

with dihydroartemisinin–piperaquine in a setting with high sulfadoxine–pyrimethamine resistance, including the A581G mutation, and lay a foundation to translate research into policy for the prevention of malaria in pregnancy. The road ahead is clear.

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## Protocol review at *The Lancet*: 1997–2015

Stimulated by Muir Gray and others, critical appraisal of the scientific literature excited widespread interest in the 1990s. A natural extension of the critical examination of research papers was to question the quality of research protocols. In response to questions about the peer-review process for research grants, and concern about whether the process discouraged innovation,<sup>1</sup> *The Lancet* was asked to consider publishing protocols. We did this, in an abridged form, from January, 1997.<sup>2</sup> Our decision was based on a desire to get closer to authors, accelerate time to publication, and to reduce bias against well-designed and adequately powered randomised controlled trials of important questions that showed no difference in outcomes.

Since that time, *The Lancet* has accepted 148 protocol summaries,<sup>3</sup> and published several of the primary manuscripts from those studies that are completed. The process has been valuable in enabling editors to work more closely with researchers and to gain greater appreciation of the research process; while at the same

time helping researchers avoid common pitfalls that might compromise a manuscript's ease of publication.

Protocol review was only one of many responses championed by funders, investigators, regulators, and editors during the past two decades that showed the desire for greater rigour and transparency in research. Others include trial registration, publication of protocols, reporting guidelines, and clearer standards for protocol design.

Our original goals for protocol review of understanding the needs of researchers better, innovating faster ways to publish, and being sensitive to potential bias in decision making, remain important and continue to guide our evolution across *The Lancet* family of journals. These goals rightly find expression in new developments, such as 10+10 for rapid publication of trials<sup>4</sup> and the REWARD campaign (REduce research WAste and Reward Diligence).<sup>5</sup> As they do, it is important to re-evaluate existing projects, such as protocol review. Having done so, and noted greater appreciation for the importance of protocols, study registration, and

the widespread availability of publication for protocols, our conclusion is that *The Lancet's* protocol review service has served its purpose. Therefore, we will cease to accept submissions for protocol review after Dec 31, 2015. All protocols received on or before that date will be considered and our commitments to the authors of protocols that we accept will be honoured. The editors continue to welcome the inclusion of a protocol for all research submissions and to require them for randomised trials. Furthermore, we encourage authors of accepted research papers of any design to post a copy of the full protocol on their institutional website so that *The Lancet* can publish a link to it.<sup>6</sup> In this way, protocol review can be open to all readers.

### *The Editors of The Lancet*

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## Wakley Prize 2015: a lesson in medical humanism

In July we invited readers to enter the 2015 Wakley Prize. It was a pleasure to read the varied selection of submissions, which included essays about challenging encounters with patients, struggles in clinical practice, the social and political context of health, and individual experiences of illness. The editorial team selected "Lifelines" by Claude Matuchansky<sup>1</sup> as the winning essay.

Matuchansky is Professor Emeritus of Medicine from the Lariboisière-St Louis Faculty of Medicine at Paris Diderot University in France. In the course of his long career, he has focused on clinical gastroenterology and nutritional support, particularly on extended parenteral nutrition and intestinal transplantation in patients with absent or very short bowel. In his poignant essay, he writes about one such patient, Martin, "the patient who marked me most profoundly".

When asked about the motivation for writing this essay Matuchansky told *The Lancet*: "The inspiration for my essay comes from my prolonged and daily

clinical experience at the bedside and (which could seem curious) a growing modesty that has accumulated over the years. From the height of our caregiver status clinicians often feel that, through compassion and empathy, we know all that we need to know about the patients. However, can we be sure to provide complete, holistic care whilst still being empathic, compassionate, and respecting the privacy that the patients wish to retain? We never know all matter of things. That's why we progress."

It was not through the clinical care he provided but rather by finding out what mattered most to Martin that Matuchansky learned a "lesson in medical humanism". We hope you enjoy reading this beautiful essay to find out what that was.

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Claude Matuchansky

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