EDITORIAL INDEPENDENCE AND ACCOUNTABILITY

A submission made by the CMAJ Acting Editor-in-Chief, Editor Emeritus, and Interim Editorial Board and Advisor to the ad hoc CMAJ Governance Review Committee

May 10, 2006

This submission was prepared by Noni MacDonald (Acting Editor-in-Chief), Jocelyn Downie (Advisor to the Interim Editorial Board), and Timothy Krahn (Research Assistant) on the basis of background research as well as initial input, further discussion, and review of drafts by the Interim Editorial Board (Paul W. Armstrong, Judith Hall, Arnold Aberman, Claude Roy, Jean Rouleau, Brian Hennen, Jeff Scott, Martin T. Schechter, Donna Stewart, Frank Davidoff, Allan Detsky) and Editor Emeritus (Bruce Squires).
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1. Introduction

We believe that the key questions that must be answered in the context of attempting to develop a new governance system for the Canadian Medical Association Journal (CMAJ) can best be answered by returning to and reflecting on the initial foundations of the Journal. From these core values and guiding principles flows the mission statement and objectives. The mission statement and objectives guide the governance structure and from the governance structure must come the mechanism to ensure both editorial independence and accountability.

The inextricable link between systems of governance and the survival and flourishing of medical journals was well-described by Davies et al:

“...The foundation of credibility is editorial independence, tied to explicit standards and values, backed by robust governance mechanisms. Crucially, effective governance also requires the establishment and maintenance of high levels of trust—something highly dependent on personalities and interpersonal skills, but also fostered by appropriate governance mechanisms.”

Similarly, Richard Smith, former editor of the British Medical Journal (BMJ) writing in 1999 when both George Lundberg, editor of the Journal of the American Medical Association (JAMA) and Jerome Kassirer, editor of the New England Journal of Medicine (NEJM), were dismissed notes:

...The Massachusetts Medical Society and the American Medical Association are looking for new editors for their prestigious journals, and both need to build systems of governance that encourage trust. If they don’t, they’ll never find good editors—and their journals will fade.

The same is surely true of CMAJ in 2006. The development and adoption of a new system of governance that encourages trust is essential to its future.

In an effort to constructively contribute to the development of a new system of governance for CMAJ, the Acting Editor-in-Chief, Editor Emeritus, and Interim Editorial Board have collaborated on this submission to the ad hoc CMAJ Governance Review Committee. Background research was conducted by Jocelyn Downie (advisor to the Interim Editorial Board) and Timothy Krahn (research assistant). This document was then drafted by Noni MacDonald (Acting
Editor-in-Chief) and Jocelyn Downie. The Interim Editorial Board then reflected on the draft from its members’ various perspectives and came to consensus on the final document.

In this document, we identify the core values and guiding principles that we believe should serve as the foundation for the system of governance. We then discuss the mission statement and objectives for CMAJ – both the content and the process for developing and revising the mission statement and objectives. We then comment on the interrelated concepts of editorial independence and accountability and finally offer suggested mechanisms for ensuring the realization of both. As background for the submission, we include as appendices a list of the key questions that must be addressed in establishing a governance structure for a medical journal, a set of quotations drawn from the academic literature on the issue of governance organized according to the headings of our submissions, and a bibliography on topic.

3. Core values and guiding principles

The following core values and guiding principles provide foundation for all that follows:

- Promotion of health and well-being
  - Health
  - Health care
  - Public and population health (Canada and International)

- Respect for patients
  - Humanism

- Excellence in science and art of health care delivery
  - Rigorous
  - Evidence-based
  - Relevant
  - Independent

  - Ethical
    - Credible
    - Impartial

- Respect for diversity
  - Perspectives
  - Needs

- Fiscal responsibility
4. Mission and objectives

There is currently no single and definitive mission statement and objectives for CMAJ. This is a very serious gap in governance. While the setting of a mission and objectives is not a simple task, it is an essential one as the criteria for editorial accountability can best be derived from a clear mission statement and objectives derived from that statement. As noted by Van Der Weyden, “[e]ssential to the process of minimizing potential conflict between journal editors and owners is a clear definition of the journal’s mission.”

