

## LETTER TO EDITOR

# Knowledge, Not Funding is the Most Important Research Resource

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In the last issue of the Asia Pacific Journal of Medical Toxicology, Dr. Reza Afshari raised the question of what are the best scientific areas of focus of toxicology for “low income countries and how such research might be achieved (1). South-south collaboration, in which developing countries share resources, was one of the proposed solutions.

Rather than limit discussion to “low income” countries, the issue of research agenda might be better framed within the perspective of “developed” and “developing” countries. Two of the largest Asia Pacific Association of Medical Toxicology member countries, Iran and India lay almost within visual distance of the United Arab Emirates. Despite its wealth, the United Arab Emirates has a general lack of high-quality medical research, and toxicology research is virtually non-existent. In contrast, Iran and India, with far less economic strength, have a vast network of highly trained and expert clinicians in medical toxicology and most other medical specialties. This is helpful to consider, and to understand that high income does not equal quality in research.

Outstanding medical research, applicable to both developing and developed countries, may be conducted in resource-poor settings. An example of collaborative research that comes to mind is the World Health Organization (WHO) Pediatric Hydrocarbon Study Group clinical decision rule for young children with possible hydrocarbon aspiration (2). The results of this research, that was supported by the WHO, conducted in Egypt, and led by

an American toxicologist, have clinical applicability and utility in developing and developed countries. Conducting this study in a developed country, such as the USA, would have been extraordinarily difficult or impossible.

In addition to South-South collaborations, tapping research expertise of other countries, developed or developing, is another key factor for facilitating relevant and translatable research in countries that historically lack such. Finding mutually relevant research questions that are shared by developed and developing countries can also avail research opportunities.

Lastly, developing a culture of research led by clinicians and persons with expertise in biostatistics and epidemiology, who may be based in clinical sciences or academia, is an important key to having a sustained productive research effort in any country.

This letter can be easily summarized: “The most important resource for quality research is not funding, it is knowledge”.

## REFERENCES

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2. WHO EMRO Pediatric Hydrocarbon Study Group, Cairo, Egypt, Bond GR, Pièche S, Sonicki Z, Gamaluddin H, El Guindi M, et al. A clinical decision rule for triage of children under 5 years of age with hydrocarbon (kerosene) aspiration in developing countries. *Clin Toxicol (Phila)* 2008 Mar;46(3):222-9.

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