

Q&A: Why JAMA's editor finds pandemic answers in conversation

FEB 16, 2021

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From the first *JAMA* Viewpoint—co-written by Anthony Fauci, MD—published in January 2020 on the mysterious novel coronavirus that had just emerged in Wuhan, China, the people behind the JAMA Network™ of journals have worked furiously to deliver timely, high-impact original research and perspectives on COVID-19.

These essential resources can be found at the JAMA Network COVID-19 resource center, and they include a series of outstanding one-on-one livestreamed interviews conducted with key physician experts by Howard Bauchner, MD, editor-in-chief of *JAMA* and senior vice president of AMA scientific publications and multimedia applications.

For the “Conversations with Dr. Bauchner” podcast, he interviews leading researchers and thinkers in health care, often touching on hot COVID-19 topics such as testing, treatments, vaccines and the professional impact. For this article, Dr. Bauchner was on the other end of the questioning, and he reflected on what he and his colleagues have learned about medical publishing during a once-in-a-lifetime pandemic, and what medicine can look forward to in 2021.

AMA: The work of *JAMA* and the JAMA Network was recently recognized in the *Adweek* “2020 Publishing Hot List” as one of the media brands “rising to COVID-19’s challenges,” noting that article views rose from 33 million to 68 million and podcast downloads jumped from 3.3 million to 5.5 million. What does this kind of acknowledgment mean to you and your colleagues?



Howard Bauchner, MD

Dr. Bauchner: Everyone was pretty excited. I know I was listed with Oprah and NPR, so that's pretty good company to be in! Seriously, though, people have worked really hard to try to figure out a different way to communicate. And for me, it really reflects an enormous commitment to expand the way in which we try to communicate scientific information. From that standpoint, I was pleased, and I think everyone in editorial and publishing who works on all of our content should really feel gratified.

AMA: *Adweek* included a screenshot of one of your many conversations with Dr. Fauci—an old friend of yours—on your “Conversations with Dr. Bauchner” podcast. JAMA Network has been podcasting for years now. Why did you decide to go in this direction, and what's your reaction to how physicians, and even some in the general public, have responded to that effort?

Dr. Bauchner: The genesis was based on our notion that people are now taking in information in many different ways. So some people like listening. I'm not a big fan of podcasts, but many members of my family listen all the time, whereas I like watching video. And I knew that we had enhanced capacity because of different resources that we had, and that it recognized a new way of trying to communicate information. Also, almost all of the podcasts are tagged or linked to a specific article.

That's not true of the “Conversations” [episodes] and I think that is an important distinction. So I think Tony's been on about a dozen times. I suspect he's been on my show more than any other single media outlet. They're not tagged to different things he's written. Certainly, the podcast with Maurizio [Cecconi, MD]—which was so powerful in March—was independent of any article. So it also gave us a different way of getting information out that wasn't linked to a traditional print article.

AMA: Did you have any reservations about taking that path?

Dr. Bauchner: I'm obviously a physician generally well-versed in different issues, but I'm not an expert in everything that I'm talking to people about. So I think there was some unease initially. But as they

began, I realized there was a way of conducting the conversations that seemed to make the people who I was interviewing comfortable and that made me comfortable.

Someone who I interviewed said, "That was really fun." And he's a friend. And he said, "You sort of fade into the background"—because I was interviewing three people simultaneously. And then he said, "You allowed us to have a robust conversation."

So I think it's worked out well, although I was initially uneasy. The only ground rule is that I don't give out the questions ahead of time, because I feel like that then robbed it from being a conversation to being more of a Q&A. And I'm really lucky—Michael [Berkwits, MD], and Eric [Butkus] really helped, and Michael sends me questions from the people who were listening. So I try to use those as ways to continue the conversation.

AMA: What listeners and viewers seem to really respond to is that these conversations help answer the question: Who's the person behind this research? What's your approach to drawing that passion out of the people you're interviewing?

Dr. Bauchner: Well, I always try to do a brief, but professional, introduction. I usually know enough about people, so that there's something personal to go into either at the beginning or at the end. I think Tony [Fauci] is used to my comments at the end because they tend to be the personal ones, like why was he a Nats fan when he grew up in the Bronx? So I do—at the end—try to bring an element of the personal into it in a way that I think very few people have ever commented that they felt was intrusive.

The conversations are not meant to be confrontational. It doesn't mean that I'll avoid difficult questions, but it really is meant in a tone of scientific conversation around evidence.

AMA: As great as the "Conversations with Dr. Bauchner" are, of course most of your time is occupied with the business of the traditional medical journalism at JAMA Network. The pandemic really saw the rising prominence of medical preprints, to the point where they are covered in mainstream news outlets and dominating physician conversations on social media. Is the trend good or bad for the quality of medical research?

Dr. Bauchner: Let me start by saying that I'm not sure if the great pandemic of 2020 and 2021 is the best way to assess and judge the value of preprints. It's such a unique time in the history of medicine and science and clinical care—and when the world is fundamentally changed because of a pandemic—I think other things may happen. So I'm not entirely sure it is the best time to assess the value of preprints.

I would say, in general, that I'm much more comfortable with preprints than a press release. At least there's more information in a preprint. On the other hand, there's little or no safeguards when something goes up on a preprint server. I think medRxiv has rejected about 20% of what goes up, as

a research letter in *JAMA* has found. That feels good, but I think they put up other papers that people in hindsight have said, “Wow, that may or may not be true.”

