

## Canadian researchers performing world-class research

In a typically Canadian way, we (Canadian scientists and physicians) have been quietly performing surgical research in an efficient manner without much fanfare. It has been an ongoing initiative here at the *Canadian Journal of Surgery* to showcase this research, which is often difficult to have accepted elsewhere. In this issue, we have published unique Canadian perspectives on arthroplasty surgery and outcomes of transplantation after cardiac death. Although they contain sound research, these manuscripts may be refused elsewhere because of the mention of socialized medicine, regional databases or practices not accepted elsewhere. It has become apparent though that, in some ways, we can perform better clinical trials than centres to the south. Our medical system is more accepting of randomized trials, and there seems to be more compromise at the surgeon level to try other treatment modalities. Certainly, the cost of projects with nonoperative arms of treatment is less than at American centres.

American researchers have noticed our success, which has elicited several reactions. In the orthopedic community, Canadian groups have won a disproportionate number of international research awards. The Orthopaedic Research Society, the American Academy of Orthopaedic Surgeons, the Hip Society, and the Orthopaedic Trauma Association research awards, among others, have been given to Canadian groups over the last decade with astounding regularity. Research groups in the United States were brought into existence to imitate our local efforts. These groups approached established Canadian researchers to be members in their groups to ensure expertise and recruitment. The editors of *Injury* asked Ross Leighton, president of the Canadian Orthopaedic Trauma Society, to write a how-to guide on group research.<sup>1</sup> I know some American researchers who have tried to join their effort with Canadian groups preferentially because

they liked the way we do research. These are resounding measures of success for Canadian groups, and these successes have paved the way for larger multicentre trials with international cooperation as other countries see the success of Canadian-led projects. These projects can be funded by multiple federal agencies around the world, allowing for meaningful answers to some of the more basic questions in clinical research.

However, with all our success came an initially limited amount of envy. Most researchers just kept doing the right thing and ignored the discontent. Recently, in my specialty, the amount of discontent has increased. Bias at other centres has been amplified no doubt because of the general decrease in funding opportunities globally. I have personally experienced some bias over Canadian research projects at the international level. This was an infuriating experience that I warn other specialties to be vigilant about preventing. I think we should continue to do research in a Canadian way and continue to perform world-class science to answer meaningful questions. *CJS* will continue to support this. But, I also think we should be non-Canadian in the way that we defend our right to perform research, get acceptance for funding and present outcomes at consequential venues. Even if we are Canadian, if we are the best, we should lead and not follow!

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### Reference

1. Leighton RK, Trask K. The Canadian Orthopaedic Trauma Society: a model for success in orthopaedic research. *Injury* 2009;40:1131-6.