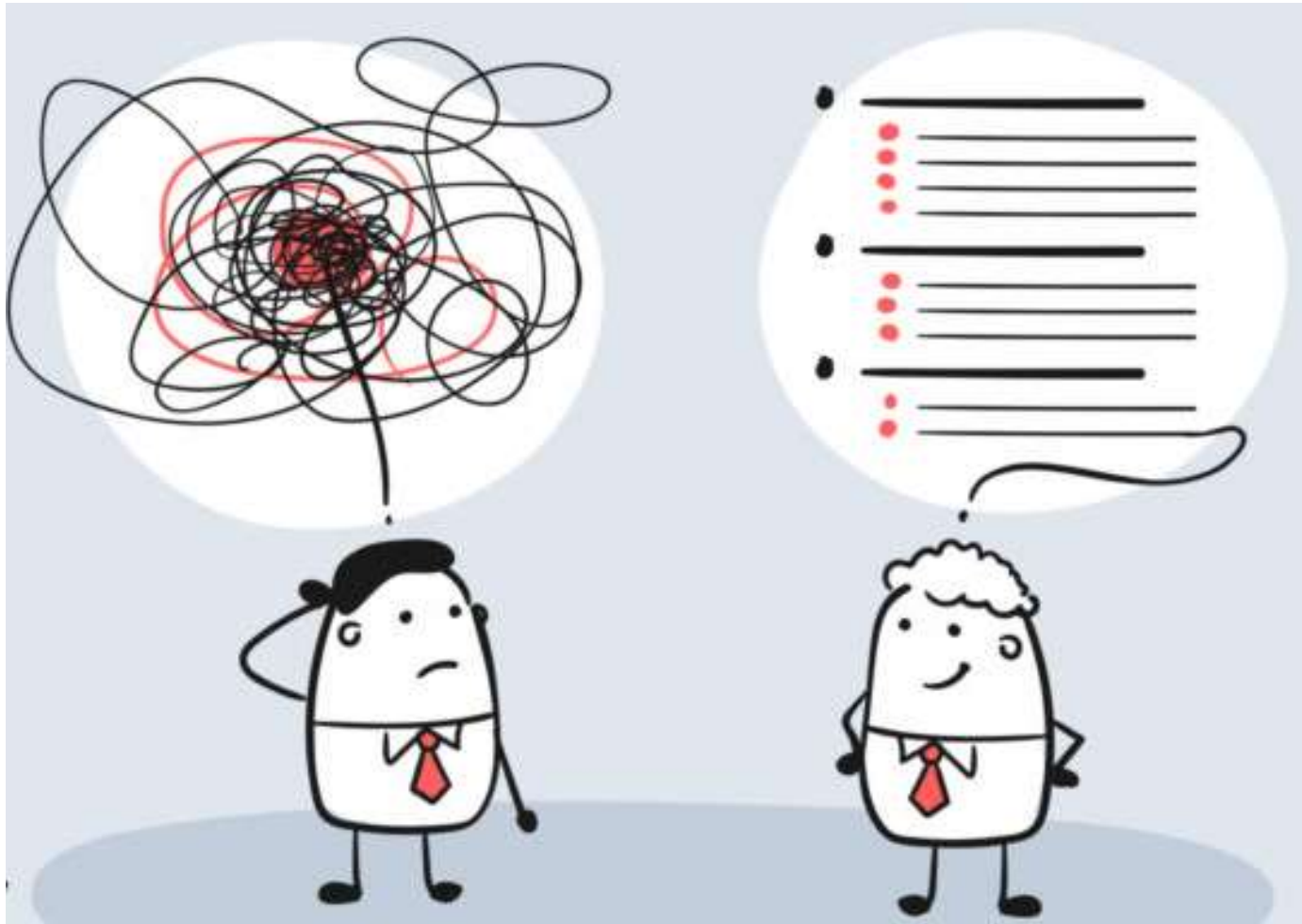
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3. Download your information: *the organizing phase*

