

## A) COMMENTS ON PUBLISHED ARTICLES

## More about clinical research

Nefrología 2009;29(4):364.

## Dear Editor:

The controversy surrounding the research published in *Nefrología*, edited by M. Praga,<sup>1</sup> and the letters to the director from such recognised and prestigious researchers as S. Lamas,<sup>2</sup> M. Rodríguez Puyol<sup>3</sup> and Josep M. Cruzado,<sup>4</sup> is, in my opinion, highly important and of great significance.

This modest clinical researcher, also second-rate teacher, tutor in Nephrology and associate professor in Medicine, has been denied the AQU (*Agència per a la Qualitat del Sistema Universitari a Catalunya*) qualification, given the two following weighty arguments: first, an insufficient number of publications in high-impact journals. It appears that one NEJM, five *Kidney International*s, three *Current Opinion in CV Investigational Drugs* and many other publications (133 in total), does not sufficiently merit “teacher and researcher” status (see PubMed, Martínez-Castelao A and Castelao AM).

The second reason for the refusal is more interesting: “Does not have a sufficient number of financed research projects”. Clearly, leading the GEENDIAB Group, with projects such as MIRENA, NADIR-3 and *Strategies for Renal Health*, does not constitute partaking in ‘financed’ research projects of sufficient scientific interest.

The research capacity of clinics is measured by the well-known ‘impact factor’. The trend is no longer IF but the more important *h*-index. You are a recognised researcher if your *h*-index is over 20; i.e. your publications need to be cited thirty times in thirty prestigious journals in order for your *h*-index to be ‘adequate’.

To write books, book chapters, publications with no IF or to be invited to give lectures at national and international conferences, in addition to all the hours dedicated to primary care and teaching what chronic kidney disease and diabetic nephropathy mean, does not have any scientific interest.

When the REDINREN was created, it was a major feat to develop a scientific paper, which would then be examined by an independent international evaluation committee and sifted through by a national committee. Think about who prepared the report, in a short space of time and around full working hours. At that time, a group such as GEENDIAB (a clinical network of more than eighty researchers across fifty Spanish nephrology departments) would not have been considered adequate due to a lack of IF. It is evident that, in developing a clinical research network, it can be of importance only if one ensures that the publications are in English and in high-IF journals.

In our country a great deal of high quality pure research is carried out, which produces studies of recognised worth and is therefore published in high-IF journals. However, the translational research leaves much to be desired. Out of the thousands of projects undertaken, how many actually come to be applied in daily practice? How many patents are achieved and what connections do we have between universities and industry? One hopes that the controversial Bologna process, contentious before its application had even begun, might help us in this regard.

Finally, some consideration with regard to participation in clinical trials. If you have the good fortune to work in a centre that is an important source of patients, after some years of hard efforts the entire industry will be behind you in participating in national and international multi-industrial studies and

trials. Perhaps, with a great deal of supplementary effort, you may produce an ‘independent’ trial project. If, in addition, you can include a significant number of patients, or gain a position in a steering committee, your name will appear in an important paper somewhere. If not, you can be satisfied that your name will appear in the list of collaborating researchers. This alone is the advantage of participating in clinical trials, regardless of any benefit to the patient.

Sir, those, like us, who have certain age and many years’ experience working in Spanish nephrology, are not lacking enthusiasm, exactly. Our tiredness, as Mr. Praga described so well in his leading article, does not stem from a lack of desire to continue ‘bearing the burden’. It comes from seeing that those who must assess our efforts do so with neither the necessary consideration of nor the slightest respect towards our ability.

1. Praga M. Is independent clinical research being supported in Spain? *Nefrología* 2008;28(6):572-82.
2. Lamas S. Investigación y Proyectos. Algunas matizaciones. *Nefrología* 2009;29(2):173-4.
3. Rodríguez Puyol D. Carta sobre la investigación clínica independiente en España. *Nefrología* 2009;29(2):174-5.
4. Cruzado JM. Independent renal research. *Nefrología* 2009;29(3):270-1.

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