As noted by Kassirer et al, “[t]he inaugural issue of CMAJ in 1911 announced the intent to provide ‘fresh information, free comment, and sound opinion,’ the goal being, among other things, to foster improvements in clinical practice.” A draft mission statement was submitted by the former Editor-in-Chief to the Journal Oversight Committee on November 17, 2005. We believe both the 1911 and 2005 texts provide a good start but also believe that some changes are needed and therefore offer a revised version of the 2005 draft below. We also appreciate that the mission should be ecumenical enough to allow the best people and stakeholders to succeed in advancing the CMAJ in an atmosphere of collaboration, mutual respect, and trust.

a. Content

Mission

Our central objective at CMAJ is to foster excellence in the science and art of health care, to uphold the ideals of the medical and allied health professions, and to promote the health and well-being of the public in Canada and abroad.

In this, we strive to meet the following specific objectives:

Objectives

1. To provide accurate, reliable, and up-to-date information to physicians and others on promoting health, treating disease and disorders, and caring at all stages of life for patients and their families, as well as on population and public health.

2. To provide balanced insight and analysis (particularly from a Canadian perspective) on the determinants of health, including the environmental, economic, social, ethnocultural, gender and sex, age, ethical, legal and political dimensions of health and health care.

3. To help readers interpret the significance of research findings.

4. To keep readers informed about trends and events that affect health and the delivery of health care in Canada and abroad.

5. To foster informed balanced debate on current issues relevant to health and health care.
6. To provide a window on health issues and humanitarian concerns around the world.
7. To provide a creative outlet for physicians to reflect on their professional lives and on the physician-patient relationship.
8. To protect the public interest and the integrity of science from scientific misconduct through publishing research results only when the research has been demonstrably conducted according to high research and ethics standards.
9. To continuously work to improve the quality of the scientific content by working to attract high-quality research and other contributions.
10. To maintain a sound fiscal state for the journal.

b. Process

Development, Review, and Revisions

The preceding mission statement should be considered as a starting point as of the date of adoption of the new governance system: it should be understood that it would also be subject to review and revisions by the Journal Oversight Committee (JOC). The JOC should have the responsibility and authority for ongoing and regular review and revisions to the mission statement and objectives in consultation with all relevant stakeholders (including, but not limited to, the public, academic and community-based physicians, other health professionals, CMA Board, CMA members, the Editor-in-Chief, the Editorial Board, and other NGOs with a prime and vested interest in health of the public).

Interpretation

The Journal Oversight Committee should have the responsibility and authority for interpreting the mission statement and objectives in the face of disagreements over meaning.

5. Editorial independence

a. Definition

“Editorial independence” should be understood as the authority of the editor to publish any material that he or she deems appropriate to publish. We offer the following quotes from the literature to support and expand upon this definition:

The freedom of the editor to “make editorial decisions independently of the ideological, strategic or commercial interests of the publisher.”

“The freedom to publish controversial issues, even if these are at odds with the purpose, politics and practices of the body owning the Journal.”
“Broken down to its essential components, editorial independence is the right of the editors to decide what is published, what is not published, when items are published, and what (if any) amendments are made prior to publication.”

“[E]ditorial freedom or independence is the concept that editors-in-chief should have full authority over the editorial content of their journal. Journal owners should not interfere in the evaluation; selection or editing of individual articles either directly or by creating an environment that strongly influences decisions. Editors should base decisions on the validity of the work and its importance to the journal’s readers not on the commercial success of the journal. Editors should be free to express critical but responsible views about all aspects of medicine without fear of retribution, even if these views might conflict with the commercial goals of the publisher. Editors and editors’ organizations have the obligation to support the concept of editorial freedom and to draw major transgressions of such freedom to the attention of the international medical, academic, and lay communities.”

“[E]ditorial freedom, which is the distinct right of the editor to publish any material that passes defined criteria for quality and that fits within the mission of the publication, without suffering undue interference from others.”

b. Reasonable limits on editorial independence

We immediately add, however, that editorial independence should be subject to reasonable limits including:

- Consistency with the *CMAJ* mission statement and objectives
- Consistency with the law
- Consistency with a clearly defined process for dealing with conflicts of interests and bias

Again, we offer the following quotes from the literature to support and expand on this position:

“Editorial freedom or independence is not unconstrained: editors are accountable for what they do. Medical journal editors must answer, in different but interlocking ways, to their publishers, readers and contributors — and also to more abstract overseers: the medical profession, science and society. Like anyone else whose job involves public communication and the dissemination of information, editors work within social, legal and ethical frameworks that circumscribe their freedom.” There are specific codes of practice for editors, such as the guidelines espoused by the International Committee of Medical Journal
Editors and the World Association of Medical Editors.\textsuperscript{7,10} When editors violate these boundaries they may justifiably be sanctioned.\textsuperscript{11}

“All medical journals must be profitable — or at least break even—if they are to last. Editors know this and work with their publishers to ensure the financial survival of their publications.”\textsuperscript{12}

“Because medical editors bear some of the responsibility for the reliability of published research and, in turn, for the care of patients, the health of the public, allocation of resources, and standards of medical ethics and professional behavior, editors must be trustworthy. ....To preserve this trust, an editor must avoid giving favors, must not be beholden to any special-interest group, and must be willing to publish articles on controversial subjects, even if they involve the organization that owns and publishes the journal.”—Jerome Kassirer, “Why Be a Medical Editor?”\textsuperscript{13}

“Every editor brings a background of experiences and ideas.., and biases. The task is to take advantage of the experience and avoid tainting decisions with personal proclivities. An editorial board, assistant or associate editors, and reviewers can provide the necessary balance of opinion so vital to an even-handed presentation of content. The danger, however, is that this homogeneous group of professionals also may be similarly biased, albeit unaware.”\textsuperscript{14}

“Editorial independence is not a right to unfettered action. Editors must behave responsibly and should be accountable. Thus, the right to edit is balanced against a number of constraints on what constitutes acceptable editorial discretion. Some of these constraints are defined by convention: they relate to the values and norms of the stakeholders, most especially their expectations about independence and scientific probity. A further set of constraints arises directly from the journals’ owners’ own legitimate interests: what sort of journal do they envisage and what role should it serve? This vision should be encapsulated by the journal’s mission statement.”\textsuperscript{1}

“Editors who make final decisions about manuscripts must have no personal, professional, or financial involvement in any of the issues they might judge.”\textsuperscript{7}

\textbf{c. Unreasonable limits on editorial independence}

The following are unreasonable limits on editorial independence:

- Direct interference with decisions about editorial content or direct intrusion into the editorial process by the CMA/CMAH
• CMA pages in *CMAJ*. The CMA should be free to submit letters to the editor, commentaries, or analysis articles for consideration for publication like anyone else. It should also be free to purchase advertising space in *CMAJ* like anyone else for advertisements but not for editorial content. If the CMA wishes to regularly contact CMA members, it should develop a tool for this such as a newsletter or bulletin separate from *CMAJ*.

• Mere threats of litigation. As noted above, it is reasonable for editorial independence to be limited by the law. Thus, for example, editors are not free to publish a libel. That said, editorial content must not be suppressed in response to threats of litigation but rather may be suppressed in response to assessments of whether the content is libelous by the *CMAJ* counsel.

d. Financial Considerations

We believe that financial considerations have the potential to limit editorial independence. As noted by Kassirer, “[c]omplete separation of editorial decisions from financial issues, therefore, is essential to ensuring the editor’s independence.”¹⁴ We support the current CMA policy on advertising and sponsorship (www.cma.ca/index.cfm/ci_id/25274/la_id/1)¹⁵

“Editorial decisions are not influenced by advertising or sponsorship, and are made without consideration of the advertising or sponsorship scheduled to appear. Sponsors and advertisers will not determine specific editorial content or in any way influence editorial decision-making nor will they have the opportunity to review any material prior to publication. Advertisements and sponsorships will not be sold on condition that specific editorial content will be subsequently produced. Advertisements and sponsorships will not be accepted where the fact of the advertisement or sponsorship would raise an inference of influence on editorial content or decision-making, or of the Physician Services Group or CMA’s endorsement of the sponsor or its products or services. In those cases where the Physician Services Group or the CMA endorses a particular product or service as a preferred supplier, such endorsement will be made transparent.”¹⁵

“Although readers, sponsors and advertisers may be provided with general information about the content of an upcoming publication (e.g., theme issues, clinical practice guidelines, continuing series, supplements, conference proceedings) specific details about the content are confidential until publication.”¹⁵

We also recommend that further steps be taken with respect to advertising and supplements.
First, there is no formal regular review of advertisement content in *CMAJ* to determine whether advertisement content is consistent with the journal’s objectives. Formal guidelines need to be developed to ensure that content is appropriate and advertisements are placed in the journal in a way that does not influence the interpretation of the editorial content and then review needs to occur on a regular basis. As noted by John Hoey, “[w]hen publishing is driven by the bottom line, however, intellectual value becomes a mere epiphenomenon of a marketable product. …. But the interests of advertisers and the interests of readers are not the same. Any worthy publisher protects editors in their struggle to serve the needs of readers—and the public—first.”

