



Online article and related content
current as of July 11, 2009.

Access to JAMA

Catherine D. DeAngelis; Robert A. Musacchio

JAMA. 2004;291(3):370-371 (doi:10.1001/jama.291.3.370)

<http://jama.ama-assn.org/cgi/content/full/291/3/370>

Correction

[Contact me if this article is corrected.](#)

Citations

[This article has been cited 3 times.](#)
[Contact me when this article is cited.](#)

Topic collections

[Journalology/ Peer Review/ Authorship](#)
[Contact me when new articles are published in these topic areas.](#)

Subscribe

<http://jama.com/subscribe>

Permissions

permissions@ama-assn.org
<http://pubs.ama-assn.org/misc/permissions.dtl>

Email Alerts

<http://jamaarchives.com/alerts>

Reprints/E-prints

reprints@ama-assn.org

3. An organisation with a memory: report of an expert group on learning from adverse events in the National Health Service. London, England: Department of Health; 2000. Available at: <http://www.doh.gov.uk/orgmemreport/index.htm>. Accessed December 10, 2003.
4. Runciman W. *Iatrogenic Injury in Australia*. Adelaide, South Australia: Australian Patient Safety Foundation; January 2000.
5. Towards a safe health care system: proposal for a national programme on patient safety improvement for Switzerland, Swiss government national task force. Available at: <http://www.swiss-q.org>. Accessed May 12, 2001.
6. Health Canada Web site. Available at: http://www.hc-sc.gc.ca/english/care/patient_safety.htm. Accessed December 10, 2003.
7. Woods D. Broad based systems approaches. Testimony at the National Summit on Medical Errors. Available at: <http://www.quic.gov/summit/wwoods.htm>. Accessed December 10, 2003.
8. Reason J. *Managing the Risks of Organizational Accidents*. Aldershot, England: Ashgate Publishing Co; 1997.
9. Rasmussen J. Merging paradigms: decision making, management, and cognitive control. In: Flin R, Salas E, eds. *Decision Making Under Stress*. Aldershot, England: Ashgate Publishing Co; 1998.
10. Flach JM, Dominquez C. Use-centered design: integrating the user, the instrument, and goal. *Ergonomics in Design*. July 1995: 19-24.
11. Klein G, Orasanu J, Calderwood R, Zsombok C. *Decision Making in Action: Models and Methods*. Norwood, NJ: Ablex Publishing Corp; 1993.
12. Zsombok C, Klein G. *Naturalistic Decision Making*. Mahwah, NJ: Lawrence Erlbaum Associates Publishers; 1997.
13. Leape L. Reporting of adverse events. *N Engl J Med*. 2002;347:1633-1638.
14. National Association For State Health Policy Web site. Available at: <http://www.nashp.org/store/prodpage.cfm?CategoryID=2>. Accessed December 10, 2003.
15. Samore MH, Evans RS, Lassen A, et al. Surveillance of medical device-related hazards and adverse events in hospitalized patients. *JAMA*. 2004;291:325-334.
16. US Food and Drug Administration Web site. Available at: <http://www.fda.gov/cdrh/devadvice/312.html>. Accessed December 10, 2003.
17. Weingart S, Iezzoni L. Looking for medical injuries where the light is bright. *JAMA*. 2003;290:1917-1919.
18. Kaplan HS, Battles JB, Van der Schaaf TW, Shea CE, Mercer SQ. Identification and classification of the causes of events in transfusion medicine. *Transfusion*. 1998;38:1071-1081.
19. Medical Event Reporting System Web site. Available at: <http://www.mers-tm.net>. Accessed December 10, 2003.
20. Nunnally ME, Brunetti VL, Gosbee J, Crowley J, Cook RI. Features of infusion device related incidents revealed by systematic analysis of an incident reporting database. Presented at the national meeting of the American Society of Anesthesiologists; October 11-15, 2003; San Francisco, Calif.
21. Patient safety reporting systems and research in HHS. Available at: <http://www.ahrq.gov/qual/taskforce/hhsrepor.htm>. Accessibility verified December 23, 2003.
22. Request for proposals for reporting systems and patient safety demonstrations research. Available at: <http://grants2.nih.gov/grants/guide/rfa-files/RFA-HS-01-003.html>. Accessibility verified December 23, 2003.

Access to JAMA

Catherine D. DeAngelis, MD, MPH

Robert A. Musacchio, PhD

THE KEY OBJECTIVE OF JAMA IS TO PROMOTE THE SCIENCE and art of medicine and the betterment of the public health.¹ To accomplish this takes an enormous effort and substantial resources from a number of individuals and groups. First, the editors and staff of THE JOURNAL must provide a collegial, constructive, and efficient atmosphere and outlook that is conducive to authors submitting their best manuscripts. Second, the best peer reviewers from all areas of medicine, health care, and biological science must be willing to provide rigorous review and consultation about the relative quality, importance, and accuracy of manuscripts. Third, our editorial and publishing staffs must ensure that the final manuscript can be read and understood by a wide variety of readers. Fourth, THE JOURNAL must be reasonably accessible to clinicians, researchers, other health care professionals, and the general public.