Exercise:
Concept map

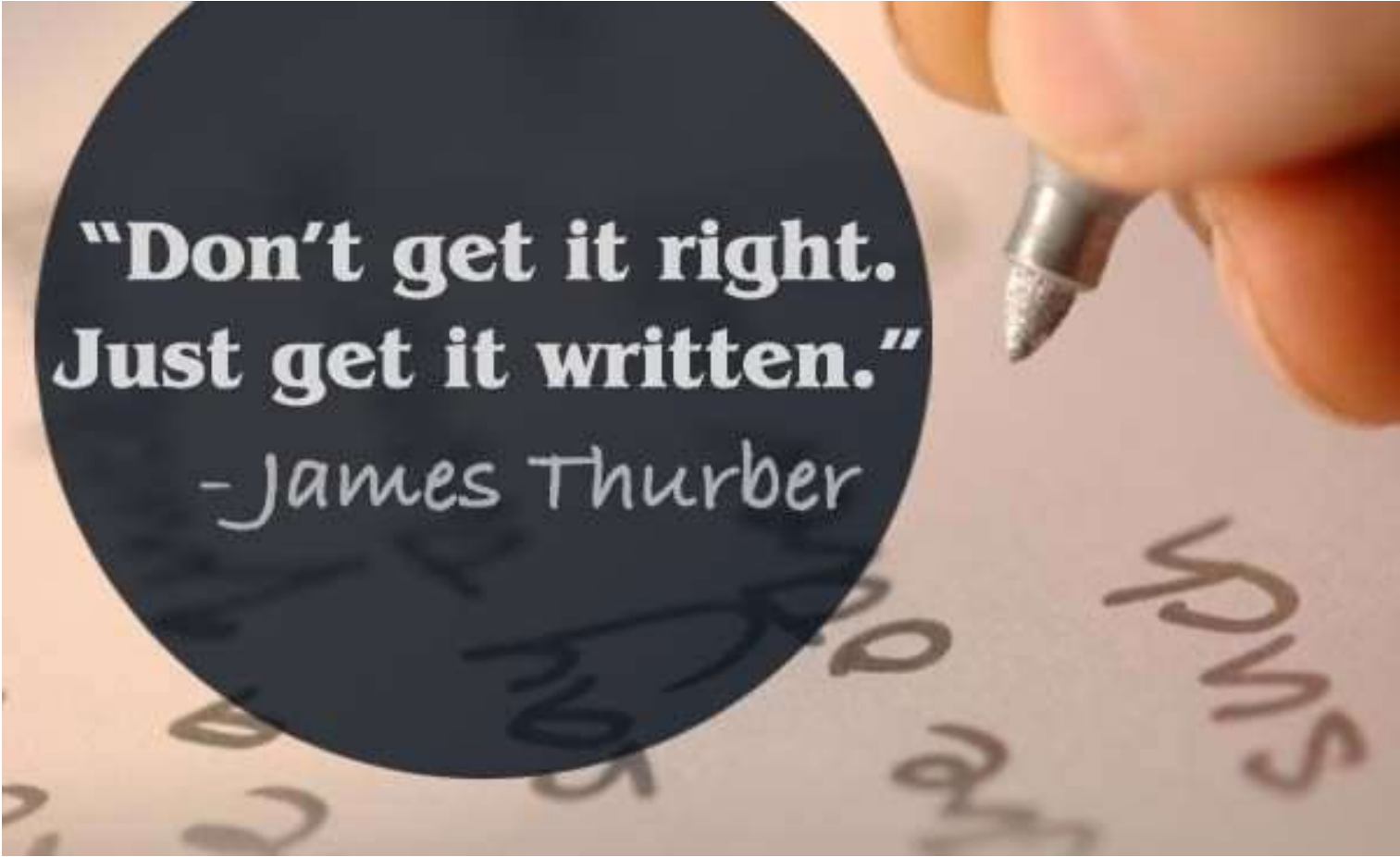




4. Draft your editorial: *the writing phase*

- Use a kitchen timer or your smartphone
- Write non-stop for 5 minutes
- **Exercise: Yellow highlighter**
- Repeat.

5. And then edit – *sculpt, refine, revise*. Say it out loud. Record it and review. Stuck? Print and then use a pen to edit and re-write. Try not to make it perfect!

A close-up photograph of a hand holding a pen, writing on a piece of paper. The paper has some handwritten text, including the word 'SUNDAY' which is partially visible. A dark circular overlay is placed over the left side of the image, containing a quote in white text.

**“Don’t get it right.
Just get it written.”**

- James Thurber

6. The pitching phase

- Pitch to an editor
- Directly by email OR submit online

How do I pitch?

- Audience
- Topicality
- Timing
- Value add

- Consider the counterfactual – *why wouldn't Journal A publish this?*
- Find specific editor in addition to general
- Put piece in body of email & attachment

6. The pitching phase: cover letter

- Short and sweet
- 3 small paragraphs
 - Main message
 - Why important/novel/timely
 - Why that Journal
- Thank you for your consideration,

Success!

Questions?