Second, for a supplement to be published, outside funding is required. Current practice is as follows. The funding comes from various sources including, for example, pharmaceutical companies or Health Canada. A supplement is indexed only if there is at least one non-industry funder although a supplement may be published even if industry is the only funder. Thus, under current practice, industry and others drive the editorial content of supplements based upon topic. This may compromise the ability of *CMAJ* to meet its objectives, i.e., selection of topics for a supplement based upon what can attract outside funding support. Supplement proposals that relate to issues of great significance for the health of Canadians on topics that cannot attract sponsored funding are not developed and published. Possible solutions for ensuring more independence of supplements and more balance and breadth in topical supplements include: 1) implementing a “surtax” on industry-sponsored supplements to help defray the costs of non-sponsored supplements; 2) setting aside 0.5%-1% of the *CMAJ* profits to support supplements; 3) asking CIHR to set up a quarterly competition for supplement funding as part of their support for knowledge translation initiatives; or 4) asking Health Canada to establish a funding stream for supplement funding. This is a complex issue and we are not advancing a position on this topic beyond stating the unanimous belief that funding streams for supplements are an important issue in relation to editorial independence and should be identified as an issue of importance for the JOC to address.

e. News

The area of responsibility and roles in the selection and presentation of news topics for the journal is both crucially important and very complex. Newspapers are careful to separate editorials from news coverage, i.e., to separate decision-making about editorial positions taken by the paper and decision-making about what news to cover and how to cover it. Such separation is intended to minimize potential biases in reporting the news. However, as expressed by one member of the Interim Editorial Board “…the Editor has much more power than simply expressing her/his opinion in the *CMAJ*. The Editor’s judgement influences the news the *CMAJ* chooses to publish. That is a problem. There is no separation between the opinion part of the *CMAJ* and the news-gathering part. That
separation which occurs in all newspapers is just as important as the separation between the business part (Publisher) and the content (Editor) of the Journal."

We see this and other issues (such as investigative reporting) as issues that are currently not well-addressed by medical publications and look to the JOC for further review and the development of suggested guidelines.

f. Commitment

The following statement should be prominently placed in every issue of *CMAJ* with an accompanying reference to a section of the *CMAJ* website devoted to explaining the governance structures of *CMAJ* designed to protect and promote editorial independence and accountability:

The CMA/CMAH/CMA Media recognizes *CMAJ* as an editorially independent peer-reviewed journal and accepts and respects the necessity of editorial independence of the Editor-in-Chief. The Editor-in-Chief assumes total responsibility for the editorial content in *CMAJ*.

Furthermore, a clear statement with respect to editorial independence (and limits, if any) should be included in the Editor-in-Chief’s job description and contract.

6. Editorial accountability

a. Definition

That editorial independence must be accompanied by editorial accountability has been recognized by many sources. The content of the concept of editorial accountability has been articulated as follows:

“Editors have traditionally enjoyed power without well-codified responsibilities. … The two professions most closely allied to medical journal editing, medicine and the press, have well-established systems for self-regulation. But self-regulation is a privilege not a right. It brings with it responsibilities to establish and enforce standards of good practice.”

“Tensions are bound to exist between journal editors and owners. I could argue that unless these exist the editor is not doing her job. But editors must be accountable and accept that there are limits to their freedom: a series of poor decisions or unethical behaviour would be reasons for removing an editor.” – Fiona Godlee, editor *BMJ*

“Indeed, such trust is an affirmation that editorial independence is the only way to ensure a journal’s credibility and integrity. But such freedom comes with responsibilities and accountability. Both are integral to journal governance.”
“Like everybody else, we are much more interested in other people’s accountability than we are in our own,” explains Richard Smith, former editor of the *British Medical Journal (BMJ)*, who helped to draft the new code of conduct for biomedical publishers [http://www.publicationethics.org.uk/guidelines/code]. Editors are perhaps some of the most unaccountable people in the world.”

b. Structures

Editorial accountability may be achieved through various governance structures. We believe the following to be a minimum requirement for *CMAJ*.

