- Copyright - Il Pensiero Scientifico Editore downloaded by IP 18.97.9.171 Sat, 10 Oct 2026, 23:11:30

Recenti Prog Med 2024; 115: 6-7

Yup. They got exactly what they wanted. Nicely gift-wrapped in greenwash. The FT headline today reveals the cold reality behind the spin.

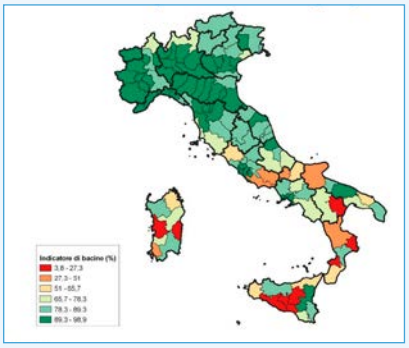
> "Big oil welcomes COP28 call to move away from fossil fuels in 'orderly' way"

@GeorgeMonbiot | George Monbiot | 14.12.2023

"More than 10,000 research papers were retracted in 2023 — a new record."
@RetractionWatch | Retraction Watch | 14.12.2023

Google just announced another set of healthcare #AI models! It's called MedLM and involves new healthcare-specific AI models designed to help clinicians and researchers carry out complex studies, and summarize doctor-patient interactions.
@Berci | Berci Meskò | 14.12.2023

Ecco è una slide sulle reti oncologiche presentato da Agenas. In sostanza ci dice: chi vive nelle zone di colore verde ha tante possibilità di accesso a RMN, TAC, PET. Chi è nel rosso aspetta e non ha diritto all'accesso. E cosa fa? Parte e si trasferisce nella zona verde.



@peppescaramu | Giuseppe Scaramuzza | 14.12.2023

Speaking of visa inequities in global health, I am attending a conference in South Africa and hearing about visa challenges for delegates in other African countries I wish this made any sense!
@paimadhu | Madhu Pai | 13.12.2023

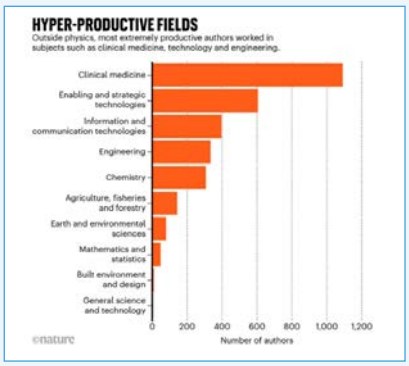
Dico una cosa impopolare anche nel csx: mammagari, Draghi a Bruxelles. Mammagari.
@bravimabasta | Luca Bottura | 13.12.2023

"May you be surrounded by friends and family, and if this is not your lot, may the blessings find you in your solitude" — Leonard Cohen

@so_contrary | marysocontrary | 13.12.2023

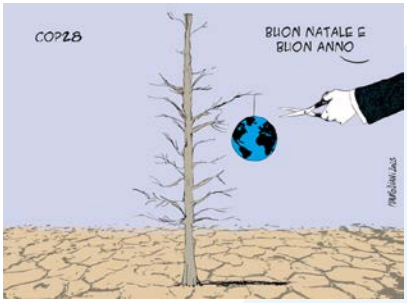
The real danger of the final CoP28 'positive' outcome is that it makes it seem as if something has been achieved. Whereas all that has been achieved, after 28 years, is a toothless statement of the obvious: that we need to transition away from fossil fuels.
@GreenRupertRead | Rupert Read | 13.12.2023

Hyperproductive authors (who publish a paper every five days) are likely to be fraudulent authors, and clinical medicine has more of them than any other discipline. Perverse incentives?



@Richard56 | Richard Smith | 13.12.2023

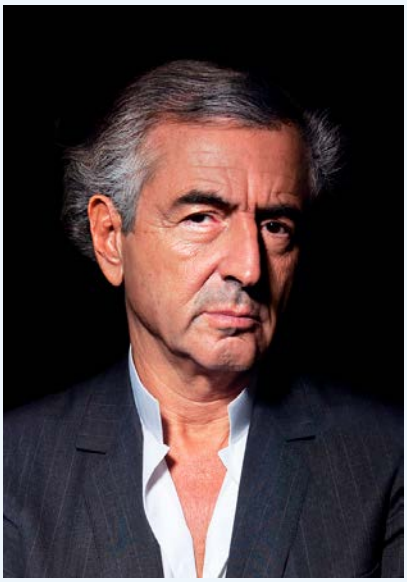
Sul filo di lana.



