

Contributors: AB undertook the systematic review and analyses and is guarantor for the study. AB and PD wrote this article collaboratively.

Funding: None.

Competing interests: None declared.

Ethical approval: Not required.

- 1 Mor V. The compression of morbidity hypothesis: a review of research and prospects for the future. *J Am Geriatr Soc* 2005;53:S308-9.
- 2 Baltes PB, Mayer KV, eds. *The Berlin ageing study*. Cambridge: Cambridge University Press, 1999.
- 3 Rowe JW, Kahn RL. *Successful aging*. New York: Pantheon Books, 1998.
- 4 Vaillant GE. *Ageing well: surprising guideposts to a happier life from the Landmark Harvard study of adult development*. Boston: Little Brown, 2002.
- 5 Roos NP, Havens B. Predictors of successful aging: a twelve year study of Manitoba elderly. *Am J Public Health* 1991;81:63-8.
- 6 Crosnoe R, Elder GH. Successful adaptation in the later years: a life course approach to aging. *Soc Psychol Q* 2002;65:309-28.
- 7 Andrews G, Clark M, Luszcz M. Successful aging in the Australian longitudinal study of aging: applying the MacArthur model cross-nationally. *J Soc Issues* 2002;58:749-65.
- 8 Seeman TE, Charpentier PA, Berkman LF, Tinetti ME, Guralnik JM, Albert M, et al. Predicting changes in physical performance in a high-functioning elderly cohort. *MacArthur studies of successful aging. J Gerontol* 1994;49:M97-108.
- 9 Strawbridge WJ, Wallhagen MI, Cohen RD. Successful aging and well-being. Self-rated compared with Rowe and Kahn. *Gerontologist* 2002;42:727-33.
- 10 Vaillant GE, Mukamal K. Successful aging. *Am J Psychiatry* 2001;158: 839-47.
- 11 Von Faber M. Successful aging in the oldest old: who can be characterised as successfully aged? *Arch Intern Med* 2001;161:2694-700.
- 12 Grundy E, Bowling A. Enhancing the quality of extended life years. Identification of the oldest old with a very good and very poor quality of life. *Ageing Ment Health* 1999;3:199-212.
- 13 Palmore E. Predictors of successful aging. *Gerontologist* 1979;19:427-31.
- 14 Williams RH, Wirths CG. *Lives through the years: styles of life and successful aging*. New York: Atherton Press, 1965.
- 15 Havighurst RJ. Successful aging. In: Williams RH, Tibbits C, Donahue W, eds. *Processes of aging*. New York: Atherton Press, 1963:299-320.
- 16 Havighurst RL, Neugarten B, Tobin SS. Disengagement and patterns of aging. In: Neugarten BL, ed. *Middle age and aging: a reader in social psychology*. Chicago: University of Chicago Press, 1968:161-72.
- 17 Baltes PB, Baltes MM. *Successful aging: perspectives from the behavioral sciences*. New York: Cambridge University Press, 1990.
- 18 Ryff CD. Beyond Ponce de Leon and life satisfaction: new directions in quest of successful aging. *Int J Behav Dev* 1989;12:35-55.
- 19 Phelan EA, Anderson LA, Lacroix AZ, Larson EB. Older adults' views of "successful aging"—how do they compare with researchers' definitions? *J Am Geriatr Soc* 2004;52:211-6.
- 20 Menec VH. The relation between everyday activities and successful aging: a 6-year longitudinal study. *J Gerontol B Psychol Sci Soc Sci* 2003;58:S74-82.
- 21 Sarkisian CA, Hays RD, Mangione CM. Do older adults expect to age successfully? The associations between expectations regarding aging and beliefs regarding healthcare seeking among older adults. *J Am Geriatr Soc* 2002;50:1837-43.
- 22 Callahan CM, McHorney CA, Mulrow CD. Successful aging and the humility of perspective. *Ann Intern Med* 2003;139:389-90.
- 23 Seligman M. *Authentic happiness: using the new potential for lasting fulfilment*. New York: Free Press, 2004.
- 24 Caspi A, Elden GH. Life satisfaction in old age: linking social psychology and history. *Psychol Aging* 1986;1:18-26.

