

COVID-19 ARTICLES

The importance of publishing non-COVID-19 research during COVID-19



To the Editor,

COVID-19 kills more than those the virus has actually infected. For example, from March until May 2020, over 5,000 deaths both in excess of the seasonal baseline and not due to the virus were reported in New York City alone [1]. One hypothesis is that the fear COVID-19 instills prevents even the uninfected from seeking care, which would explain why multiple hospital systems have reported drops in rates of ST-elevation myocardial infarctions (but not necessarily cardiovascular mortality) during the height of the pandemic [2].

With time, more will undoubtedly be uncovered about how COVID-19 impacts non-COVID-19 patient outcomes. However, one indirect mechanism we should consider now is how the virus has shifted the biomedical literature focus away from chronic diseases.

A back-of-the-envelope calculation with R packages *RISmed* and *rAltmetric* helps demonstrate what many have suspected the literature is losing. Between March 1, 2019, and May 31, 2019, 117 articles were published on hypertension and diabetes in top journals including *Annals of Internal Medicine*, *The BMJ*, *JAMA*, *The Lancet*, and *The New England Journal of Medicine*. During the same period in 2020, only 89 articles were written on these chronic disease topics. This represents a 24% year-to-year decline, and similar discrepancies exist between 2017 as well as 2018 and 2020. Those 117 articles led to myriad discussions as evidenced by the hundreds of citations and over 17,000 tweets they inspired.

It is well understood that longstanding social issues, such as famine, are harder to fund than sudden catastrophes, such as hurricanes. Mirroring this phenomenon, the enormity of the situation all but guarantees COVID-19-related conversations are going to occur, but without fresh literature, the same cannot be guaranteed for talks about chronic disease management. The discussions the literature stimulates keep slow-burning chronic issues relevant, and implementation science suggests they may be even more important than the actual knowledge articles convey when it comes to catalyzing practice changes [3,4].

There are multiple mechanisms underlying recent gaps in non-COVID-19 literature, and the publishing process is playing a role. Quotes from journal editors and reviewers alike confirm a recent influx of articles [5]. This has required journals to prioritize, and novelty bias is leading to nonrigorous literature too focused on COVID-19.

But chronic diseases are still killing our patients. Just as hospital administrators found ways to keep beds open for non-COVID-19 patients, so too must the publishing community find ways to continue to publish non-COVID-19 research. A starting point would be to consider reinstating stricter standards for COVID-19 articles. More work-intensive solutions might include creating a dedicated and reputable COVID-19 journal, which would parallel the way the health care system has created both COVID-19 and non-COVID-19 units.

COVID-19 has many ways of affecting non-COVID-19 patients—we cannot let destruction of a diversified literature be another one.

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