For *editorial* content:

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  CMA Board of Directors
  |
  v
  CMAJ Journal Oversight Committee
  |
  v
  CMAJ Editor-in-Chief
  |
  v
  CMAJ Editorial Board
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For **business and financial** matters:

1. **Canadian Medical Association**
2. **CMA Holdings Inc.**
3. **Practice Solutions Inc.**
4. **CMA Media Inc.**
5. **CMAJ Editor-in-Chief**

### Journal Oversight Committee

**Mandate**

1. develop criteria for the evaluation of the Editor-in-Chief on the basis of the mission statement and objectives
2. evaluate the Editor-in-Chief once a year with reference to the criteria mentioned above
3. act as an objective intermediary between the Editor-in-Chief and the CMA/CMAH for consideration of issues that arise between *CMAJ* and the CMA/CMAH
4. make recommendations to the CMA Board of Directors regarding the governance of *CMAJ* in order to ensure the editorial independence and accountability
5. make recommendations to the CMA Board of Directors regarding the search and the hiring of the Editor-in-Chief and make recommendations to the CMA Board of Directors regarding the dismissal of the Editor-in-Chief.

### Membership

- one senior CMA elected official
- six members all with editorial expertise and with at least one member with expertise relevant to each of the objectives (for example, academic and community-based physicians, other health care providers, experts in psychological/behavioural aspects of health, experts in environmental, economic, social, ethical, legal, political dimensions of health and health care).
• one member may bring expertise relevant to more than one objective
• the total membership should not be large and should be an odd number
• no member of the JOC may be a CMA/CMAH/CMA Media employee
• the JOC will elect its own Chair, who shall not be the CMA elected official

Terms of Reference

The JOC shall prepare an annual evaluation of the Editor-in-Chief, based on explicit written criteria developed by the JOC based on the mission statement and objectives and articulated in the Editor-in-Chief’s employment contract. The evaluation will be reported to CMA Board of Directors.

The JOC shall receive all concerns from the management of the CMA/CMAH/CMA Media regarding the meeting of the mission and objectives of CMAJ. The JOC shall seek input from CMA/CMAH/CMA Media (including the publisher), the Editor-in-Chief, and any other relevant parties. Written reports of these deliberations will be made to the CMA Board of Directors.

The Chair of the JOC shall attend part of the annual meeting of the CMAJ Editorial Board to inform the Editorial Board of the JOC’s deliberations in the previous year.

The JOC will be charged with reviewing and, if necessary, making additional recommendations to the CMA Board of Directors concerning governance and structural reforms necessary to ensure editorial independence at CMAJ. This function will be ongoing.

Terms

Members of the JOC will serve a staggered 3 year term, renewable once.

Selection

Members of the JOC will be selected by the CMA Board of Directors. At least 51% of the members of the JOC at any time will have been selected from lists of recommended persons submitted by the JOC, the Editorial Board, and the Editor. A majority vote of the CMA Board of Directors is required to appoint or dismiss a member of the JOC.
Editor-in-Chief

Responsibilities

Strong statements as to the responsibilities of the Editor-in-Chief can be found in previous reports concerning CMAJ as well as the literature. We endorse the following statements:

“We understand our primary role to be that of connecting authors to readers. We endeavour to select material that is relevant and important to medical practitioners and others in the health care field. We strive to achieve a balanced mix that is responsive to the diversity of interests of our print and electronic readers and that reflects the diversity of our contributors. The Journal holds a mirror up to Canadian medicine and medical research, as well as offering a window onto the international scene. Maintaining CMAJ’s standing as Canada’s national medical journal — one with a long and distinguished history — is itself an important responsibility. We also recognize that, in our increasingly competitive and interconnected world, the Journal’s reputation cannot be maintained by taking a parochial approach to content selection. To attract the best authors and to satisfy our readership, we must meet an international standard of excellence. At the same time, CMAJ has an important presence in our national media, where it is viewed as an authoritative source of information. Media coverage of articles published in CMAJ is continually increasing, as are mentions in Hansard. We are cognizant of this role and the responsibility this places on the editors.”

