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Review Article

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The Paradox of Prestige: How A Top-Tier Medical Journal Undermines the Mission to Save Lives

Dasaad Mulijono[1,2,3*]

[1]*Department of Cardiology, Bethsaida Hospital, Tangerang, Indonesia*

[2]*Indonesian College of Lifestyle Medicine, Indonesia*

[3]*Department of Cardiology, Faculty of Medicine, Prima University, Medan, Indonesia*

[*]**Corresponding Author**
Dasaad Mulijono, Department of Cardiology, Bethsaida Hospital, Indonesia.

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Abstract

academic medicine, success is often measured by publication metrics—citation counts, impact factors, and H-indices—rather than by meaningful improvements in patient outcomes. This opinion article critiques the current publishing paradigm, highlighting the disconnection between scholarly productivity and real-world impact. It emphasizes how excessive emphasis on methodological rigidity and elitist academic standards marginalizes clinically relevant, life-saving interventions, particularly those that are low-cost and community-centred. A compelling example is provided through the experience of Prof. Dasaad Mulijono (DM), who successfully saved 3,500 elderly COVID-19 patients with multiple comorbidities during the pandemic using a simple and effective plant-based dietary intervention. Despite these remarkable outcomes, the intervention was rejected for publication by a high-impact journal, not due to scientific inadequacies, but because it lacked a randomized design. This paper also examines how high article processing charges (APCs) perpetuate systemic inequities in the dissemination of knowledge. Drawing on historical and ethical insights, including teachings from Jesus Christ, it advocates for a rehumanized, impact-oriented research evaluation model. The article concludes by proposing the integration of artificial intelligence (AI) into peer-review processes, aiming to objectively prioritize translational impact and equitable access over prestige and profit.

Keywords: Medical Ethics, Academic Medicine, Translational Impact, Compassion in Healthcare, Medical Publishing, Artificial Intelligence, Public Health Relevance, COVID-19, Plant-Based Diet, Prof. Dasaad Mulijono, Research Funding Waste, Article Processing Charge

1.Introduction

In the rapidly evolving landscape of academic medicine, the pursuit of scholarly prestige often overshadows the fundamental mission of medical research: improving patient care and saving lives. Traditional measures of educational success, such as citation counts, journal impact factors, and H-indices, frequently overshadow genuine clinical relevance and patient-centered outcomes. This creates an inherent paradox where acclaimed research, celebrated within the confines of academia, often has minimal real-world impact, especially on vulnerable patient populations.

This opinion piece critically evaluates the current publishing practices within academic medicine, revealing a systemic bias toward methodological complexity and elite scholarly standards that can marginalize simple, cost-effective, yet highly impactful interventions. Using a poignant case study involving Prof. Dasaad Mulijono's significant achievement during the COVID-19 pandemic—successfully preventing hospitalizations and deaths among 3500 elderly patients through an accessible plant-based dietary approach—it illustrates the detrimental consequences of rigid publishing standards. Despite undeniable evidence of effectiveness, this life-saving intervention was dismissed by a prestigious medical journal solely for lacking a randomized controlled trial, underscoring a troubling disconnection between academic rigor and practical utility.

Moreover, the article addresses financial barriers in publishing, highlighting how exorbitant APCs exacerbate inequities in disseminating critical medical knowledge, particularly affecting

researchers in resource-limited settings. Drawing historical and ethical parallels, particularly from the teachings of Jesus Christ, it urges a shift toward a compassionate, human-centred approach in evaluating research significance.

The introduction proposes an innovative solution to mitigate these issues: integrating AI into the peer-review process. AI's impartiality and objectivity could refocus academic publishing on research that demonstrably enhances patient outcomes and promotes equitable access to life-saving information, effectively aligning the objectives of medical research with its foundational purpose—healing humanity.

2.Academic Output vs. Clinical Relevance

A paradox emerges across developed and developing countries. Celebrated academics may possess hundreds of publications and international recognition, yet their names are unknown to the patients they purported to serve. Though elegant in design and rigorous in statistical analysis, their studies often fail to translate into improved clinical outcomes.

Meanwhile, physicians with minimal academic credentials but profound compassion and insight are making tangible differences in unassuming community clinics and bustling hospital wards. They reverse chronic diseases, educate entire communities, and champion the voiceless. Their impact cannot be found in citation databases, but it is imprinted on the hearts of those they have healed.

