

Quality assessment of clinical photographs in the journal of the Pakistan Medical Association: findings and recommendations

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Dear Editor, In medical journals, high-quality images illustrate pathological and clinical features, aid in accurate diagnosis and provide reliable visual evidence for clinical education and research. Standardised and professional photographs also protect patient privacy while enhancing the scientific rigour and credibility of studies, making them essential tools in academic communication.¹ Therefore, we have compiled the clinical photographs from articles published in the JPMA (Journal of the Pakistan Medical Association) between September 2024 and August 2025 and conducted a quality assessment of these images.

We evaluated each image based on four key aspects: technical quality, content quality, ethics and compliance, and information presentation, comprising a total of ten specific indicators.² Technical quality includes clarity and resolution, focus, exposure, brightness, colour, and contrast. Content quality encompasses typicality and representativeness, as well as information content. Ethics and compliance involve patient privacy protection, copyright, and source attribution. Information presentation covers labelling and legends, composition and framing, and multimodal coordination. The overall score distribution indicates that the quality of the photographs is generally above average, with most scores concentrated in the 7–9 range (out of 10), suggesting that the majority of the images meet the publication standards in terms of basic technical requirements, content clarity, and ethical compliance (Table).

Specifically, in terms of technical quality, most photographs were well-focussed with a clear subject, though some suffered from blurriness, insufficient resolution, or issues with exposure and colour distortion, particularly in

dermatological and pathological staining images (e.g., JPMA-2023-11607). Regarding content, most images effectively demonstrated pathological features and possessed educational value, but a few were either overly redundant or lacking in detail, impairing comprehension (e.g., JPMA-11450). Ethical compliance was generally satisfactory, with proper de-identification and informed consent procedures followed. In information presentation, some photographs had cluttered backgrounds, improper cropping, or lacked annotations such as arrows or legends, making key structures unclear. Inconsistent layout was also observed in comparative figure sets (e.g., JPMA-2023-10719).

Based on these findings, we recommend that the editor team specify technical standards for images (e.g., resolution, colour mode) in the author guidelines and provide examples of proper annotations. Additionally, strengthening the pre-screening of images during the initial review process and promptly returning submissions that do not meet quality standards would be beneficial. Providing uniform templates for multi-panel figures and, when necessary, performing professional colour adjustments by the editors are also advised.

On the busy clinical frontlines, physicians' energy is primarily dedicated to urgent diagnostics and patient communication, often relegating the documentation of case photographs to a secondary priority.³ This frequently results in incomplete photo retention, blurred images, poor composition, and the absence of key diagnostic details. Such suboptimal visual materials significantly undermine their core value in subsequent clinical reviews, teaching demonstrations, scientific research, and legal evidence.⁴ Therefore, it is imperative to strengthen standardised practices in this regard. Fostering the mindset that "every photograph is valuable clinical data" will ensure that these images truly become powerful tools for enhancing healthcare quality and advancing academic progress.⁵

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Table: Image article quality rating within the past year [n (%)].

Score	5	6	7	8	9	10
	1 (2)	2 (4.1)	6 (12.2)	10 (20.4)	14 (28.6)	16 (32.7)

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QZ: Concept, design and data acquisition.

LZ: Concept, design, supervision and data interpretation.

QS: Technical support and acquisition of specific datasets.