@maurobiani | Mauro Biani | 13.12.2023

La Commissione UE ha bocciato uno dei principali cambiamenti al PNRR proposti dal governo: quello di ridimensionare l'impegno a ridurre l'evasione fiscale preso dal governo Draghi. Grazie alla Commissione da parte di tutti quelli che pagano le tasse anche per chi non le paga.
@CottarelliCPI | Carlo Cottarelli | 10.12.2013

"The emperor has no clothes, even if he is a physician," concludes Lévy. "Especially [his emphasis]," he continues, "if he is a physician.



@Richard56 | Richard Smith | 9.12.2023

What we are witnessing in some of our elite university leaders is fear-based policy-making rather than reason-based

- Copyright - Il Pensiero Scientifico Editore downloaded by IP 18.97.9.171 Sat, 10 Oct 2026, 23:11:30

policy-making. And so we are seeing lurching from side to side and a constant release of statements "clarifying" other prior statements.
@NAChristakis | Nicholas Christakis | 8.12.2023

"What we once thought of as the liabilities of ethnic and identity publishers will become their strengths — and their tactical advantage."

Nieman Lab.
Predictions for Journalism, 2024.

@NiemanLab | Nieman Lab | 7.12.2023

Amazing to hear from @MichaelMarmot at #CreativeHealthReview launch, talking about the importance of providing opportunities for creativity, to build purpose, meaning and dignity. 'Creative endeavours can be a crucial part of living a life that you have reason to value'
@JemChanOT | Jemma Channing | 6,12.2023

The reports of ongoing hostilities and heavy bombardment in #Gaza are petrifying. Yesterday our team visited Nassar Medical Hospital in the south. It was packed with 1,000 patients — 3 times over its capacity. Countless people were seeking shelter, filling every corner of the facility. Patients were receiving care on the floor, screaming in pain. These conditions are beyond inadequate - unimaginable for the provision of health care. I cannot find words strong enough to express our concern over what we're witnessing. Ceasefire. NOW.
@DrTedros | Tedros Ghebreyesus | 3.12.2023

Su 100 studi riguardanti gli anticorpi monoclonali nel trattamento dell'Alzheimer, 50 non sono pubblicati e nessuno se ne preoccupa. Inoltre, dei 18.000 pazienti partecipanti totali non conosciamo la storia dopo i trial. Nicola Vanacore a #Associali23
@AntonioClavenna | Antonio Clavenna | 5.12.2023

Thought I would share some insights about how I respond to reviewers comments, to date I've done this over 100 times successfully. The review process is flawed, we all know it. But, we have to live with it if we want to play the publishing game.

Point 1: I always read the comments in full then listen to music, go for a run, or to to the gym. I think about how I'm going to address (or not) they key points. Then I try and take emotion out of it before responding.

Point 2: Minor revisions should take no more than 2 hours to fix. If I get minor revisions then I aim to return it to the journal within 24 hours. This keeps the topic in the mind of busy editors and reviewers. Minor revisions often don't get re-reviewed, so the tone of my reply is directed at the AE or EIC.

Point 3: Major revisions may take time but should not take an eternity. 3 days max, unless you need to collect more data. Don't delay! Start on them straight away and chip away. Usually, suggested changes should help improve the paper. But often it is purely reviewer preference. For example, Reviewer 1 says discussion is perfect, #Reviewer2 says it is too long, Reviewer 3 says it is too short! Respond to all the reviewers when you address the comment from one person, as they will all read it. If you rebut the reviewer, give a detailed reason for why and offer a compromise if needed. Major revisions usually get re-reviewed by the original reviewers so be nice but be confident and scientific. Don't be overconfident and dismissive, that blinded reviewer could be an expert and/or a friend.

Point 4: After you respond to reviewers, save changes and walk away. Review it the next day. Often, emotion can get in the way and I delete unintentionally passive-aggressive replies, softening my comments, and for the better. This is independent of any manuscript changes.

Point 5: Humanize yourself. When you comment or rebut, remind the reviewer that you are not a publication-hungry monster, rather a scientist looking to improve quality of patient care. But remember that reviewers are human too. Be nice and polite. After all, the shoe could be on the other foot one day soon.
Point 6: Accept the next review you get asked to do!
@Warren_IR | Warren Clements | 2.12.2023

Oggi è il primo dicembre. Scade la 6' proroga di CTS e CPR AIFA in attesa della riforma AIFA (e non solo)

@Vola_Va | Valeria Viola | 1.12.2023