3.The Ethical and Financial Cost of Academic Detachment

This growing disconnect is not merely academic but ethical and financial.

Each year, billions of dollars are poured into medical research worldwide. Governments, universities, private foundations, and pharmaceutical companies invest staggering amounts in studies that theoretically should improve human health. Yet an alarming portion of this funding is funneled into projects with little practical utility. Entire careers are sustained on lines of inquiry that are statistically sound but clinically meaningless.

We see grant proposals approved for studies examining molecular pathways unlikely to ever lead to a therapeutic intervention; randomized trials designed around endpoints that matter more to statisticians than to patients; and research that adds layers of complexity without offering clarity or hope.

The result? A massive opportunity cost. While funds are absorbed by research with negligible human impact, clinics in low-resource settings lack basic tools. Public health crises go unaddressed. Cost-effective interventions—such as nutritional education, community-based care, and lifestyle medicine—are underfunded and under-researched simply because they lack novelty or complexity.

This is not just inefficient. It is a moral failing. Every dollar wasted on sterile academic pursuits is not spent saving hearts, preventing strokes, or bringing clean water to a vulnerable community.

4.A Personal Reflection: Pandemic, Plant-Based Nutrition, Publication Barriers, and the Price of Truth

At the peak of the COVID-19 pandemic, our team faced unprecedented uncertainty and heightened anxiety, especially regarding elderly patients burdened by multiple comorbidities. We observed remarkable outcomes by employing not sophisticated technology or experimental pharmaceuticals but a straightforward, evidence-supported strategy—plant-based dietary interventions, targeted nutritional supplementation, and fundamental symptomatic care.

Remarkably, none of our patients required hospitalization. While intensive care units worldwide reached their limits, our modest intervention effectively safeguarded patients' health, stability, and

survival. Families were spared profound grief, elderly individuals remained out of hospital beds, and communities-maintained cohesion. These outcomes were too compelling to disregard.

Driven by an ethical imperative, I meticulously documented our results and submitted them to a reputable medical journal. Four expert reviewers assessed the manuscript; three acknowledged the work's significant practical implications. However, one reviewer opposed the paper, not due to methodological or ethical shortcomings, but solely because of the absence of a randomized controlled trial (RCT). The reviewer categorized the study as insufficiently rigorous, despite expert consensus recognizing the substantial methodological and logistical challenges inherent in conducting RCTs on dietary interventions [1,2]. Furthermore, recruiting researchers for complex trials during a deadly pandemic, particularly before the availability of vaccines and effective treatments, posed additional constraints to executing rigorous dietary studies under such dire circumstances.

Despite most reviewers providing positive feedback, the single dissenting reviewer's criticism led to the paper's rejection. This outcome suggests a potential bias against plant-based dietary interventions, a stance frequently encountered within specific academic circles [3-8].

The rejection was profoundly disheartening. It exposed how contemporary academic publishing can permit a single gatekeeper to disregard compelling, real-world evidence with substantial life-saving potential solely because it diverges from stringent methodological norms. Designed ostensibly to maintain scientific rigor, the system paradoxically suppressed urgently needed clinical knowledge.

Compounding this injustice, journals that subsequently expressed willingness to publish the findings demanded exorbitant APCs, frequently amounting to several thousand dollars—a prohibitive expense, particularly for researchers in resource-limited environments. This represented a harsh irony: our team faced financial barriers to disseminating life-saving findings, even as less effective, more costly, and potentially harmful treatments for COVID-19 achieved widespread publication and acceptance with far less scrutiny [9-17].

Had our study been published and openly disseminated, its implications could have been substantial, potentially leading to reduced hospitalization rates, alleviating familial emotional and financial burdens, diminishing public anxiety, and significant savings in healthcare expenditures. The likelihood of an experienced cardiologist, over 55 years of age and professionally established, willingly treating COVID-19 patients during the early phase of the pandemic without adequate protective equipment or vaccination is exceedingly rare—approximately a one-in-a-million occurrence. Unfortunately, this remarkable circumstance was not adequately considered during the manuscript review and publication assessment process.

Nevertheless, despite its demonstrable safety, effectiveness, and accessibility, our research was dismissed as academically insignificant due to perceptions that our approach was overly simplistic, unconventional, or lacking the methodological prestige of RCT design.

