

Decolonising the medical literature: We are not just a low-resource setting

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Date Received: 27-Sep-2019
Revision Received:
Date Accepted: 30-Sep-2019

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<https://dx.doi.org/10.4314/mmj.v31i3.1>

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I was appointed the Editor-in-Chief (EIC) of the Malawi Medical Journal (*MMJ*), a periodical of the Malawi College of Medicine (www.medcol.mw) and the Medical Association of Malawi (*MAM*) in February 2019. It is a daunting task certainly to be at the helm of such a prestigious medical journal indexed in/by almost all the databases that matter in medical publishing. Our journal has published since the 1970s, first as the Medical Quarterly, and later as the Malawi Medical Journal. The establishment of Malawi first medical school in 1991 increased the need for a national medical journal and therefore it became natural to join forces with the MAM to make the journal better.

In the several months that I have been at the Journal in my new role (I edited the Journal in the early 2000's before leaving in 2004), I have learned several things not least the agony that may be experienced when manuscripts must be rejected. For the *MMJ* now, this is not a rare happening compared to the early 2000s. Our submissions are largely from Africa, but others come from Asia, North America and Europe. We have much fewer submissions from Australia and South America.

While we are keen to receive and review suitable manuscripts, we have to reject the majority. Among the many considerations, prime among these, is our readership. What do we think readers of the *MMJ* want to read? We worry about the relevance of the paper to our readers, and mostly we assume these to be medical doctors in Malawi and the Southern Africa sub-region. For sure we exist in a global environment but the wider global setting has many other periodicals that would not publish papers of great relevance to Malawi and the sub-region.

The other concern I have is use of language that may be in vogue in the global medical literature but perhaps its meanings and implications have not been well thought through. I have reviewed scores of manuscripts written about Southern African countries with the tag "resource-limited setting": Disease *xyx* in a resource-limited setting. It sounds to me something such as: How the sun shines in a resource-limited setting; CD4 count estimates for women in a resource-limited setting; Pharmacokinetics of drug *Y* in a resource-limited setting or The anatomy of the kidney in a resource-limited setting. My question has been: were we anticipating that the kidney would be different among people living in a low-resource setting (whatever that means) compared to in a setting that have no such economic constraints? Will the sun shine differently in a resource-limited setting compared to in

another –non-low resource-setting? Yes, of course economic and other social disparities are important determinants for health (I took a whole semester class at the University of North Carolina at Chapel Hill on these issues). But really, is it justified or justifiable to add the tag when the contents have nothing to do with the resources? Is this not derogatory? More importantly, is this not misleading the reader to refer to low income setting in the title and yet the whole article has nothing on resources? It would seem arrogant on my part, but perhaps editors need to be, we will not be processing further manuscripts that have careless use of words.

I have seen scientific articles on diabetes, hypertension and several other health conditions in which Malawi has been referred to as a "land-locked country". We of course do not have a coastline but I have always wondered of what value or what is the importance to the reader or author to present our country in such maritime terms? Although it would be unwise to borrow some things from the United States, I am yet to read a medical journal article on diabetes that addresses those states without a coastline as "land-locked". Authors just go to the substance of science and relevant social and environmental settings without adding meaningless terms. Imagine an article starting like: Luxembourg is a land-locked country.....`doubt such manuscript will ever be published into an article.