

Developing countries given easier access to biomedical journals

Beginning next January, medical schools and research institutions in developing countries will be given free access through the Internet to 1000 of the world's most important medical and scientific journals. The initiative is sponsored by the World Health Organization (WHO), the *British Medical Journal* and the Soros Foundation, and is part of the Health InterNetwork, a project launched by UN Secretary-General Kofi Annan. Several journals, including the *BMJ* and *CMAJ*, are already available free online, but most journals, such as *Lancet* and the *New England Journal of Medicine*, are not.

"The idea had been around for a long time and in many ways it is an obvious idea," says *BMJ* Editor Richard Smith. Nine months ago WHO asked the *BMJ* Publishing Group, which had already given developing countries free access to its journals, to approach commercial publishers and invite them to participate in the initiative. According to Derk Haank, CEO of Elsevier Sciences, the largest publisher involved, the project realizes the full potential of electronic publishing: "The poorest countries cannot afford the postage or printing costs of paper journals," he says, but "the marginal cost of connecting one additional customer [online] is almost nil."

Smith believes recent controversy over the cost of drugs in developing

countries has played a constructive role: "I think the publishers look at the pharmaceutical companies and think, 'We don't want to end up being pilloried by the international community.'" He argues that the commercial publishing industry is more vulnerable to criticism than the pharmaceutical industry because "they are not producing the raw material — the academic community is." Smith considers the initiative a partial response to demands from academics to have free access to their own product.

WHO says the final outcome is a "tiered-pricing model that will make nearly 1000 of the 1240 top international biomedical journals available to institutions in the 100 poorest countries free of charge or at significantly reduced rates."

Under the plan, the lowest-income countries will be given free access, while middle low-income countries will obtain significant discounts. The project will be evaluated in 3 years. In the short term, "it is fairly easy to measure success — how many people are accessing this material and how much they are accessing," says Smith. In the longer term the aim is to increase knowledge. "It is not just about letting material be available for free. It is also about increasing connectivity and increasing the capacity of people in the developing world to produce their own material and make that available to people in the developed world and other people in developing countries."

Nicaragua is one of the few countries in the Americas to be eligible for free access. Rafael Cabrera, director of the Department of Medicine at the Americana University in Managua, welcomed the initiative. "Each of our students has an Internet account and a significant proportion of our lectures are being given in the computer laboratory, so I think it will be a very useful tool for the students."

WHO says the move is important because many journals cost several hundred dollars annually, "with many key titles costing \$1500 per year." — *Claudia Orellana*, Tübingen, German



A doctor's waiting room in Haiti: information to flow both ways?

CMAJ criticized during annual meeting

Some doctors disagree with *CMAJ* editorial decisions, and they used last month's CMA annual meeting in Quebec City to let the editor know. When British Columbia GP John O'Brien-Bell, a CMA past president, questioned the decision to publish a particular article on hospital downsizing (www.cma.ca/cmaj/vol-163/issue-4/0397.htm), Editor John Hoey explained that publication decisions are made after peer review and an independent assessment by 5 *CMAJ* editors.

He also pointed out that science is never simply "right" or "wrong" — it advances through a process of peer review and publication that results in further discussion and critiquing. He suggested that letters to the editor are an appropriate forum for specific criticism of published research.

Addiction specialists Nady el-Guebaly of Calgary and Raju Hajela of Kingston, Ont., took *CMAJ* to task for a May 15 editorial calling for the decriminalization of marijuana and supporting Health Canada's decision to approve the medicinal use of marijuana (164[10]:1397, www.cma.ca/cmaj/vol-164/issue-10/1397.asp); the CMA adopted a policy in favour of decriminalization 20 years ago but it has taken the position that there is insufficient clinical evidence to support medicinal use of the drug.

Hoey said a new e-letters feature on the *eCMAJ* site lets physicians respond quickly to editorials or other items, allowing them to raise questions and voice opinions. Such comments are published in full, as submitted. He encouraged physicians to use this new e-letters forum (www.cma.ca/cmaj/elettersinfo.htm) and to continue submitting letters to the editor for *CMAJ*'s print version.

Dr. Albert Schumacher, past president of the Ontario Medical Association, expressed concern that journalists are citing articles such as the marijuana editorial as association policy. CMA President Peter Barrett agreed that the editorial had created some problems for the association but said this is a sign of the journal's editorial independence and proof that *CMAJ* is not "a CMA policy rag." — *Patrick Sullivan*, CMAJ