

# The Stop-Publish-Stop Cycle – A Confession, a Diagnosis, and a Prescription for Editorial Sustainability

## **PART I: WHY WE PUBLISH**

Medical journals have been around since the 1600s. They are not just places to store facts. They are the foundation of modern medicine.

For doctors and researchers, publishing is not about ego. It shows honesty in your work. It is a gift to the medical community. It saves lives. Publishing separates those who just read from those who create. In our hospitals and universities, publications decide who gets promoted, who gets research money, who gets recognized as a specialist, and even the global reputation of our schools. To publish is to join the world's conversation about healing.

But here is the strange thing. The very tools that carry this conversation - our own medical journals - are often the weakest and most ignored parts of our institutions. We treat them like decorations, not necessities. We assume they run by themselves. But they depend entirely on the unpaid, unseen, and exhausting work of a few dedicated people. This is the first and biggest problem we must face.

## **PART II: WHY EVERY HOSPITAL NEEDS ITS OWN JOURNAL**

Every serious medical college and hospital wants its own journal. On the surface, this shows independence. It says: "Our people have something unique to share."

But behind this noble idea lies a simpler truth. Institutional journals are like safety valves. They release the pressure from all the papers that faculty must write to keep their jobs. Without a local journal, these papers would flood international journals that are already overloaded. Or worse, they would sit on computers, never read.

The institutional journal shows what the institution is doing. It highlights local diseases, local practices, local solutions, and case reports that high - impact journals would never print. The local journal is not a smaller version of international journals. It is a different kind of medical literature. It speaks directly to the health needs of our people. To lose it is to lose our institutional memory.

## **PART III: THE VOLUNTEER EDITOR - WORKING FOR FREE**

Who runs these journals? In most cases, especially in developing countries, the editors are working doctors, surgeons, and public health experts. They are not trained publishers. They do not know about DOI systems or how to spot fake journals. They learn as they go, often by making mistakes. And they do it all for free. No pay. No time off from clinical work. No assistant. No budget. Editors are expected to manage submissions, find reviewers, chase late reports, edit papers, talk to authors, and make hard decisions about rejection. All while seeing 40 patients a day, teaching students, and writing their own grants.

This cannot last. We admire the editor's commitment, but we do not pay for it, protect it, or treat it as a real job. We treat editorial work like a religious duty - noble, but not important to the university's budget. This is a serious mistake. It is the heart of the problem.

## **PART IV: THE EDITOR'S IMPOSSIBLE JOB**

The editor's job sounds simple: accept enough papers to keep the journal going, but reject enough to keep it credible. This is the editor's tightrope walk.

If the acceptance rate goes above 70 - 80%, the journal becomes a "dumping ground." Readers lose interest. Citations drop. But if the acceptance rate drops too low - say, below 20% - the journal loses its own faculty. They go elsewhere. Submissions dry up.

But the editor does not work alone. The pressures are personal, political, and constant.

First, from fellow faculty: The editor's office neighbor submits a weak paper. Small sample size. Wrong statistics. Overblown conclusions. The author expects a gentle review and quick acceptance. When the editor sends back a critical review or a rejection, the relationship sours. The editor becomes the "gatekeeper" who "does not support junior staff." These small conflicts build up. They drain the editor's energy.

Second, from management: The Dean sees the journal as a showcase. They want the journal's name in databases. They want high submission numbers. They do not want rejection letters sent to their own professors. Quietly, they tell the editor: "Accept more papers from our own people." This is a direct attack on edi-

torial independence. And it is rarely resisted, because the editor's career depends on the same management.

## **PART V: THE RISE AND THE FALL**

Every new editorial team starts with fire in their hearts. They have big plans: a new website, faster reviews, special issues. They meet weekly. They redesign the cover. They reject weak papers with helpful feedback.

For the first year, it works. The journal comes out on time. The acceptance rate is around 40–45%. Authors are happy. Management is pleased.

Then, slowly, the cracks appear. The reviewer pool shrinks. Colleagues stop responding to invitations. The editor spends hours chasing reviewers and finally reviews papers themselves. The backlog grows. The quarterly issue becomes half-yearly. The half-yearly issue becomes yearly. The yearly issue becomes a "special collection" that comes out two years late. The website goes down. The indexing application is not renewed.

By the third year, the editor is tired, bitter, and alone. Management's pressure has grown. The faculty's complaints are louder. Meetings become rare. Decisions are delayed. And then, one day, the journal simply stops taking submissions. No announcement. No handover. Just silence.

This is not a personal failure. It is the predictable result of a system that takes maximum work and gives minimum support. We have built a machine that runs on guilt. And guilt runs out.

## **PART VI: THE CYCLE – DEATH, REVIVAL, AND REPEAT**

After the silence comes a time of forgetting. For months, nobody mentions the journal. Faculty send their papers elsewhere—to national journals that take months to respond, or to fake journals that charge high fees and publish in days. The institution's research output drops. The annual report looks thin. An accreditation visit is coming.

And then, inevitably, a new group of younger, more energetic faculty decides to bring it back. They go to management with a PowerPoint presentation. They promise speed, openness, and international standards. They form a new editorial board. They fix the website. They work day and night for two years. And then, the cycle repeats.