I do think authors know when they have a paper that really could influence clinical care—and that's not the majority of papers that are published, that may be one in a thousand papers—and it's going to impact clinical care the day it's published. So those are going to be clinical trials that are really high quality and large or they're going to be observational cohort studies around the therapy.

And we've been clearer, at least from a personal standpoint, I think it's better to allow those papers to go through peer review. Peer review during a pandemic takes a few weeks and I think it's worth the few weeks to make sure the message is correct.

And it was interesting, when we published the three papers related to corticosteroids and treatment for people with serious illness with COVID-19, at least two of the authors indicated to the World Health Organization—because their papers were being supplied to the WHO so they could do a meta-analysis—that they would withdraw from that cooperation if they were forced to put the paper up on a preprint server. That they really wanted the results of their study to be published and for the meta-analysis to go through peer review and not be posted on a preprint server because they knew this was going to establish corticosteroids potentially as a standard of care and they wanted the stamp of approval of peer review.

Now, peer review isn't perfect. So it was very interesting to hear these two groups say: We really want it to go through peer review. Now for those three articles and the meta-analysis, those four papers were processed to *JAMA* in under a month, from submission to peer review to revision to publication. We can do that. We can't do it with every paper.

AMA: As of early February, we're still looking at more than 3,000 daily deaths here in the U.S. What about the folks who say: I don't have time to wait. I'm going to put this up as soon as possible if that can help save a good chunk of those 30,000 people, that's worth it?

Dr. Bauchner: Those same individuals have to answer a few questions. Firstly, could it do harm? OK. So, a number of the early preprints were on hydroxychloroquine. Now, most people think it didn't do harm, but I think there are other people who said it could have contributed to harm. So one, I think people need to really ask themselves: Could it do harm? And then, secondly, are the results definitive enough that you think thousands of people should get that treatment? That's a very difficult question.

AMA: A related issue is the practice, so-called, of science by press release. Patients, physicians and the news media have been desperate for every drop of useful information on new tests, therapies or vaccines—even when it comes in the form of a company news release that doesn't include the whole story. How well do you think that medicine has adapted to this phenomenon during the pandemic?

Dr. Bauchner: I would distinguish between different products. With vaccines, they were not available until they went through the authorization process. That's different than drugs. For the vaccine studies, Moderna, Pfizer-BioNTech, the other ones that are coming, the press release doesn't bother me that much because I know that they still need to apply to the FDA [Food and Drug Administration] in the United States for authorization to release the product. It's not like that vaccine is available. So there is a check and balance.

It's different when it's a drug that physicians have access to and all that comes out is a company's press release and no one has seen all of the data. There, I feel companies should be more restrained if they could be given all the [U.S. Securities and Exchange Commission] reporting requirements. But, for example, an announcement that drug "A" has been effective in reducing mortality and we have no idea if it's been compared to corticosteroids or who's been enrolled in the study. That gives me pause.

AMA: Your connection to Dr. Fauci goes back a long ways. What has it been like to see his media profile explode over the course of the pandemic?

Dr. Bauchner: This is a person who's committed more than four decades of his life to the public good, at the NIH [National Institutes of Health], and I think he has been a calming voice, a voice of reasonable direction, over the last 12 months—probably more so than any single individual in the United States for various reasons. So, I think most of us who've admired him for decades feel gratified that he has been able to hold on to his reputation and direct the clinical and scientific communities and public health in a positive way. I think other individuals really have struggled to do that.

I don't know how effective he's been, but I would never want to go back and remove him from the equation. That's all I can say. So if 5% or 10% more people practice physical distance or avoid indoor gatherings because of things that Dr. Fauci said, then that's been a huge contribution to the health and well-being of the U.S. And he's very wise in being able to present both the unknown and the known, and be humble about it, and to try to forecast what the future would bring.

I remember asking him about Thanksgiving and Christmas about a month beforehand and he said, "Howard, I'm hoping we can just get through Thanksgiving. So I don't want to talk about Christmas." He couldn't have been more prescient.

AMA: He was right again—sadly. What do you see ahead for this year?

Dr. Bauchner: *JAMA* will continue to publish articles related to COVID-19. Sadly, the great pandemic of will continue, although hopefully by the late spring—with the arrival of more vaccine and a change in weather—normal activities can resume. But there are many unanswered questions that will be the focus of upcoming articles, podcasts and "Conversations."

AMA: Way back in the spring of 2020, we did an interview in your office at the AMA's Chicago headquarters about JAMA Network's early work on the pandemic. At that time, you speculated that working remotely would start to affect productivity if it lasted longer than a couple of months. Here we are nearly a year later. How's it working out?

Dr. Bauchner: Well, I was wrong. We've been able to hold on to the energy necessary to publish remotely. Now that's a tribute to a few important changes. The first is, I have thanked [AMA senior vice president and chief information officer] Leslie Weber in IT numerous times—they have simply been fantastic.

People have really adapted far better than I have had imagined. And their energy has not waned at all. At least I don't detect any of that. We're as productive—I would argue more productive—during this time than we had been in the past. ...

The last thing is—I come to work every day. I live in downtown Chicago. I work in downtown Chicago. There's no one here. It couldn't be safer. There's a handful of people in the building. It's me and the security guards.