



Reducing Bias in Academic Publishing: The *Diabetes Care* Approach

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The potential for bias, be it based on gender, socioeconomics, or race/ethnicity, is a concern in nearly every aspect of life. Reduction in all forms of inequity is critically important generally, and certainly in the field of academic medicine. An extensive and growing body of literature suggests continued prejudice against women and early-career investigators in science and academic medicine, including appointment to leadership positions in health science fields (academic or industry), promotion, award recognition, and funding (1). Fairness in peer review is critical for academic publishing and its many downstream effects. Recently, issues related to publication have come under additional scrutiny, with the hope that additional exposure will lead to further change.

A recent report by Liu et al. (2) presented the results of an analysis of more than 1,100 academic journals published by Elsevier and the more than 100,000 editors who oversee them. Their inspection of publications in 15 disciplines over a period of five decades revealed a number of notable trends. One element of the report was an evaluation of the publication records of some 20,000 of these editors, including 1,600 editors in chief. Publication of their own articles in the journals they lead, often referred to as “self-publication,” was frequently observed. Excluding editorials and similar commentaries, 1 in 8 editors published at least 20% of their articles in the journal they were responsible for, with approximately 1 in 16 doing so for at least 33% of their publications. It is quite likely that the peer review process leading to publication of these articles varied between the journals, many of them no doubt headed by experts in their respective fields who also want to publish their work in the top journals. Such reports undoubtedly lay a foundation for suspicion, if not the development of conspiracy theories, regarding fairness in the peer review process.

We are proud to reassure those who rely on *Diabetes Care* as a source to transmit and acquire scientific information relevant to all matters of this devastating disease. We, on behalf of the other members of the editorial team, wish to convey the message that we work very hard to reduce bias in all aspects of what we do to fulfill our editorial responsibilities. For decades, the editors of this journal, be they associate editors, deputy editors, or editors in chief, have been precluded from handling any submission by their editorial peers. All manuscripts submitted by these individuals are automatically assigned by the editorial office to one of a group of experienced ad hoc editors. This special group of editors handles every aspect of the review process, including the initial determination of a submission’s suitability for review, selection of peer reviewers, assessment of feedback from these experts, and the final decision on disposition of the work. At all times a strict line of communication is upheld that flows through the editorial office administered by the American Diabetes Association. Using this structure, we believe we have minimized bias toward self-publication. In fact, an evaluation of publications over the last 5 years by the current team of 37 editors, who commenced their term this year, showed they were named on 2,630 original articles, of which 9.2% were published in *Diabetes Care*. Of the 5 who over this period had over 20% of all their published articles in *Diabetes Care*, the 3 with the highest proportion (up to 28.1%) were not previously editors of the journal. Importantly, the selection of

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editors for *Diabetes Care* is made by the American Diabetes Association following a formal application and review process that considers aspects such as the scientific track record of the proposed team, their history of publishing in well-respected journals, and, of course, their known ability as medical editors.

Another important bias was noted in the analysis of academic editors by Liu et al. (2). Using algorithmic tools to infer gender from first names, they observed that women were underrepresented, comprising only 26% of authors. These findings are consistent with what has been no secret for years and continues today: there is an intrinsic bias against women on research teams (3). At an editorial level, the gender gap was even greater, with only 14% of editors and 8% of editors in chief being women. We feel these observations reflect an unacceptable inequity.

We are unable to comment on what criteria other components of the publishing industry use for selecting members of editorial teams. However, we can reassure you that at *Diabetes Care* we are genuinely cognizant of the fact that women are major contributors at all levels of medical science. The American Diabetes Association is also aware of this (4). Thus,

it should not come as a surprise that 67% of our journal's editors identify as female. We are pleased to say that at *Diabetes Care*, diversity goes beyond just gender, with 40% of our editors identifying as not being White. This proportion contrasts with a recent survey of the editors of 25 of the world's leading medical and scientific journals that found that more than three-quarters of them were White (5).

This editorial is meant to support a related commentary by Molly King (6), in which it was stated, "By implementing procedures for the selection of editors and publication of papers that have less potential for bias, academia can move closer to increasing gender parity and scientific transparency." Using the approaches already employed by *Diabetes Care* and the American Diabetes Association as examples, we hope to convey the message to the larger community that it is possible to enact processes that reduce bias in academic publishing. Although there will be variations in different journals' procedures for selecting the composition of editorial leadership and the approaches these editors take to ensure impartiality in the process leading to publication of their own work, we take pride in the fact that

at *Diabetes Care* our processes are geared to ensure equal representation and complete fairness for everyone who, in one way or another, places their faith in our journal.

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References

1. Lerchenmueller MJ, Sorenson O. The gender gap in early career transitions in the life sciences. *Res Policy* 2018;47:1007–1017
2. Liu F, Holme P, Chiesa M, AlShebli B, Rahwan T. Gender inequality and self-publication are common among academic editors. *Nat Hum Behav*, 16 January 2023. Available from <https://doi.org/10.1038/s41562-022-01498-1>
3. Ross MB, Glennon BM, Murciano-Goroff R, Berkes EG, Weinberg BA, Lane JI. Women are credited less in science than men. *Nature* 2022; 608:135–145
4. Munoz CE, Weinstock RS, Brown TD, Gabbay RA. Women and the American Diabetes Association. *Diabetes Care* 2021;44:1748–1749
5. Salazar JW, Claytor JD, Habib AR, Guduguntla V, Redberg RF. Gender, race, ethnicity, and sexual orientation of editors at leading medical and scientific journals: a cross-sectional survey. *JAMA Intern Med* 2021;181:1248–1251
6. King MM. Self-publishing is common among academic-journal editors. *Nature* 2023;613:445–446