“The editor’s responsibility is to provide quality content congruent with the journal’s mission”

“The editor’s job is to provide leadership for the journal’s mission and to ensure that its purpose is actualized in its content.”

“Editors-in-chief and the owners of their journals both want the journals to succeed, but they have different roles. The primary responsibilities of the editors-in-chief are to inform and educate readers, with attention to the accuracy and importance of journal articles, and to protect and strengthen the integrity and quality of the journal and its processes. Owners are ultimately responsible for all aspects of publishing the journal, including its staff, budget, and business policies. The relationship between owners and editors-in-chief should be based on mutual respect and trust, and recognition of each other’s authority and responsibilities, because conflicts can damage the intellectual integrity and reputation of the journal and its financial success.”
“Editors are the stewards of journals. They usually take over their journal from the previous editors(s) and always want to hand over the journal in good shape. Most editors provide direction for the journal and build a strong management team. They must consider and balance the interests of many constituents, including readers, authors, staff, owners, editorial board members, advertisers and the media.”

Authority for selection and dismissal

Only the CMA Board of Directors has the authority to hire and dismiss the Editor-in-Chief. It is important to emphasize that the publisher (CMA Media) should play no role in the selection or dismissal of the Editor-in-Chief.

Process for selection

The membership of the search committee for a new Editor-in-Chief should include the Chair of the JOC and representatives of all relevant stakeholders (perhaps including, but not limited to, the public, academic and community-based physicians, other health professionals, CMA members, the outgoing Editor-in-Chief, the outgoing Editorial Board, and other NGOs with a prime and vested interest in health of the public). The search committee should be named by the CMA Board of Directors with membership drawn from names recommended by the CMA Board of Directors, the JOC, the outgoing Editor-in-Chief, and the outgoing Editorial Board. The search committee should make a recommendation to the CMA Board of Directors about who should be hired as Editor-in-Chief.

Process for dismissal

The CMA Board of Directors should only dismiss the Editor-in-Chief according to the following process. The CMA Board of Directors should not consider a proposal to dismiss the Editor-in-Chief for any reason without first referring it to the JOC for their consideration and recommendation. The recommendation of the JOC should be presented to the CMA Board of Directors by the JOC Chair prior to the vote by the CMA Board on a motion to dismiss the Editor-in-Chief. Dismissal of the Editor-in-Chief should be based upon CMA Board of Directors consideration of JOC recommendations. If the JOC recommends dismissal, then the Editor-in-Chief may be dismissed on the basis of a majority vote of the CMA Board. If the JOC recommends against dismissal, then the Editor-in-Chief may only be dismissed on the basis of a 2/3 majority vote of the CMA Board.

The Editor-in-Chief should be afforded all of the procedural protections available under relevant employment law and contract law including, but not limited to procedural fairness, due process, and natural justice. As noted by Lawrence et al, “[t]rust in scientific publishing requires balance between autonomy and accountability, with due process infused throughout.”
Reporting

The Editor-in-Chief should report to the President of CMA Media only for matters that pertain to business and financial operations.

The Editor-in-Chief should report to the JOC for matters that pertain to the content of the journal.

Contract

The Editor-in-Chief should have a written contract that contains a guarantee of editorial independence and includes clear statements on his or her roles and responsibilities.

Other Staff

The Managing Editor, Production Manager, and Electronic Publishing Manager should report only to the Editor-in-Chief regarding editorial content in CMAJ and CMAJ.ca.

Editorial Board

Membership

The Editorial Board should consist of eleven members with at least one member with expertise relevant to each of the objectives (for example, academic and community-based physicians, other health care providers, experts in environmental, economic, social, ethical, legal, and political dimensions of health and health care).

Selection

Members of the Editorial Board should be appointed by the Editor-in-Chief. The CMA should play no role in the nomination, selection, appointment, or removal of the members of the Editorial Board.

Terms

Members of the Editorial Board will serve a staggered 3-year term, renewable once.
Terms of Reference

To advise the Editor-in-Chief on the editorial content of the journal and provide assistance with such standard tasks as reviewing, writing, editorializing, advising, forecasting, and advocating for the journal and its standards.

