

Editorial

Debate Open: Publication Decision with Provision & PrecisionRalph Spintge^{1,2}, Joanne Loewy^{3,4}¹Department of Algesiology and Interdisciplinary Pain Medicine, Regional Pain Centre DGS, Sportklinik Hellersen, Lüdenscheid, Germany²Institute for Music Therapy, University for Music and Drama HfMT Hamburg, Germany³The Louis Armstrong Center for Music & Medicine, Mount Sinai Beth Israel, New York, NY, USA⁴Icahn School of Medicine, New York, NY, USA

In a recent public announcement [\[LINK\]](#) the WHO demands accelerated publication of results drawn from clinical trials. It should happen within a year after closing a study. At the latest, 24 months after registration of a study's completion, results should ideally be published in a peer-reviewed, scientific journal. Furthermore, in-advance registration of planned studies should happen within one out of a number of international databases, the oldest one being the US-register ClinicalTrials.gov. WHO has collected these registers in its Meta-database International Clinical Trials Registry Platform. Such registers have been founded in order to secure publication of data even if results do not match researcher's hypothesis. WHO expects that accelerating these processes should enhance decisions and save costs in health care systems.

A couple of months ago, medical authorities such as EMA [\[LINK\]](#) and the German BfArM [\[LINK\]](#) issued a ban on more than 80 pharmaceutical drugs on the market. In all cases invalid research studies were identified which had originally served as basis for introducing these agents. One common origin of the proven invalid research strategies has been identified as a research institute based out of India, where many pharmaceutical companies have chosen to have their clinical trials conducted.

Obviously, standards of research in clinical trials have often been neglected. Peer-reviewed journals have not, however identified such misconduct and authorities have been unable to evaluate the quality of such trials listed.

Conflicts of interest are required to be announced by authors submitting outcome research in scientific journals.

This is common standard today. The New England Journal of Medicine in 1984 was the first to demand such declaration from its authors. And yet, currently, the senior editors of this same journal have started a debate about the pros and cons concerning such strict policy. While all leading scientific journals have adopted these stringent standards, there is meanwhile a growing feeling of resentment among both editors and authors focused on an increasing atmosphere of mistrust in 2 aspects. Within the scientific community itself, misconduct of research has led to disastrous consequences in some cases, and in restrictions in sponsoring, from public institutions as well as from the industry. This has led to significant cuts in research programs worldwide.

Recently, Loder and Steinbrock elaborated in the British Medical Journal why strict standards should be kept [\[LINK\]](#). They conclude: "It is a mistake by NEJM to suggest that rigorous standards should be revisited. To do so would undermine the trustworthiness of medical journals and be a disservice to clinical practice and patient safety." For years intense discussions about the system of peer-review have been actively underway with both scientific publications and web blogs, such as SciELO [\[LINK\]](#), as well.

Since March 2015 for instance, the journal Nature follows our journal in keeping authors names confidential during the review process of submitted manuscripts. This so-called double-blind peer review differs from a single-blinded review where only the identity of reviewers stays undisclosed. Mulligan et al. in a survey with more than 4000 researchers being recognized reviewers found that the majority do prefer double-blind approach [\[1\]](#).

As the editors of Music and Medicine, we follow their main arguments in keeping reviews double-blinded, to ensure that there will be: elimination of subjective judgment; avoidance of biases due to authorship, affiliation of authors, and institutional background; offering of better chances for publishing to authors from less renowned institutions or non-English speaking countries; encouragement of honest opinions; and a commitment to the enhancement of focus on quality of manuscripts.

Considering these pros, however one has to be aware that in many cases it is not possible to keep complete anonymity, due to the fact that for instance, style and language might

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Email: Ralph.Spintge@hellersen.de | COI statement: The authors declared that no financial support was given for the writing of this article. The authors have no conflict of interest to declare.

indicate to a specific authorship. Another aspect that has to be taken into account: double-blind review allows both, reviewers and authors to keep the entire process of submitting a publication as hidden as possible, providing a better chance for future endeavors.

While the question of what may be the most appropriate concept of peer review in general has no universal answer, there is consensus that peer-review itself will only be able to survive if we succeed in training new generations of reviewers. The processes and specific ways of realizing how such training occurs are procedures that are still, evidently, largely under discussion.

The Editorial Board of Music and Medicine will keep its standards as outlined in our guidelines for authors. At the same time we list our editorial board members at the beginning of the journal text, have our articles illustrated, include not only details in methodology used, but also quality and contents of musical stimuli used, and demand disclosure of conflicts of interest. In our field sponsoring by industry is relatively rare. We think this to be an advantage, particularly in looking at recent discussions of influence and misconduct in that realm.

In following our own guidelines as outlined above we expect to enhance and keep high quality of review as well as of the journal itself, especially in two directions: filtering submissions, and at the same time offering constructive advice as to how a given manuscript could be improved. We are sure that only rigorous self-control can preserve and enhance further acceptance of Music in Medicine by the scientific and medical community, as well as by the public readerships.