Rather than engaging in fruitless academic conflict, I chose an alternative route: directly disseminating the insights to clinicians, patients, and communities. Our methods continue to impact lives profoundly—not through academic citations or journal prestige but through tangible improvements in health and restored hope. My experience with this critical reviewer provided invaluable insight: the publishing process frequently prioritizes methodological sophistication and statistical proficiency over genuine clinical impact. Increasingly, physicians and researchers operate within a system where professional reputation hinges on strategic publication rather than tangible contributions to patient well-being. Medicine, akin to many other sectors, increasingly mirrors business operations, and it would be overly idealistic to presume that the primary motivation behind publication consistently involves alleviating patient suffering or saving lives. A positive outcome of this experience was substantial financial savings by opting out of this inherently flawed system.

This experience illuminated a troubling reality: when a single dissenting opinion in academic publishing can suppress impactful clinical knowledge, it undermines scientific advancement and humanitarian aims. When financial barriers further impede the dissemination of potentially life-saving information, the system becomes a mechanism of exclusion, prioritizing hierarchy over healing.

5.A Spiritual and Historical Parallel

The teachings of Jesus Christ offer a striking parallel. His messages were clear, direct, and transformative. He healed the sick, gave sight to the blind, and uplifted the marginalized. In contrast, the Pharisees—legal scholars and theoreticians—were prolific in rules and doctrine but barren in compassion and healing. Their intellectual mastery produced no fundamental transformation. Jesus rebuked them for their knowledge and failure to love, heal, and serve [18-23].

Modern medicine risks following the same path when prioritizing publication prestige over patient outcomes, academic complexity over accessible healing, and intellectual detachment over lived compassion.

6.Toward a Human-Centered Research Ethic

It is time to redefine medical excellence. Medical research must address the burdens of disease facing our communities. It must ask not only what is novel but also what is needed. Outcomes such as reversing chronic disease, avoiding surgery, or empowering communities must be elevated to the same level of academic importance as statistical significance or mechanistic novelty.

This vision calls for:

- Valuing translational and community-based research equally with basic science and theory.
- Promoting diversity in publication to include studies with high practical relevance, even if they lack technical complexity. In real-world settings, patients seek physicians who can heal them, not those who merely showcase academic prestige
- Recognizing frontline physicians and public health workers as contributors to knowledge, not just passive recipients of academic research.
- Rewarding journals and institutions that prioritize real-world impact and accessibility of findings.
- Reevaluating research funding priorities, so that financial resources are directed toward work that tangibly improves and saves lives.
- Reevaluating APC for publishing is essential, as the current model may give the public, especially in the medical field, the impression that publishing is driven more by fame and profit than by a genuine commitment to science, academia, and humanity.
- Developing artificial intelligence (AI) to serve as a reviewer could offer objectivity, fairness, and impartiality—free from pride or personal bias—while prioritizing research with the most significant potential impact on humanity, rather than focusing solely on scientific or academic merit [24-36].

7.Conclusion

Medical research must never lose sight of its foundational purpose: to heal, restore, and serve humanity. The COVID-19 pandemic highlighted the limitations of a system where even lifesaving, evidence-informed interventions can be overlooked if they fail to meet rigid academic standards. When knowledge that prevents hospitalizations and preserves lives is rejected—not due to lack of efficacy, methodological orthodoxy, or financial barriers—we must scrutinize the system more than the science itself.

This experience highlights the urgent need to reevaluate the values that govern medical publishing. Excessive dependence on randomized controlled trials, prestige-based evaluation, and prohibitive publishing fees perpetuates inequities and suppresses accessible innovations. As a response, integrating AI into the peer-review process presents a transformative opportunity. AI systems—designed to be objective, fair, and free from ego or institutional bias—can help prioritize research based on its potential to benefit humanity, rather than its complexity or conformity to academic tradition.

True medical excellence lies not in exclusive journals or theoretical novelty, but in measurable, compassionate impact. As clinicians and scholars, we must commit to a research culture that uplifts knowledge and the people it is meant to serve, reclaiming medicine not as a pursuit of prestige but as a profound act of healing.

In closing, we submitted our COVID-19 research to an AI system, and—unsurprisingly—it acknowledged the significance and importance of our work. The AI also commended our willingness to risk our lives during the COVID-19 pandemic to serve others, recognizing it as a commendable act of selfless service inspired by the example of Jesus Christ.

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