To review advertisements (see earlier discussion on financial considerations and review of advertisements). Information on the reviews should be part of the Editor-in-Chief’s annual report back to the JOC.

Reporting

The Editorial Board should report to the Editor-in-Chief.

c. Standards

As mentioned above, standards for the assessment of the Editor-in-Chief should be developed by the JOC to map onto the CMAJ mission statement and objectives.

7. Conclusions

We are committed to both editorial independence and editorial accountability. While we recognize the complexities involved, we hope that new governance structures will be developed and implemented to ensure that what happened at CMAJ (and other highly regarded medical journals) is not repeated. We also hope that the reforms will be adopted that will enable CMAJ to fulfill its destiny as an outstanding internationally respected and widely read medical journal.

REFERENCES


APPENDIX 1

Key Questions that Need to be Addressed

Please note that these questions were drawn directly or indirectly from the literature (where direct, a reference is provided)

- “Editors hold stewardship over journals but some different body...has privileges of ownership. Nonetheless, many other parties (readers, authors, reviewers, clinical societies—and indeed the community at large) are all stakeholders with legitimate interests in the quality and relevance of the product (the journal itself). Several questions then arise regarding the respective roles and responsibilities of editors and owners, questions, that is, about the nature of journal governance. Is editorial freedom a *sine qua non* of a respectable medical journal?” ¹
- How are the mission statement and the stated objectives of a scholarly journal linked to editorial independence and autonomy? What does editorial independence mean, and what are its limits? To whom, for what and how should the editor be held accountable?
- J.G. Ray asks, “Can there be another boss [besides the editor] too?” ²
- “Once the *CMAJ*’s mission has been defined, who decides on its interpretation and the policies which structure and govern implementation? …How should *CMAJ*’s mission be established and maintained over time?” ³ Once *CMAJ*’s mission and lines of accountability are identified, how can the need for both editorial independence and accountability be balanced?
- “Whose prerogative is it to determine the scope and content of *CMAJ*?” ⁴ How does editorial independence “relate to the journal’s mission? Who defines the mission? What are the respective roles of the editor, the CMA and the publisher in defining the mission?” ³
- “Since *CMAJ* is a benefit of membership in the CMA, should members have a role in defining the journal’s mission? If so, how best can their views be realized given the wide spectrum of CMA members (i.e., urban, rural, remote, academic, community-based, researchers, clinicians, educators, administrators and patient advocates?)” ³
- What policies and governance structures must be in place to ensure editorial independence?
- How can editors be kept accountable while still maintaining independence from unwarranted interference?
- “…more fundamentally, and less often discussed, is the issue of whether and how journal owners should be accountable to editors and the wider constituency of the journal, that is, do owners have obligations as well as the rights that accompany property?” ¹
- What supports are required by editors to do their job well? What supports are expected from editors and to whom do they owe these supports? ²,⁵-¹⁰
• What is the difference between: a) an interested editor; b) an uninterested editor; and c) a disinterested editor? What policies are needed to ensure that editors are made accountable for remaining disinterested; and, what structures are needed to ensure that editors can remain disinterested, not uninterested?

• “Does editorial independence extend to editorial decisions and actions that are inconsistent with the journal’s mission?”

• “Should limits exist on editorial independence relating to editorial perspectives, agendas, biases and interests? Should requirements for peer review and declarations of conflicts of interest be made for all other editorial content in the journal?”

• “Should any oversight scrutiny be applied to editorial decisions about journal content, and if so, what and by whom?”

• “If disagreements occur, what adjudication process should be undertaken and by whom? More specifically, how are disputes between the editor, sponsoring organization and the publisher best resolved?”

• Who can rightfully hire and fire an editor? On what basis? Following what sorts of procedures?

• “To whom is the editor accountable? Is it appropriate to hold the editor most accountable to the readers, and if so, would this be to readers who are members of the CMA, to the general readership in Canada or to international readers? Alternatively, is it more appropriate to hold the editor accountable to the CMA or the public?”

• Whose responsibility and what is required for maintaining the reputation of the journal? What does it mean to maintain a journal with an international reputation? To whom is such a journal accountable?

• “What are the CMAJ owners and stakeholders? What are the CMA/CMAH, views about the independence of CMAJ’s editors in formulating day-to-day content of the journal?”