As ever, we welcome your opinions related to these questions-as we develop our young journal's character and particularly as we seek to be inclusive. We put forward to you, our readership your opinions and feedback for discussions related to both the structure and content of the journal. Please feel free to send us your comments. In instances of indicated themes through threads of discussion, after a period of 30 days we intend to establish a statement of consensus out of your contributions, in related theme-based post that will ideally guide our future editorials.

We are pleased to present a stimulating collection of articles in this volume. In 'Tracheomelodica: A Musical Device for Improving the Pulmonary Function of Laryngectomized Patients' Patravoot Vatanasapt and his colleagues, Nida Chabnak, Nichanun Punya-ek working together as faculty in head and neck surgery and rehabilitation take us to an otorhinolaryngology ward at Srinagarind Hospital, a university hospital of Khon Kaen, Thailand. They show how they ingeniously and resourcefully, as a team, were able to develop a unique instrument for patients who had laryngectomies. With this kind of cancer being likely one of the most unpleasant, this pilot, inclusive of adaption of instruments shows ingenuity and apparent creativity and empathy. Furthermore its use yielded significant results in lung function for this vulnerable population. This article

includes photos and descriptions that may be useful to clinicians working with these patients.

From here we move to Australia where Ellen Gentle, Melinda Barker, and Janeen Bower present a compelling case where 'Preservation of Singing Functioning in a 5 Year-Old Following Severe Right-Sided Traumatic Brain Injury: Insights into the Neurological Resilience' offers readers descript, concise ways of utilizing song functioning in childhood. While adult brain injury may require one kind of rehabilitative system, the authors proactively encourage us to consider different mechanisms in addressing children with such injuries. This brilliantly executed case, and eloquent description takes us to a pivotal step to further comprehending the role that singing function can play in the developing brain and highlights how music therapists might further elucidate musical functioning, most usefully in treating impairments of neurologic trauma and dysfunction.

On to Germany where NICU music therapy veteran Monika Nöcker-Ribaupierre, and her colleagues Otwin Linderkamp, and Klaus Riegel examine The Effects of Mothers' Voice on the Long term Development of Premature Infants: A Prospective Randomized Study. In recent years, we have heard more about the effects of short terms outcomes in this domain. This study provides critical implications for the neurologic function and musical-vocal imprints in its in-depth longitudinal perspective.

In moving from infants toward children in their experiencing of hospitals, Shawna Vernisie's 'Bridging Familiarity with Unfamiliarity: The Use of Music Therapy to Normalize the Pediatric Hospital Environment' gives a fresh, new outlook on the perspective of how children perceive illness and wellness. And, if we consider the realization that the way children fair through their capacity to endure medical treatment influences further treatments developmentally-the impact of this article is essential. It starts with memory and impact of trauma. Vernisie's accounts and reminders, supported by music medicine and music therapy data and clinical evidence make this a theoretical must-read for those working with pediatric populations.

And, of trauma, 'The Development of a Music Therapy Protocol: A Music 4 Life® Case Report of a Veteran with PTSD' by Becky Wellman and Judith Pinkerton provides a jewel for our readership in that so few ways of working with veterans have been provided in our literature. In reading about their piloting of this program, we realize that its institution is based on years of these clinically astute authors' having their hands working directly on devising music systems. Their music, carefully constructed, and applied with so many heroes who have suffered from PTSD, has found a way to address the depression and lack of motivation amongst those who have served in combat, and particularly those whose lives have led to medical disability and phobias. We are grateful to read about Music 4 Life, and how it was devised-so that we may have support for those working with PTDS and/or with veterans.

Back to Germany where Biljana Vrancic Coutinho, and her colleagues Anita Lill Hansen, Leif Waage, Thomas Hillecke and Julian Koenig provide a rich review of musical interventions and their uses in forensic settings. The group describe in detail how music has been utilized and its impact with ideas of interventions and consideration of impact. In 'Music Making Interventions with Adults in the Forensic Setting – A Systematic Review of the Literature – Part I: Group Interventions' readers will be given a broad history, analysis, and possible ways to consider working with this unique population in future work.

And finally, an innovative team directed by clinical nurse specialist Mary Tracy, with Abbey Staugaitis, Linda Chlan and Annie Heiderscheit follow with 'Perceptions of Patients and Families who Received a Music Intervention During Mechanical Ventilation.' In a world of research conducted by professionals who are informed through their activities of treating, how refreshing to see this team setting out to gather the impressions of patients themselves, and their families. The details provided throughout this article will hopefully inform researchers to come, and how fitting in a setting where patients may be the able to express their needs, that this team

comes back to gather their voices, along with their families' impressions.

We hope that you find this issue stimulation. Our readership is grateful to the support of our managing team, Amy Clement-Cortes, Julian Koenig and Erik Baumann and we look forward to your feedback through Letters to the Editor. We are eager to present your research and/or way of working with unique populations with music and music therapy and welcome full articles as well as case reports or book reviews. Also comments are welcome on Facebook: '*Music and Medicine*.'

References

1. Mulligan A., Hall L., Raphael E2013. Peer Review in a changing world: an international study measuring the attitudes of researchers. *J Am Soc Inf Sci Technol* 2013; 64(1):132-161.