This is our institutional story. Our journal did well in the early years, stopped in 2015, was revived in 2018, published for six years, stopped again in 2023, and lay quiet until now. In 2026, a third team has been

formed. I do not say this to put down our current team. I say it to warn them that courage alone is not enough.

## **PART VII: A DEVELOPING-WORLD PROBLEM**

I must admit something uncomfortable. This cycle is much more common in developing countries than in rich ones. In wealthy countries, journals have full-time staff, paid managers, and steady income. Editors may receive pay or time off from teaching. Editorial work is recognized in promotion decisions.

In our context, the journal is an unwanted child. It is funded with reluctance, staffed by volunteers, and valued only when it produces numbers for accreditation bodies. There is no career path for medical editors. There is no national policy that treats editorial work as a real academic activity. We are asking our best people to do professional work without the tools, training, or pay.

This is not a moral failure. It is a structural one. And structural problems need structural solutions, not individual heroics.

## **PART VIII: OUR NEW POLICY – ARTICLE PROCESSING CHARGES**

Seeing these problems clearly, our revived journal has taken a bold step. We have introduced a small Article Processing Charge (APC) for accepted original research papers. This fee is lower than the market rate. It is not meant to make money. It is a dedicated fund with three uses:

1. To give a small honorarium to the editorial team. Not a salary, but a real sign of respect for their time and effort.
2. To hire a part-time manuscript manager. This person will handle submissions, reviewer communication, plagiarism checks, and copy-editing. This frees the academic editors to focus on intellectual decisions.
3. To keep the journal technically sound. This means paying for website hosting, DOI registration, anti-plagiarism software, and language editing.

The APC is waived for authors from our institution who are students, trainees, or faculty without research funding. It is also waived for case reports, review articles, and invited commentaries. The fee is only charged for original articles that have passed peer review. This removes any worry that payment affects editorial decisions.

We know APCs can be controversial. Some see them as a barrier. We have created a hardship fund, fed by a small share of APCs from well-funded external authors. This is an ethical and practical approach.

## PART IX: A CALL TO EVERYONE

But the APC alone is not a cure. It is a bandage on a wound that needs surgery. To truly break the cycle, we need commitment from everyone.

To the Faculty: Stop treating editorial work as a hobby. When you submit, read the guidelines. When asked to review, accept at least half the invitations. When your paper is rejected, do not take it personally. Take it as a chance to improve. When you see an editor looking tired, offer real help.

To the Management: Give protected time. Set aside at least 10% of the Editor-in-Chief's work hours for editorial duties. Provide a proper office, a computer, and an assistant. Issue a public policy that the editorial team has full independence in acceptance decisions. Put this policy on the journal's website. Back it up with action.

To the University and Research Council: Change promotion rules to recognize editorial roles—not just the Editor-in-Chief, but also associate editors and reviewers. Count editorial service as “research equivalent.” Create a national award for excellence in medical editing. Fund editorial workshops. Treat the survival of local journals as a national health research priority.

To the Policy Makers: Include medical journal editing in health research workforce planning. Give grants for journal infrastructure, not just research projects. Create a national group of medical journals to share resources. Recognize that a country's scientific independence is measured by the number of journals it owns and keeps alive.

## PART X: A PERSONAL CONFESSION

I will not pretend I am free from the tiredness I have described. I have been an editor for many years. I have lost sleep over decisions. I have been accused of bias, of being too harsh and too soft. I have seen my hope fade. I have wanted to walk away.

But I have also seen the light in a young consultant's eyes when their first paper is accepted. I have seen one good study change a local treatment practice. I have seen our journal cited in a major international review. I have seen our name on online repositories, connecting our small institution to the world.

That is why I am still here. That is why we must build a system that lasts despite us, not because of us.

## PART XI: A VISION FOR THE FUTURE

I dream of a day when our journal does not need an editorial about its own survival. I dream of a day when our annual report includes a line for “Editorial Operations” next to “Laboratory Supplies.” I dream of a day when a young faculty member chooses to become an associate editor because it is recognized, respected, and rewarded.

I dream of a day when the phrase “our journal stopped publishing” is a piece of history, not a repeated pain.

This is not an impossible dream. It exists in many parts of the world. We simply have not yet asked for it. Today, I ask for it.

## PART XII: THE FINAL WORD

- To our authors: submit your best work, and submit it early.
- To our reviewers: be critical, but be helpful—and be quick.
- To our management: trust us, and protect us.
- To our university: value us.
- To our government: invest in us.

To this new editorial team of 2026: you are not the third revival. You are the final revival. Not because you are braver than those before you, but because we have finally learned that bravery is not a plan. We have started to build the support that will hold this journal up, long after all of us have moved on.

This journal will not stop again. Not in 2027. Not in 2030. Not ever.

We have the plan. We have the policy. We have the APC fund. We have the will. But most importantly, we have the shared commitment or at least, we are determined to create it.

Let this editorial be the promise of that determination. Let it remind every future editor that they are not alone, that their struggles are not unique, and that the system is finally changing.

Forward. Not just upward because upward without stability is a fall. But forward, together, on solid ground. Signed, with both hope and honesty,

Editor-in-Chief

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