

WHERE DOES THIS MANUSCRIPT COME FROM? GEO-ECONOMIC BIASES IN SCIENTIFIC PUBLISHING

EDUARDO L. DE VITO^{1, 2}, ELISA ESTENSSORO^{3, 4}

¹Instituto de Investigaciones Médicas Alfredo Lanari, Facultad de Medicina, Universidad de Buenos Aires, Buenos Aires, Argentina, ²NavarraBiomed, Centro de Investigación Biomédica, UPNA, España, ³Hospital Interzonal de Agudos General San Martín de La Plata, Buenos Aires, ⁴Facultad de Ciencias Médicas, Universidad Nacional de La Plata, Buenos Aires, Argentina

E-mail: eldevito@gmail.com, estenssoro.elisa@gmail.com

In the era of global medicine, the persistence of implicit editorial barriers that limit scientific visibility according to a manuscript's country of origin is unacceptable. Several studies have documented geoeconomic biases that negatively affect authors from low- and middle-income countries (LMICs), even when the quality of their research is comparable to that of high-income countries¹⁻³. This geoeconomic bias often manifests in subtle ways:

Presumption of quality and institutional bias: It has been shown that submissions from prestigious institutions (such as Harvard University, the University of Oxford, or the Massachusetts Institute of Technology) tend to benefit from implicit positive bias^{4,5}. In contrast, research originating from developing countries faces a higher threshold—systematic skepticism, perhaps—before being deemed “credible” or “relevant”⁶.

Language and style: Even when the English language utilized is grammatically correct, non-native writing style is often subtly penalized. A solid study might appear “less polished” if it lacks professional editing— an investment that requires both time and money.

Topics perceived as “local”: Certain clinical or epidemiological studies conducted in non-Western populations are sometimes dismissed as “non-generalizable.” This argument is unsustainable: 85% of the world's population lives in LMICs, precisely where structural deficits in health systems are most acute. The exclusion of knowledge produced in these regions severely limits our understanding of the biological, clinical, and social diversity associated with disease³.

Networks and patronage: Publishing is often easier for those involved in research consortia, or for those who attend certain conferences, or have previously published in the same journal or in other high-impact outlets. This dynamics favors researchers from wealthier countries with greater access to resources and connections⁷.

Fortunately, not all journals behave the same way. Some publishers are making genuine efforts to address these biases. However, inequalities persist—especially in journals whose editorial boards are geographically, linguistically, and academically homogeneous^{8,9}.

Is this just a conspiracy theory, or are there editorial policies that preemptively discriminate against manuscripts from “exotic” countries?

An editorial policy that explicitly excludes contributions based on geographic origin would be scandalous and ethically indefensible. While such exclusion is never stated outright, it might exist *de facto*, concealed beneath seemingly neutral editorial decisions, such as:

- **Immediate editorial rejection:** This refers to direct desk rejections without peer review, often justified by vague statements such as “outside the scope of the journal” or “of limited interest to our readership.”

- **The “limited interest” argument:** A study of tuberculosis in Cambodia or of respiratory failure in Bolivia may be deemed “irrelevant” to a global audience—when, in fact, the *global* should necessarily include what is peripheral.

- **Disproportionate demands:** A level of methodological rigor or linguistic polish may be re-

quired that is not equally enforced for authors from high-income countries.

- **The invisible wall:** A lack of diversity on editorial boards and among peer reviewers sustains a Westernized perspective on medicine, upheld by structural, social, and institutional barriers that are difficult to overcome^{10,11}.

This type of exclusion –though implicit– is particularly concerning because it operates in *the shadows of editorial formality*: it is not written in the guidelines, nor it is acknowledged in review processes; yet, it is reflected in systematically biased decisions. Its unspoken nature makes it even harder to detect or challenge, allowing inequalities to persist under the guise of academic objectivity, where institutional or geographic origin becomes a pre-scientific filter^{11,12}.

Science is based on evidence, not geopolitics: Upholding scientific merit over geographic

provenance is not a matter of courtesy; it is a necessary condition for truly global medicine. Editorial exclusion based on implicit filters –such as the manuscript's country of origin, the author's language, or network affiliation– not only perpetuates inequities, but also *impoverishes medical knowledge* by limiting its epistemic diversity. These invisible biases act as structural barriers that must be recognized and dismantled^{12,13}.

To reverse this trend, it is imperative to critically examine editorial practices, diversify editorial boards and reviewer pools, and value scientific contributions within their own contexts – without requiring an “academic passport” for proper knowledge dissemination. Otherwise, peer review will cease to be a quality filter and become a geopolitical border, disguised as academic neutrality.

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