
Who Should Own the Presses?

Joel Lexchin MD ^{a, b, c}

a) Associate Professor, School of Health Policy and Management, York University, Toronto ON, Canada

b) Staff Physician, Emergency Department, University Health Network, Toronto ON, Canada

c) Associate Professor, Department of Family and Community Medicine, University of Toronto, Toronto ON, Canada

Back in the late 1960s and early 1970s, when I dabbled in university student journalism, one of the more political slogans making the rounds went something like “Freedom of the press belongs to those who own one.” These days the Canadian Medical Association (CMA) and its subsidiary CMA Media seem determined to prove that this saying is true with respect to the CMAJ.

Over the past decade under the editor John Hoey and the senior deputy editor Anne Marie Todkill the CMAJ achieved the distinction of having the 5th highest impact factor among the world’s general medical journals (1). Despite reaching that mark, on February 20, 2006 the president of CMA Media, Graham Morris, announced the firing of Hoey and Todkill with the claim that “it was time for a fresher approach” (2). The CMA’s editorial board emphatically rejected that position. Speaking for the board Dr. Philip Devereaux said “I don’t think it’s credible to suggest that that at this point in time there’s a need to refresh the CMAJ”(2).

The immediate reason for the firings seems to have been related to two stories that the CMAJ planned to run. The first was about Plan B (levonorgestrel), the so-called “morning-after pill.” In 2005 Plan B went from being a prescription-only medicine in Canada to something that could be dispensed by a pharmacist without a prescription. However, when this occurred the Canadian Pharmacists Association (CPA) issued guidelines to its members suggesting that they collect a variety of information from women asking for this item,

including their sexual history. The editors commissioned a group of women to visit pharmacies and ask for Plan B and to record what information they were asked about. When word of this investigation reached the CPA it complained to the CMA and Mr. Morris ordered the editors to pull the story. Hoey followed the order from CMA Media but published an editorial about the incident and appointed an ad-hoc committee headed by Dr. Jerome Kassirer, former editor of the *New England Journal of Medicine*, to report on the entire situation. Kassirer’s committee released its draft report condemning the CMA on February 17, three days before the firing.

The second article was an unflattering one about the newly appointed federal minister of health. It appeared on the CMAJ’s web site under the title “Two-tier Tony” referring to Tony Clement’s previous support for a for-profit health care system to run in parallel with Canada’s existing not-for-profit system. The article appeared two weeks before the CMA board was due to meet with Clement. Representatives of the CMA ordered the article withdrawn from the web site. Before it was reposted, favourable remarks about Clement from the CMA president were inserted (3).

Since then, two more full-time editors and two part-time editors of the CMAJ have resigned over the issue of editorial independence along with 15 out of 19 members of the CMAJ’s editorial board. Now the entire matter is being reviewed by a panel headed by a former Canadian Supreme Court justice. The CMA has

been mostly silent about this entire affair, although six weeks after the firings, its president, Dr. Ruth Collins-Nakai, wrote in a letter to CMA members that the two were sacked because of “irreconcilable differences” with Morris. Her letter did not go into details about what these differences might have been (4).

While the two articles may have precipitated the firings, they hardly seem likely to have been the sole cause of the decimation of the CMAJ’s editorial staff (there are currently no full-time editors at the journal although a temporary editor and an emeritus editor have been appointed). Collins-Nakai’s letter hints of clashes between the editors and what she calls “the responsibility of the publisher to protect the organization’s [CMA’s] legal, financial and liability interests.” Concretely, what she may have been referring to can be inferred from Dr. Kassirer’s report, which documents a history of interference in the editorial freedom of the CMAJ (5). The report says that there have been tensions over the past few years regarding articles in the CMAJ “unflattering to the journal’s advertisers” and that conflicts have arisen between the CMAJ and the CMA/CMA Media because of controversial articles.

What kind of controversial articles is left unsaid in the report but editorials in the CMAJ have been openly critical of a move to private for-profit medicine (6). On-the-other hand, at its annual meeting in August 2005 the CMA overwhelmingly (191 to 6) rejected a motion that called on governments and other key stakeholders to work with physicians to prohibit development of parallel private insurance as a solution to unreasonably lengthy wait lists and to maintain “a strong, vibrant, publicly funded health-care system capable of meeting the needs of all Canadians” (7). (The CMA did pass a resolution endorsing the principle that access to medical care must be based on need and not ability to pay. How it can reconcile these two resolutions is an interesting question). The person who is scheduled to become CMA president in 2007 is an orthopedic surgeon who runs a private for-profit clinic in Vancouver.

Dr. Kassirer’s report also does not identify which group of advertisers has been subjected to unflattering articles but since the vast majority of the advertising in the journal comes from the pharmaceutical industry, it seems clear that these

are the advertisers in question. I could not find any financial statement about the source of the CMA’s revenues on its web site but in the United States Glassman and colleagues looked at the revenue that journal advertising generates as a percent of the total income of six nonprofit physician organizations that owned the journals (8). Five organizations raised more than 10% of their gross income from advertising in the journals that they owned and in four cases they generated as much or nearly as much money from advertising as from members’ fees and other assessments. The authors concluded that “potential financial conflicts of interest arising from pharmaceutical advertisements in medical journals may be substantial.” After the *Annals of Internal Medicine* published an article highly critical of pharmaceutical advertisements, it saw its advertising revenue drop more markedly than did the volume in four other leading medical journals (9).

When authors submit articles to the CMAJ they need to be sure that their work will be evaluated on the quality of the research and the analysis and not on the political ideology of the owners of the publication. When doctors and the general public read the journal they should know that there was no political interference in the final shape that the articles have taken. Right now, confidence in the independence of the CMAJ is in serious doubt. Who should “own” the CMAJ – its publisher or its authors and reader?

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Correspondance:

Joel Lexchin MD
121 Walmer Rd, Toronto ON,
Canada M5R 2X8
Telephone: 416-736-2100 x 22119
Fax: 416-736-5227

e-mail: joel.lexchin@utoronto.ca
jlexchin@yorku.ca