

to see how anyone is better off after the invention of fast tracking.

Authors who succumb to the lure of fast track publication fall into three categories: the naive, the opportunistic, and the self important. The naive are the ones who fail to realise what we just been discussing—that fast tracking is about raising the journal's status, not about offering a better service to authors.

The opportunistic authors are those who find a way of hitching their paper to something topical in the hope that the journal's instinct for a scoop might trump any methodological deficiencies in the study. After the London bombings earlier this year, the *BMJ* was swamped with fast track papers about the management of post-traumatic stress.

The least said about the self important, the better. They're the ones who believe that they, or let's be generous, their papers, are too consequential to wait in line. If it occurs to them that a corollary of fast tracking their paper might be a delay in the publication of papers whose authors have a more modest view of their place in the history of biomedical research, it doesn't bother them. But even from their point of view of naked self interest, they should be aware that the statistics suggest that, on average, papers submitted with a request to fast track are less likely to end up in print than those submitted in the usual way. The *BMJ* receives about 3000 unsolicited manuscripts each year, of which around a fifth eventually get published. Last year it received 249 fast track requests; 38 were judged appropriate, but only 4 actually made it into the journal.

There are a few things in life that, if they have to be done, are best done fast. They tend to involve violence, unpleasantness, or acute illness. As Macbeth soliloquised about the assassination of Duncan, "if it were done when 'tis done, then 'twere well it were done quickly."⁵ Stuck in a traffic jam or delayed at an airport, most of us would probably add travel to the list, our frustration transiently leading us to forget that it is the journey not the arrival that matters. Almost everything else is better done slowly. Partly, it's because of the obvious trade-off between speed and quality. Slow

food, for example, is better than fast food. But mainly it's because most human activities are more enjoyable, have more meaning, and are just nicer if they aren't done in a tearing hurry.

Ann Lee, the founder of the Shaker movement, preached that one should simultaneously live as if every day were your last and live every day as if you would live a thousand years—an injunction that everything should be done as well as possible, regardless of the time it takes—but that nothing that is not worth while should even be started.⁶ The craftsmanship displayed by the anonymous Shaker furniture makers certainly seems in that spirit. Perhaps the message is also relevant in research.

The editorial staff of the *BMJ* look forward to receiving a request from an author that his or her paper is slow tracked. The covering letter might read something like this: "Some time ago, we were concerned that . . . and we decided to investigate. It took us a year to review the existing literature, design the study, get ethics committee approval, raise the funding, and recruit the staff. Carrying out the study took three more years. The past 12 months have been spent analysing the data and writing up the findings. In all, this project has taken five years of hard work. We think that we have discovered something that is interesting and useful. If you agree, please take time to consider our manuscript carefully, choose knowledgeable and reliable reviewers, check it for mistakes, and improve its clarity and presentation by painstaking editing. After all this time and effort we don't want it screwed up by rushing things."

Competing interests: CM edits the *Quarterly Journal of Medicine* and deliberately misrepresented it for the sake of a joke. Despite its name, *QJM* is published monthly.

- 1 MacNamee D, Horton R. Fast track publication in the Lancet. *Lancet* 1997;349:970.
- 2 Winker M, Fontanarosa P. JAMA—EXPRESS rapid peer review and publication. *JAMA* 1999;281:1754.
- 3 Goldbeck-Wood S, Robinson R. BMJ introduces a fast track system for papers. *BMJ* 1999;318:620.
- 4 Van Valen L. A new evolutionary law. *Evolutionary Theory*. 1973;1:1-30.
- 5 Shakespeare W. *Macbeth* VII. i. 1-2.
- 6 Becksvoort C. *The Shaker legacy*. Newtown: Taunton Press, 2000.

Second thoughts

Until recently, this 75 year old widower, who lived alone in an isolated rural environment, was very depressed after his bereavement and having had angina diagnosed. He was terrified of the possibility of cerebral anoxic brain damage that might follow a prolonged cardiac arrest (a particular risk because of his isolated location). In order to prevent this, he had "Do not resuscitate" tattooed on his chest.

Happily, he has now had successful treatment of his angina and found a new partner, and would now like to be resuscitated. It does, however, leave him with a problem of what to do with his tattoo.

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