1981–1990

A bright future for the journal

Ian St George

David Cook of Owaka was the first editor of the College journal. It was he who called it the *New Zealand Family Physician*; the renaissance in general practice was in full swing in Britain, Michael Balint had derided the perpetuation of the specialist-GP teacher-pupil relationship, and the American GPs were starting to stand upright too, as were we. (It is said they conducted a poll to find the most emotive words in the language, and came up with *motherhood*, *family*, *democracy* and *physician*: they couldn't call it the American Board of Democratic Mothers, so they called it the American Board of Family Physicians). The name appealed to David, he applied it to our journal, and it stuck. Rae West edited a couple of issues, then I took over for a time.

But we did it in simpler days, without the choices or the responsibilities editors have today. Our aim was simple: to put the new College on the map, to market general practice as an academic discipline; to be provocative, to challenge accepted norms. The 1978 College Conference in Queenstown was proudly the first where every speaker was a GP: we wanted a journal that would similarly reflect and promote the capabilities of general practitioners. We saw the journal as a vessel for the best and brightest to display their abilities, a flagship for the new general practice.

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In welcoming Felicity Goodyear-Smith, I am excited at the new possibilities for the journal, while at the same time wary of losing some of the values a specialty journal should aspire to. She has challenges.

The first is information poisoning. I am smothered by information, and nowadays, for self-protection, I look very carefully before I read. I am swamped by unasked for and unwanted paper with words on it. Words words words. Too many people seem to know how I should be doing things, and seem to feel they have an obligation to tell me. I should read this, they yell at me. But I am old enough to have rid my mind of most of the 'shoulds'. I am a self-motivated adult learner, and I have come to believe that high quality information is what I find for myself – usually on the Internet – and low quality information is what arrives on paper in the post: the Air New Zealand annual report, the Medical Protection Society case studies, the inch or so of PHO guff each week, the rubbish that I bin along with the sales pitches and sample request cards.

The second is the tension between the fashionable primary care team concept and the persistent but real and highly-valued old fashioned GP model of doctor–patient relationship. The *Journal of Primary Health Care*? Librarians will hate the change of name, but that isn't important. What is important is the signal the new name gives to the readers – and not all will be happy.

The third and most important is the timely demise of paper copy, and the opportunity for open access electronic publishing. We are fortunate beings, to have been alive during the fifth great leap forward in human communication: the spoken word, the written word, the printing press, the radio, and (in our time) the silicon chip. We need to move with the times, and our time now demands open access electronic publication.

If the new name signals wider interest and wider access by all members of the general practice team, then open access electronic *public* publication signals an even greater willingness to share information: the inclusion of the patient and the public in that team.

Here is George Lundberg, Editor-in-Chief of *Medscape General Medicine*, writing last September:[1] *'Editors of medical journals must have trust relationships with many publics. These include the readers, the authors, the peer reviewers, the advertisers, the editorial boards, the public media, and (of course) the journal's owner. Since the subject matter a medical journal publishes often influences clinical decisions, the principal trust relationship must be with* all patients. *Most traditional (meaning paper) medical journals are never seen by most pa-*

tients. But the modern medical journal is different; it is open access and freely available to all patients *as well as healthcare professionals. At* MedGenMed*...we began a discussion board called 'Comments From Readers,' and it immediately took off. These comments are uncontrolled, unfiltered, may be anonymous, can be from any reader, and are virtually instantaneous. Our editorial staff does review them after publication with the intent to delete any that are libelous, defamatory, pornographic, lewd, or obviously schizophrenic. Anything else goes.... All voices are welcome. Let the readers rule.'*

Here are the editors of the international open-access journal published by the Public Library of Science, *PloS Medicine*, writing in *Open Medicine*:[2]

'Open-access journals, unlike subscription journals, have the potential to reach a broad audience and not just the traditional readers of medical journals (those wealthy enough to afford access). We have a tremendous opportunity to disseminate research to a diverse readership in developed and developing countries...

'Along with this opportunity comes a responsibility to help non-expert readers make sense of the research. Open-access journals have begun to experiment with reaching out to the broader public – for example, by publishing plain-language summaries of each research article...

'Because online open-access journals are free from the space constraints imposed by print, they are able to publish more articles at a fraction of what it would cost to publish them on paper...

'Another benefit of the freedom of open-access publishing is that there is greater scope to be inclusive with respect to authorship...Authors from low-income countries have been marginalized by subscription-based journals...

'Many open-access journals are funded by levying an author charge that...prevents researchers in the developing world from contributing... Addressing this criticism is crucial to the success of the open-access movement, which will be deemed a failure if it simply replaces one barrier (a fee to read the literature) with another (a fee to contribute to the literature)...

'...open-access journals are changing the status quo of medical publishing. These journals are also beginning to use the functionality of the Internet to allow readers to participate more directly in the publishing process, for example by annotating online articles, starting discussion threads and blogs, and ranking the quality of published research. We are witnessing a new form of scientific discourse, "open access 2.0," which maintains those elements of traditional journals that benefit the scientific and medical community but also embraces the potential of the Internet to create a more interactive, community-driven literature.

'PLoS Medicine *and* Open Medicine*...have adopted a progressive copyright license, the "Creative Commons Attribution License". Unlike traditional copyright, which severely restricts the potential uses of an article, the Creative Commons license allows readers to reuse the articles for any legal purpose – reproduction, distribution, translation, and the creation of derivative works – provided proper attribution is given.*

'As more and more journals join Open Medicine, PLoS Medicine, *and BioMed Central in adopting the Creative Commons license, perhaps we will reach a "tipping point" at which the power of knowledge in the public domain becomes more obvious. Searching and mining the literature, for example, will become exponentially easier...we will see new knowledge being created by the linking of research papers that previously had not been seen as relevant to each other.'*

'Both Open Medicine *and* PLoS Medicine *eschew drug advertising, out of a desire to break the unhealthy cycle of financial dependency that has grown between journals and drug companies.*

"In a world where political correctness obfuscates and public discussions are managed by public-relations firms and paid experts," said John Hoey, former editor of the CMAJ, "there is a desperate need in medicine for open, plain-spoken discourse".'

The *NZFP* suffers from being a bimonthly journal. Publication every two months does not encourage lively debate in an active correspondence column. The economics of paper and postage demand infrequent publication, but no such constraints attend electronic publication: take a look at the *BMJ*'s 'Rapid response' columns online for some startlingly vigorous and interesting discussion.

My best wishes and a few orders for Felicity Goodyear-Smith: Insist from the start on editorial independence. Develop a decent search engine for past issues. Enjoy the creative pleasure of publishing: getting a journal out is like getting a baby out – painful, bloody and prolonged, but very satisfying when it comes out alive and healthy; it's also like cooking, so do what Gordon Ramsay tells you: serve fresh, clean, high-quality, tasty local fare; serve it simply and honestly, without fuss or flummery or French flourishes. Simplicity is the key to elegance and style.

References

1. Lundberg GD. Let the readers rule: two new ways to hear multiple voices. MedGenMed. 2007; 9(3): 65. Published online 2007 September 28.
2. Yamey G, Barbour V, Cohen B, Peiperl L, Chinnock P. The joys and challenges of being an open-access medical journal. Open Medicine, 2007; 1(1).