New committee to oversee relationship between CMA, CMAJ

The CMA has appointed a Journal Oversight Committee (JOC) to review journal content and “assist in maintaining harmonious relations between CMAJ and the association” (see Commentary, p. 287).

Although the committee didn’t hold its initial meeting until December, a month after a well-publicized contretemps that followed publication of a controversial editorial (Quebec’s Bill 114. CMAJ 2002;167[6]:617), it had been under development since last April.

The 5-member committee, which includes a member of the CMA Board of Directors and 4 physicians representing the editorial, peer review and medical communities, will have 4 main duties:

• to evaluate journal content regularly;
• to act as intermediary between the editor-in-chief, CMA management and elected officials on all issues relating to content;
• to foster “objective consideration” of issues that arise between CMAJ and the CMA; and
• to prepare an annual evaluation of the editor-in-chief.

The JOC will also act as search committee when the editor’s position is vacant.

Why does CMAJ now need a JOC when it has been published without one for 92 years? “I think it’s safe to say that CMAJ is engaging in more debate about broad societal issues than it did in the past,” CMA President Dana Hanson said in an interview. “On the one hand this is a good thing because it engages members in debate, but on the other it is a double-edged sword because of the potential for conflict [with members who hold opposing views].”

He said the JOC is expected to provide 2 benefits:

• It will ensure editorial independence by putting the oversight function in the hands of a committee that is at arm’s length from the association that owns it.
• It will minimize conflict between CMAJ editors and the CMA Board of Directors by providing a neutral forum for discussing disagreements.

“This is all about protecting editorial independence,” Hanson concluded.

The JOC’s founding members are Dr. Larry Patrick, Cardiologist, London, Ont., representing the CMA board; Dr. Ruth Collins-Nakai, Pediatric Cardiologist, University of Alberta Hospital, Edmonton; Dr. Noni MacDonald, Dean of Medicine, Dalhousie University; Dr. Remi Quirion, a Scientific Director at the Canadian Institutes of Health Research; and Dr. Peter Tugwell, Director, Centre for Global Health, University of Ottawa. — Patrick Sullivan, CMAJ

Pulse

The staggering cost of illness and injury

Illness, injury and premature death cost Canadians more than $5000 each annually, a newly released study indicates.

The Health Canada report, Economic Burden of Illness in Canada, 1998, estimates that the direct and indirect costs associated with illness, injury and premature death in Canada reached $159.4 billion in 1998, or roughly $5310 for every Canadian. The 1993 total was $156.9 billion.

Direct costs, which include expenditures on hospitals, drugs, physician care and care in other institutions, accounted for 52.7% of the total, while indirect costs (the value of lost economic output associated with premature mortality, illness and injury) accounted for 47.3%. In 1993, indirect costs accounted for 54.3% of the total.

Two components of indirect costs, lost economic output associated with mortality, and morbidity due to long-term disability, were responsible for the largest single shares of total costs — 21% and 20.5%, respectively. The highest direct cost was hospital care, 17.3% of the total. In 1993, drug expenditures were responsible for a smaller share of total costs than costs associated with physician care (6.3% vs. 6.6%), but by 1998 those positions had been reversed (7.8% vs. 7.3%).

The report (ebic-femc.hc-sc.gc.ca) also examines the costs associated with specific diagnostic categories and indicates that total costs were highest for cardiovascular disease ($18.5 billion), musculoskeletal diseases ($16.4 billion) and cancer ($14.2 billion). Of costs that could be attributed according to sex, males accounted for slightly more of the total — 52.4%. For men, total costs associated with premature mortality were, at $21.2 billion, almost twice as high as total costs for women — $12.2 billion. — Shelley Martin, Senior Analyst, Research, Policy and Planning Directorate, CMA