Journal of Personalized Medicine

The **Journal of Personalized Medicine (JPM)** is an open-access, peer-reviewed journal published by **MDPI**, focusing on research that promotes individualized approaches in clinical practice. Its scope spans genomics, biomarker development, precision therapeutics, and patient-centered care models across multiple disciplines, including oncology, cardiology, and neurosurgery.

Strengths

- Rapid publication timelines and open-access availability.
- Wide range of topics related to precision and personalized medicine.
- Inclusion of emerging technologies such as 3D printing, AI in medicine, and genomics.

Limitations and Criticisms

- Published by **MDPI**, a publisher frequently criticized for:
 - 1. **Volume-driven publishing** rather than editorial selectivity.
 - 2. **Aggressive solicitation** of submissions and guest editors.
 - 3. Potentially **weaker peer review standards** compared to top-tier journals.
- Many articles, especially in technical innovation, resemble aesthetic showcases or promotional material, lacking robust evidence or clinical trial data.
- Limited presence of **randomized controlled trials**, **meta-analyses**, or large-scale studies with high-level evidence-based medicine.
- Risk of contributing to **technophilic bias** in the absence of critical appraisal.

Academic Value

JPM may serve as a **platform for exploratory concepts**, case series, and early-stage innovations, but its content should be **interpreted cautiously**, especially when used to inform clinical decisions. For publications intending to change practice, **journals with stricter peer-review protocols** (e.g., *The Lancet*, *NEJM*, *JAMA*, *Journal of Neurosurgery*) remain more authoritative.

Conclusion

While the **Journal of Personalized Medicine** offers visibility for niche and novel ideas, it lacks the methodological rigor and impact factor associated with **serious academic literature**. Clinicians and researchers should critically assess its articles and corroborate findings with higher-tier sources before adopting conclusions into practice.

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