(Accepted 9 October 2005)

## Slow tracking for BMJ papers

Christopher Martyn

An editor argues against the current enthusiasm for fast tracking pages

It seems that it all started with the *Lancet*.<sup>1</sup> In 1997 it offered to publish selected manuscripts within four weeks of submission. They claimed that their motive was to get important data into the public health arena as quickly as possible, citing worrying (worrying!) instances that they and other journals had experienced of "delays in the publication of important data with major public-health messages." Each week's delay, they asserted, is "another week during which the research findings can leak out, perhaps in distorted form, via the mass media. Without the full paper, those health-care workers who advise the public are not privy to the caveats and interpretations made by the authors of the study."

Convinced? Well, *JAMA* was, and a year or two later it offered much the same thing.<sup>2</sup> It dubbed the process EXPRESS (Expedited Peer Review and Editorial System for Science) presumably to give the impression that it was *JAMA*'s idea in the first place. Any number of other journals tagged along, and authors can now request fast track from the *International Journal of Social Psychiatry*, *Neuropsychological Rehabilitation*, the *European Journal of Developmental Psychology*, the *Journal of Molecular Endocrinology*, and the *Journal of Occupational and Environmental Medicine*, to name but a few. There was even a time when the *Quarterly Journal of Medicine* offered to fast track papers.

The *BMJ* has always been doubtful. As an editorial in 1999 pointed out: "It usually takes years to do a study and then years for change to happen: why rush around to reduce the time to publication by months?"<sup>3</sup> But, in the end, we came around, signalling our half

heartedness with the obscure—we reckoned ironically of a bike with oval wheels. At least we were honest about the reasons: "We hope it will attract researchers with high quality studies to submit them to the *BMJ*, and we hope it will serve readers by helping us to attract better papers."

Evolutionary biologists will understand what's going on here.<sup>4</sup> In a complex and changing system, a species needs to continue to develop just to maintain its fitness relative to other species. If a mutation allows antelopes to run faster, cheetahs must evolve or starve. But it's not only in arms races between predators and prey that this principle operates. It also happens when there is competition for limited resources. Trees in a forest compete for sunlight. If one tree grows taller, it captures sunlight that would otherwise have reached neighbouring trees. They are then forced to grow taller to avoid being overshadowed. Overall, the effect of competition is that trees become taller. But note the downside: there's still the same amount of sunlight. It's just that trees have to work harder to get their share.

It's the same with journals. To prosper they must attract the best papers—a limited resource. If one journal makes itself more attractive to authors by speeding up its processes, others are constrained to follow. But the process engenders no increase in the number of good papers. Who benefits? Certainly not the journals—they've had to expend more editorial energy on publishing the same number of papers. The authors? Probably not, because the best papers were usually published fairly promptly anyway. Readers? Again, and for the same reason, probably not. It's hard



Because the author was so slow in delivering his manuscript, it had to be fast tracked to get into this issue

*BMJ*, London  
WC1H 9JR  
Christopher Martyn  
associate editor  
cmartyn@bmj.com

*BMJ* 2005;331:1551-2

to see how anyone is better off after the invention of fast tracking.

Authors who succumb to the lure of fast track publication fall into three categories: the naive, the opportunistic, and the self important. The naive are the ones who fail to realise what we just been discussing—that fast tracking is about raising the journal's status, not about offering a better service to authors.

The opportunistic authors are those who find a way of hitching their paper to something topical in the hope that the journal's instinct for a scoop might trump any methodological deficiencies in the study. After the London bombings earlier this year, the *BMJ* was swamped with fast track papers about the management of post-traumatic stress.

