



Editorial

# Welcome to the New Journal—*Kidney and Dialysis*

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As passionate readers, occasional writers, reviewers, and editors with different experiences, when we were asked to participate in shaping and proposing a new journal, the first question that we had to deal with was, of course, “do we really need a new nephrology journal?”

A famous second-hand bookstore in San Francisco sold eco-friendly cotton bags with a printed sentence: “too many books, too little time”. This may also apply to nephrology journals.

However, if we do decide to sign an editorial, it is because we think it is worthy.

Even though more than 20,000 kidney- and dialysis-related articles are published every year, and the figures are increasing, the number of nephrology journals is relatively limited, as compared, for example, to cancer or nutrition journals.

As a consequence, many nephrology papers are scattered in journals of internal medicine, nutrition, critical care, etc.

Nowadays this is not as much of a problem as it was in the pre-PubMed era, when poor clinicians and researchers were forced to dig into dusty libraries inspecting every subject and issue, searching almost exclusively in the category-related journals. However, PubMed or Google searches are fit to answer specific questions, while journals, whether printed or online, are still a good source of information regarding “what is going on”, without being necessarily focused on specific questions.

Many of us have indeed realized how relevant this issue was in the last two years, when the rapid proliferation (sometimes too rapid) of meetings and congresses was brought to a very rapid and sharp end by the COVID-19 pandemic.

Actually, we still need journals.

When the first open access journals started operating, the differentiation between classic and open access journals was even sharper than it is now, since several new elements, including the officially banned, but unofficially used “Sci-Hub” revolution highlighted the ambitions of scientific papers that were not always easily shared. While we are aware that fully open access papers are probably the future of publishing, several classic journals are now moving to the hybrid format, and the competition between classic and open access journals is open; open access is no longer considered as synonymous with expensive—for profit—low quality.



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The number of nephrologists is increasing. This is very good news, as we know that every year, hundreds of thousands of human beings still die due to lack of dialysis, and the figures are indeed higher when overall nephrology care is considered. We need nephrologists, nurses, and dietitians to take care of all our patients. We need to have skilled people. Skilled people read and write.

With the development of our discipline, we will have more submissions, and they need to be welcome.

Indeed, we need tools to give a voice to nephrology; we still need more nephrology journals.

There may be a very relevant philosophical difference between open access and classical journals: classical journals look for novelty. This is intrinsic in the fact of “being journals”: they report on daily news. This is in the etymology, and this is in the mission.

However, the way in which medicine is practiced is not the same all over the world, and we also need to share experiences from settings in which the application of Western medicine is not easy, or, in other words, what has been called the “medicine of the rich ones” does not fully apply.

We also need to have confirmatory data.

Our guidelines are based on systematic reviews, but the results of systematic reviews are based on the number of published cases, and if only the novelties are published the meta-analyses may be biased.

We need to improve quality of care, quality of controls, quality of reporting, and quality of sharing. We need new ideas. Open access gives us the option to share with fewer limitations than classic journals, but is not, and should not be, a home for mediocrity or for exploiting the legitimate desire to “publish to exist”, to paraphrase a classic of the Anglo-Saxon motto “publish-or-perish”. We need to give a voice to different experiences and to keep the quality high.

Interestingly, the open access system may offer some new ways to improve the access and the quality at the same time: indeed, it is often expensive, and this may be even more difficult for authors coming from low resourced countries. The review process is a fantastic way to learn how to read and write. Since, for each correctly performed review, the reviewer receives a publishing bonus, this may allow both continuous formation and “gaining” the possibility to publish without fees.

*Kidney and Dialysis* (<https://www.mdpi.com/journal/kidneydial>) would like to offer a new, innovative, flexible, author-centered publication option, with simple and efficient workflows for an open community who wants to share findings and ideas quickly and without borders.

The success of this initiative is now in your hands, readers, reviewers, writers . . . .

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