

health research and health care, should take great pride in. This is a good time for someone else to take the reins of CIHR.

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Competing interests: None declared.

REFERENCE

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[*CMAJ* responds:]

We thank Alan Bernstein for his clarification. *CMAJ* stands by Wayne Kondro's article.

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Reed Elsevier's arms business

CMAJ should be applauded for its news article highlighting the conflict of interest in Reed Elsevier's roles as a medical publisher and an organizer of arms fairs.¹ Following similar articles in other journals,²⁻⁴ petitions by academics, actions of major shareholders and protests by the Campaign Against Arms Trade and the Global Health Advocacy Project, Reed Elsevier announced on June 1, 2007, that its subsidiary company Reed Exhibitions would "divest of all [its] defence shows" as they are "no longer compatible with Reed Elsevier's position as a leading publisher of scientific, medical, legal and business content."⁵ This marks a rethink from its previous position that "the company does not regard this as a conflict of interest."¹ Although dubious arms exhibitions will no doubt

continue to be held, the success of this particular campaign demonstrates the potential impact of the global medical community when it acts in concert.

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Competing interests: Edward Armstrong is a member of the Global Health Advocacy Project.

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4. Armstrong E. Taking the lead against Reed Elsevier. *JR Soc Med* 2007;100:256.
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Open Medicine and open access

Although the endorsement by *CMAJ*'s editors of open-access medical publishing is welcome,¹ we would like to point out that there is an important distinction between open- and free-access publication. The editors of *Open Medicine* have not only adopted the principle of free access, that is, making content fully available online, but we also endorse the definition of open-access publication set out in the Bethesda Statement on Open Access Publishing.² This definition stipulates that the copyright holder grants to all users a free, irrevocable, worldwide and perpetual right of access to, and a licence to copy, use, distribute, transmit and display the work publicly and to make and distribute works derived from the original work, in any digital medium for any responsible purpose, subject to proper attribution of authorship. Given that the Canadian Medical Association holds copyright for all material published in *CMAJ* and charges fees for reprints and in some cases for other uses of *CMAJ* content, it is not in fact an open-access journal.

In comparison, *Open Medicine* does

not assume the copyright of its authors' work. We believe that it is only fair and just that authors retain the ownership of their work; as such, *Open Medicine* does not charge reprint or other reproduction fees. We use a Creative Commons Copyright Licence (<http://creativecommons.org/licenses/by-sa/2.5/ca>) that also ensures derivative works are available through an open-access forum. It is through this creative and unlimited use of published material, with due attribution, that we believe scientific discourse can flourish. This truly open-access forum also has a contribution to make to a journal's integrity, independence and freedom.³ Proof of this potential to flourish lies with *PLoS Medicine*, an open-access medical journal launched in 2004 that is now the fourth-leading medical journal in the world, with an impact factor of 13.8.

Anita Palepu
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Competing interests: None declared.

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Correction

In a commentary in the July 31 issue of *CMAJ*,¹ an error was made regarding the countries that have implemented needle-exchange programs. Scotland has not introduced such a program but has taken steps toward implementing one.

REFERENCE

1. Elliott R. Deadly disregard: government refusal to implement evidence-based measures to prevent HIV and hepatitis C virus infections in prisons. *CMAJ* 2007;177:262-4.

DOI:10.1503/cmaj.071116