JAMA authors represent a wide variety of specialties and interests. Furthermore, readers of JAMA include a vast spectrum of individuals ranging from professors in academic centers, to clinicians caring for patients in remote rural settings or geographic areas, to the general public. In addition, articles published in THE JOURNAL are a major source of continuing medical education for physicians and other health care professionals and have important effects on patient care and public health. Thus, we make great effort to ensure that everything we publish is high quality, well documented, ap-

propriately analyzed, well written, and readable. Even if readers might not understand some or even all aspects of the study methodology, they can depend on the credibility of the conclusions.

So who pays to ensure that all of this is accomplished? Specifically, how can the editors and publishers of JAMA ensure that anyone who wants access to our publications can access them? Much has been written on this topic over the past several months,²⁻⁴ especially since the launching of the Public Library of Science (PLOS) in October 2003.⁵ Two polarized views have emerged in this debate. One view is that scientific research publications should be freely and immediately accessible to all. In one version of this model, the costs are defrayed by authors' fees. For example, the PLOS publishing model is to charge authors \$1500 for each published article. While the PLOS is funded by a 4-year, \$9 million grant from the Gordon & Betty Moore Foundation, it must be budget neutral by year 5. Therefore, it is unclear if the estimated \$1500 cost per article, while theoretically based on a sound economic model, at least for PLOS, is tenable. Only time will tell.

The other view is that the author-will-pay model is untenable because (1) the estimated cost of \$1500 per article is not financially sound, especially for journals with very low acceptance rates (JAMA's is 8%), and professionally diverse authors and readers; (2) the model favors authors who have the wherewithal to make the payment; and (3) it might

Author Affiliations: Dr DeAngelis is Editor-in-Chief, JAMA, and Dr Musacchio is Senior Vice President of Publishing and Business Services, American Medical Association, Chicago, Ill.

entice journals to publish more (perhaps lower quality?) papers to remain profitable.

Clearly, the true cost of scientific publishing has not yet been determined. It is also true that many journals are profitable to their owners. However, for many scientific journals revenue from publications is then used by the owners, such as in not-for-profit organizations, to further advance the cause of the organization. Also, the journals owned by for-profit companies can argue that they are conducting sound business. Whether either of these arguments is fair regarding publication of scientific work at least partially paid for by federal funding is open to debate.

In addition a number of foundations are supporting the author-will-pay model by allowing some of the grant money they provide to be used for publication payment. These include the Howard Hughes Foundation² and, recently, the Wellcome Trust of the United Kingdom.⁶

So how does all this affect our commitment to making the articles in *JAMA* readily accessible to all interested parties? First, even if we knew the precise cost per article, many authors could not pay the fee. For example, in 2003, 46% of original research articles published in *JAMA* were funded by the US federal government, 28% by private foundations or institutions, 17% by commercial companies, and 14% by other means. (Some studies were funded by 2 or more categories; hence, the total is greater than 100%.) In addition, 21% of these articles were from corresponding authors who reside outside the United States.

At least for the present, our plan for free access is as follows: (1) free online access for one major article published in the most recent issue; (2) by the end of February 2004, free online access for all major articles and editorials beginning 6 months after publication and up to 5 years after publication; (3) unlocked online articles (ie, PDF files) to fa-

cilitate readers' personal uses of articles including highlighting and annotating; (4) 25 free online accesses to each corresponding author's article for distribution to colleagues as soon as the article is published; and (5) free online access to countries in the developing world by our participation in the World Health Organization's HINARI (Health InterNetwork to Research Initiative) Project.⁷ We will continue to keep our subscription price as low as possible by offsetting cost with advertisements that follow our rules of professionalism.

Until data are available to show that the author-will-pay model is feasible and fair to all authors, as well as the public, *JAMA* will stay the course as outlined above. We pledge that the only criteria we use to determine which papers are published in *THE JOURNAL* are merit and quality; ability or willingness of the author to pay will have no bearing.

We are very grateful to the authors, reviewers, and readers who help us promote the science and art of medicine and the betterment of the public health. We hope that by providing more ready access to biomedical research in *JAMA* they will continue to enjoy, contribute to, and learn from *THE JOURNAL*.

REFERENCES

1. The key and critical objectives of *JAMA*. *JAMA*. 2004;291:110.
2. Butler D. Who will pay for open access? *Nature*. 2003;425:554-555.
3. Held MJ. Proposed legislation supports an untested publishing model. *J Cell Biol*. 2003;162:171-172.
4. Horton R. 21st-Century biomedical journals: failures and futures. *Lancet*. 2003;362:1510-1512.
5. Brown PO, Eisen MB, Varmus HE. Why PLoS became a publisher. *PLoS Biol*. 2003;1:1-2.
6. Scientific publishing: a position statement by the Wellcome Trust in support of open access publishing. Available at: <http://www.wellcome.ac.uk/en/1/awtvispolpub.html>. Accessed December 29, 2003.
7. Health InterNetwork to Research Initiative Web site. Available at: <http://www.healthinternetwork.net>. Accessibility verified December 23, 2003.