

An editorial dissection

The Trouble with Medical Journals. Richard Smith. London: Royal Society of Medicine Press, 2006. ISBN 1-85315-673-6 (paper). 292 pp £19.95

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Richard Smith edited the *BMJ* from 1979 to 2004 and was its editor-in-chief from 1990. The nineties proved to be a heady time for scientific publishers and editors. In 1989 Tim Berners-Lee had proposed a system for information management that would share information over the Internet using hypertext. It was an idea that needed a network of users, and by making the necessary server and browser software available patent- and royalty-free, Berners-Lee (now Sir Timothy) and his then-employer, CERN (the European Organization for Nuclear Research), effectively launched the World Wide Web and a revolution in communications and collaboration that has pervaded every area of human activity, including the dissemination of medical research. In 1994 the first commercial Web browser, Netscape Navigator, became available. In 1997 the US National Library of Medicine rendered to the Web its cumbersome MEDLINE collection of indexed health sciences articles and called it PubMed.

Smith led his team of intrepid editors down the beach and out into this electronic surf. In 1998, in an audacious move that at least some editors (included this one) later imitated, Smith posted the entire contents of the *BMJ* on the Web, thus making it the only top-tier medical journal available “free” to anyone with Web access. The surf was up and rising.

This book, written mainly in 2003 during a two-month leave from *BMJ* (and later updated to 2006), is in part a critical examination of the process of turning research into information that can be communicated to others: researchers, health care providers, the public, policy-makers, and so on. Initial sections give the author's views on the core question — “What and who are medical journals for?” — and on the well-known issues that medical journal editors encounter: research misconduct, conflicts of interest, editorial freedom and accountability.

Although carefully documented (there are over 400 references, a useful compendium for readers new to the field) the book is wet with anecdotes and lively personal accounts of events. My favourite is an incident concerning the near-sacking in 1956 of Hugh Clegg, then editor of the *BMJ*, over an editorial entitled “The gold-headed cane,” which he wrote, as was his custom, “standing up while drinking a bottle of claret.” In the first draft, his invective against the election for the seventh consecutive year of the President of the Royal College of Physicians “[became] stronger as his blood alcohol rose [until he] compared this election to Caligula electing his horse to the Senate. This image, much treasured by subsequent editors, disappeared from the final version.” Smith recounts other, more recent editor–publisher conflicts at *JAMA*, the *New England Journal of Medicine* and *CMAJ* that became visible through the sudden departure, one way or another, of top editors.

The penultimate section, which contains Smith's analysis of the ethics of medical journal publishing, addresses the vested financial interests of both commercial corporations such as the giant Reed Elsevier (publisher of *The Lancet*, among many others) and of medical societies and associations who publish journals. According to Smith, both species of publisher achieve (through pharmaceutical and classified advertising and reprint sales) levels of profit that cannot be justified by their costs or by the “value added” to the research they publish. Smith cites the impressive profits of Reed Elsevier and the important share of this contributed by scientific content, and takes a guess at the revenues of the *New England Journal of Medicine* (owned by the Massachusetts Medical Society). The fact is that very few people know exactly what kind of money is made from the publication of research that is handed over by its authors, along with copyright, for no payment.

The *BMJ* must have made money for the British Medical Association during Smith's tenure, but how much this might have been is not revealed. Nor does Smith tell us his reasons for abruptly leaving the journal in 2004 to join a health insurance company, the shock of which to Smith admirers (myself included) would have been matched by the Pope resigning to take up a post with Silvio Berlusconi or Martha Stewart joining the executive of a cement company.

One can speculate that the reasons were ethical. The BMA's decision to deny access to *bmj.com* to all but paying customers (research articles are excluded from this restriction) could have been motivated only by a desire to sustain or increase revenue from print readers by shoring up library subscriptions and to cultivate a revenue stream through subscription fees for online readers. But Smith's analysis challenges the ethics of a publishing model whereby association publishers support their own interests by raising money from pharmaceutical advertisers while the contributing authors (most of whom are not association members) are either unpaid or receive only token rewards for their intellectual contributions.

This is what is wrong with the current system of publication by most professional societies. The desire to make money to further the ends of the society—in essence, a lobby group for its professional members—on the backs of authors and other contributors who receive no financial return for their contributions, and by charging university and public libraries, academics and the public (who through tax dollars pay for the research being published) prohibitive subscription rates and download charges is both abhorrent and unethical. Smith sharpens the point with Swiftian satire: imagine a British Society of Lumpology, whose aim is to promote lumpology and the research into lumpology that is published in its journal. The Society defends the profits it receives from its journal by saying that “they support the society... [and that] the existence of the society might be threatened if the profits disappeared.” Smith writes, “My answer is that if the society and the research have value then other ways will be found to fund them. If they don't, then they shouldn't be funded anyway. I worry too that some of the profits go on the dinners and ceremonies of which such societies are usually fond.”

For Smith (and I think this is correct), it is wise to see medical journals and editors as part of a value chain that transforms scientific observations and opinions into information on which patients and health care providers

can rely and that can be used to make a difference in their lives. If this is so, and indeed it is (although, as Smith points out, there is another socially important role of a general medical journal: that of leadership) then editors should ask themselves: Who are the competitors in this process, and how can a print or even an electronic journal avoid joining historical curiosities such as buggy-whip factories or even, perhaps, the telephone companies? His answer is that they can't. They will be replaced by alternatives the like of Wikipedia Medicine, various discussion groups and blogs, YouTube, just-in-time information delivery on pocket devices, and so on.

There is little in Smith's analysis that is encouraging for the conventional model of medical journal publishing. The surf is rising with software and hardware that yields easier communication between scientists, readers and policy-makers, the growing field of bundling information into reliable summaries (systematic reviews and the like), the development of mobile devices providing the opportunity of getting the right information to the right place at the right time and, most importantly, social software that permits and encourages the world's six billion people to communicate directly with each other rather than through intermediaries such as medical journals.

The editorial costs of handling a growing amount of relevant medical- and health-related information may soon overwhelm even the deep pockets of large professional societies and commercial publishers. Increasingly, communities of individuals are taking this on (for example, the growing medical pages on Wikipedia and even this journal, *Open Medicine*), driven not by commercial goals, but by the desire to exchange ideas and the fun of working together.

Smith is cheering us on.

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