The least said about the self important, the better. They're the ones who believe that they, or let's be generous, their papers, are too consequential to wait in line. If it occurs to them that a corollary of fast tracking their paper might be a delay in the publication of papers whose authors have a more modest view of their place in the history of biomedical research, it doesn't bother them. But even from their point of view of naked self interest, they should be aware that the statistics suggest that, on average, papers submitted with a request to fast track are less likely to end up in print than those submitted in the usual way. The *BMJ* receives about 3000 unsolicited manuscripts each year, of which around a fifth eventually get published. Last year it received 249 fast track requests; 38 were judged appropriate, but only 4 actually made it into the journal.

There are a few things in life that, if they have to be done, are best done fast. They tend to involve violence, unpleasantness, or acute illness. As Macbeth soliloquised about the assassination of Duncan, "if it were done when 'tis done, then 'twere well it were done quickly."<sup>5</sup> Stuck in a traffic jam or delayed at an airport, most of us would probably add travel to the list, our frustration transiently leading us to forget that it is the journey not the arrival that matters. Almost everything else is better done slowly. Partly, it's because of the obvious trade-off between speed and quality. Slow

food, for example, is better than fast food. But mainly it's because most human activities are more enjoyable, have more meaning, and are just nicer if they aren't done in a tearing hurry.

Ann Lee, the founder of the Shaker movement, preached that one should simultaneously live as if every day were your last and live every day as if you would live a thousand years—an injunction that everything should be done as well as possible, regardless of the time it takes—but that nothing that is not worth while should even be started.<sup>6</sup> The craftsmanship displayed by the anonymous Shaker furniture makers certainly seems in that spirit. Perhaps the message is also relevant in research.

The editorial staff of the *BMJ* look forward to receiving a request from an author that his or her paper is slow tracked. The covering letter might read something like this: "Some time ago, we were concerned that . . . and we decided to investigate. It took us a year to review the existing literature, design the study, get ethics committee approval, raise the funding, and recruit the staff. Carrying out the study took three more years. The past 12 months have been spent analysing the data and writing up the findings. In all, this project has taken five years of hard work. We think that we have discovered something that is interesting and useful. If you agree, please take time to consider our manuscript carefully, choose knowledgeable and reliable reviewers, check it for mistakes, and improve its clarity and presentation by painstaking editing. After all this time and effort we don't want it screwed up by rushing things."

Competing interests: CM edits the *Quarterly Journal of Medicine* and deliberately misrepresented it for the sake of a joke. Despite its name, *QJM* is published monthly.

- 1 MacNamee D, Horton R. Fast track publication in the Lancet. *Lancet* 1997;349:970.
- 2 Winker M, Fontanarosa P. JAMA—EXPRESS rapid peer review and publication. *JAMA* 1999;281:1754.
- 3 Goldbeck-Wood S, Robinson R. BMJ introduces a fast track system for papers. *BMJ* 1999;318:620.
- 4 Van Valen L. A new evolutionary law. *Evolutionary Theory*. 1973;1:1-30.
- 5 Shakespeare W. *Macbeth* VII. i. 1-2.
- 6 Becksvort C. *The Shaker legacy*. Newtown: Taunton Press, 2000.

## Second thoughts

Until recently, this 75 year old widower, who lived alone in an isolated rural environment, was very depressed after his bereavement and having had angina diagnosed. He was terrified of the possibility of cerebral anoxic brain damage that might follow a prolonged cardiac arrest (a particular risk because of his isolated location). In order to prevent this, he had "Do not resuscitate" tattooed on his chest.

Happily, he has now had successful treatment of his angina and found a new partner, and would now like to be resuscitated. It does, however, leave him with a problem of what to do with his tattoo.

M W H Behan *specialist registrar in cardiology*, R Veasey *specialist registrar in cardiology*, M Higson *senior cardiac technician*, A N Sulke *consultant cardiologist, Eastbourne District General Hospital, Eastbourne (milesbehan@hotmail.com)*

