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