

The Trouble with Medical Journals

Richard Smith, Royal Society of Medicine Press Limited, London, 2006

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Richard Smith edited the *BMJ* from 1979 to 2004, and was editor-in-chief from 1990. The '90s proved a turbulent time for scientific publishers and editors. In 1991 Tim Berners-Lee wrote the software that led to the creation of the WEB. By making it patent and royalty free Berners-Lee and his then-employer, CERN, effectively launched the World Wide Web. In 1997 the U.S. 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 to be available 'free' to anyone with WEB access. The surf was up and rising

This book, mainly written in 2003 during a sabbatic 3-month leave from *BMJ* (and later updated into 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 ask and give the author's views on the core question: "What and who are medical journals for?", including well-known problems of the difficulties encountered - research misconduct, conflicts of interest, editorial freedom and accountability.

Although carefully and usefully documented - there are over 400 references, themselves a useful compendium or at least good starting point for readers new to this field - the book is wet with anecdotes and lively personal accounts of events. My favourite is the 'gold-headed cane' incident, an account of the near-sacking in 1956 of Hugh Clegg, editor of *BMJ*, "who wrote [his editorials] standing up and drinking a bottle of claret, his invective [against the election for the 7th consecutive year of the President of the Royal College of Physicians] becoming stronger as his blood alcohol rose - compared this election to Caligula electing his horse to the Senate." and later firings including George Lundberg at *JAMA* and more recently myself and Anne Marie Todkill at *CMAJ*.

The penultimate section contains Smith's analysis of the ethics of medical journal publishers, companies like the giant Reed Elsevier (publisher of *The Lancet* among many others) and society medical publishers like the Canadian, British or American Medical Associations. These publishers, according to Smith make money out of their journals, mainly via pharmaceutical and classified advertising. Smith estimates that the *New England Journal of Medicine* (owned by the Massachusetts' Medical Society) has annual revenues close to US \$100 million.

Similarly the *BMJ* must have made money for the British Medical Association (BMA), but this is not revealed. Nor does Smith tell us his reasons for abruptly leaving the *BMJ* in 2004, to join an health insurance company, a departure that could be compared by shocked Smith admirers (again, myself included) as would have been the case for the faithful had the Pope resigned to take up a post with Sylvio Berlusconi - or as Smith himself might have quipped, as Martha Stewart joining the executive of a cement company.

One can speculate that the reasons were ethical. Society publishers make lots of money on the backs of pharmaceutical companies and public health care systems (that directly or indirectly pay for the help-wanted sections). The BMA's decision to deny access to *BMJ.com* to all but paying customers (research articles were excluded from this ban) could only have been motivated by a desire to further increase revenue from readers of the print journal through increasing library subscriptions and to try to get revenue from online readers through subscription fees from those individuals who could afford to pay. A physician lobby group supporting its self-interest by raising money from pharmaceutical companies via their advertising spends, while the contributing authors (most not members of the BMA) were either not paid or received very token rewards for their intellectual contributions is inherently unethical.

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 self-interested lobby groups for their professional members - on the backs of authors and other contributors who receive no financial return for their contributions, and university and public libraries, academics and the public (who mainly pay for the research being published through tax dollars) by subscriptions and download charges is both abhorrent and unethical. Smith comes close to describing the BMA in a Jonathan Swift satire, of the British Society of Lumpology, a society whose aims are to promote lumpology and research into lumpology that is published in its Journal. The Society defends the profits it receives from its Journal by saying "that the profits... 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." (p215-6)

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 (into informing people - people, patients, health care providers and so on) on which they 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 - 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 such as the like of Wikipedia Medicine, various discussion groups and blogs, YouTube, just-in-time pocket devices and so on.

There is little encouraging in Smith's analysis. The surf is rising with software and hardware yielding devices for 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 worlds 6 billion people to communicate directly with each other rather than through intermediaries like 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, OpenMedicine.ca), driven not by commercial goals, but by the desire to exchange ideas and the fun of working together.

Smith is cheering us on.