

Title:

Lead in turbulent times with the aim to serve

Authors:

Javier A. Cienfuegos, Enrique Pérez-Cuadrado

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ED 7684 inglés

Leading in turbulent times with the aim to serve

“But once you have said ‘It is enough’, you are lost,” Augustine of Hippo

The year 2020 will be remembered for the SARS-CoV-2 pandemic, which has been the greatest ever healthcare crisis for the National Health Service. In Spain there have been more than 1,556,730 cases and 42,619 deaths, as well as 20,268 elderly people who have died in nursing homes and 63,000 healthcare professionals infected (as of November 2020) (1-5).

In our country, as in neighboring States, the shortcomings of healthcare systems to deal with a pandemic of such proportions have become clear, the whole process exacerbated by a lack of transparency and communication with experts and scientific societies, which has had very serious consequences, generating lack of confidence and trust in the general public and in healthcare professionals, who were exposed to the coronavirus without having available the necessary means of protection (2-4,6).

All the healthcare and medical staff, nurses, technicians, auxiliary staff and porters, and support staff responded and overcame the deficiencies with a high degree of professionalism and generosity, in many cases risking their own health. From the *Revista Española de Enfermedades Digestivas* (REED), we would like to pay homage to all the healthcare professionals who faced the challenge of SARS-CoV-2.

As these lines are being written, we are facing a second wave of the pandemic in which several errors from the first wave are being repeated, including no overall plan, lack of representative data, and fragmentation of decision making across different autonomous regions (2,3). Fortunately, positive preliminary results have been reported in record time (six months) for several vaccines effective against SARS-CoV-2 (7,8).

Thanks to the support received from the Spanish Society of Digestive Pathology (SEPD), the Spanish Society of Gastrointestinal Endoscopy (SEED), and the Spanish Association of Digestive Ultrasound (AEED), and in particular to the authors, reviewers and Editorial Board, the journal has kept up its activity, in spite of the limitations we have

already mentioned. The editorial work has guaranteed publication and projects have been implemented with flexibility.

In May, two articles were published which summarized the online conference on COVID-19 held in March, which was attended by 800 professionals (9,10). At the start of the pandemic a "COVID-19 group" was set up to exchange experiences, protective measures, and guidelines to re-initiate the activity of Digestive Surgery departments (11). Subsequently, original articles, brief articles, and scientific letters related to COVID-19 and the digestive system have been published, and we hope to give priority to manuscripts reporting on SARS-CoV-2 in the future (12-15). We believe that short manuscripts (brief original articles, scientific letters, and rapid reviews) are the ideal means to rapidly disseminate findings on COVID-19 (16,17).

In April and June, two monographic issues were published on enteroscopy and the elimination of hepatitis C virus, respectively. Curiously, this coincided with the 2020 Nobel Prize in Medicine and Physiology being awarded to Drs. Harvey J. Alter, Michael Houghton, and Charles M. Rice, who isolated and identified the hepatitis C virus (18). In the autumn (21st October), a 2019 impact factor of 2.196 (Fig. 1) was published, which confirmed the upward trend of the journal, and which reflects the measures taken two years previously. All of this was a cause for congratulations and gratitude to the reviewers and Editorial Board for their splendid work.

The journal occupies position 69 in the list of 88 journals included in the area of Gastroenterology & Hepatology in the Journal Citation Report (JCR), and our aim is to place REED as high as possible in this ranking to highlight and attract authors with high-quality studies.

In so far this year, 772 studies were received and the global rejection rate was 69 %, reaching 77 % for original articles.

With the aim of increasing visibility and disseminating the articles accepted, early assignation of a DOI (digital object identifier) has been set up without having to wait for definitive online or print publication. Furthermore, an expert in bibliometrics has been co-opted onto the Editorial Board to help with establishing the correct taxonomy of studies and with keywords (MESH), and to analyze bibliometric issues which bring value to the journal and the authors.

Given the space limitations of the paper journal, and with the aim of maintaining the same number of articles, for 2021 the following composition of each issue was established: one editorial, eight original articles (three brief and five standard), one rapid review, one systematic review or meta-analysis, three images in digestive disorders (with editorial comment), and ten scientific letters. In view of all this, the publication guidelines have been updated by reducing the word count in original articles, narrative reviews, and special articles.

In 2021 we hope to implement the publication of short videos (two minutes) to illustrate endoscopic, interventionist radiological, and surgical techniques, as well as “visual abstracts”, which we hope to disseminate post-publication on social media (Twitter) (19).

The positive progression of the journal, and the reaffirmation of our identity, true to our historical trajectory, must imply a greater commitment to readers and the scientific community, in such a way that we continue to improve and better serve both patients and society at large.

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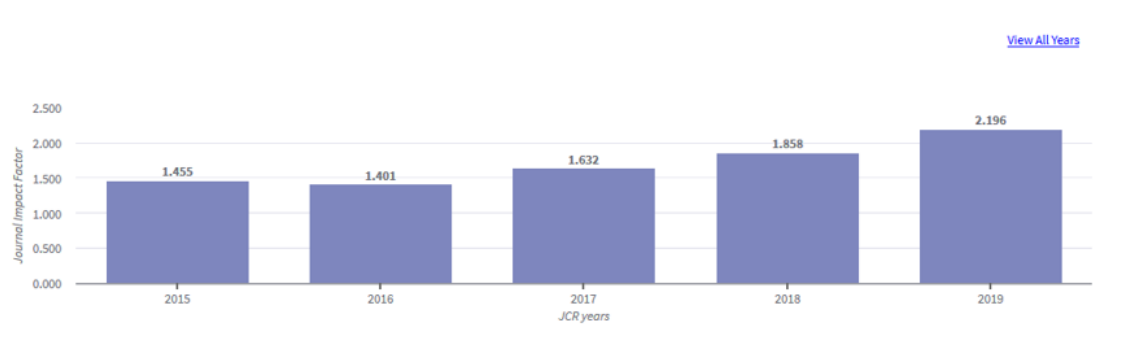


Fig. 1. Evolution of the impact factor over the last five years (Clarivate Analytics).