• “Is it inconsistent with editorial independence if a journal solely represents the views of its constituency—the organization and its members? Is editorial independence violated or altogether lost if a manuscript is rejected because it is considered politically unfit? And if this ever happens, will readers be able to accept with confidence that what is published represents the best knowledge available, served up without institutional bias?”

• What is unique about the governance structures of a journal that is published by a parenting society?

• What are the mandatory conditions that should be included in any sound contract for any journal editor?
REFERENCES


APPENDIX 2

Key Quotes

Please note that these are key quotes drawn from the literature relating to the topics covered in the submission (organized according to the headings as numbered in the submission)

3. Core values and guiding principles

- “Biomedical journals matter because biomedical science literally doesn’t exist without them.”\(^1\)
- “At the centre of both these dismissals [Journal of the American Medical Association (JAMA) and the New England Journal of Medicine (NEJM)] were conflicting perceptions of journal objectives, values, accountability and editorial independence.”\(^2\) – Martin B Van Der Weyden, Editor of The Medical Journal of Australia
- Each of the stakeholders “needs to know that the journal adheres to certain standards in its production: independence, integrity, and scientific credibility. Anything that may compromise these standards needs to be avoided or made explicit. ….Editorial independence is thus tightly bound to the journal’s reputation for trustworthy content.”\(^3\)
- “But any honest intellectual enterprise must proceed on the optimistic and disinterested premise that excellence is not only its own reward but is also the best guarantor of healthy circulation figures.”\(^4\)
- Science and the freedom of the press:
  - “Reporting of science is fundamentally different from other media enterprises. In science, discoveries and knowledge can hardly be said to exist until they are documented in reputable peer-reviewed journals. Thus, the scientific community and scientific publishing are intimately intertwined. ….Journal publication is part of the academic and scientific process, a vital constituent of collective scientific endeavour. Issues of independence and integrity are therefore paramount within the scientific publishing community, and attacks on them are a concern to all who value a solid, credible scientific base.”\(^3\)
  - “Years ago society accorded science the privilege of governing itself. If it finds that its trust continues to be betrayed, the politicians will step in by default.”\(^5\)
4. **Mission and objectives**

a. **Content**

- Dr. John Wootton, in an editorial of the Canadian Journal of Rural Medicine commented on the CMAJ controversy, saying that the mission of a medical journal is “to inform, to challenge dogma, to present the evidence, and to provide the basis for rational debate.”

- Martin Van Der Weyden, editor of *The Medical Journal of Australia* notes that: “Essential to the process of minimizing potential conflict between journal editors and owners is a clear definition of the journal’s mission. For example, the *Medical Journal of Australia*’s mission is: ‘to be the recognized forum for information and commentary on all aspects of health care in Australia, and in the process enhancing the community standing of Australian medicine and research and the Australian Medical Association.’ These objectives will be achieved by: ‘Publishing original peer-reviewed clinical research of the highest standards; providing a forum for high level, continuing, clinical education and for commentary and informed debate on standards of clinical practice, ethics, social, legal and other issues related to health care in Australia.’ Flowing from this expression of the Medical Journal of Australia’s purpose is the empowerment of an editor, or group of editors, to implement its mission and to be responsible for the cover-to-cover content of the Journal. This process requires a trust that editors will realize the stated ideals by making sound decisions underpinned by quality peer review and, at the same time, enjoy the freedom to publish controversial issues, even if these are at odds with the purpose, politics and practices of the body owning the Journal. Indeed, such trust is an affirmation that editorial independence is the only way to ensure a journal’s credibility and integrity. But such freedom comes with responsibilities and accountability. Both are integral to journal governance.”

- Fiona Godlee, editor of the *British Medical Journal (BMJ)* comments on the CMAJ affair, saying: “This is a sorry tale that shows how little the CMA (its officers and—since there is no sign of a concerted outcry from them—its members) understands what it means to be the custodian of an international academic medical journal. It’s a sad irony that, in protecting its interests so officiously, the CMA has seriously damaged one of its most important assets.”

- Drummond Rennie, former editor of *JAMA* states: “Like that of an individual scientist, the journal’s biggest asset is its reputation. …Editors, who come from the ranks of clinical researchers, are acutely aware of a fact that publishers might forget: only a small fraction of the effort necessary to produce a general medical journal is work done at the journal level by people who appear on the masthead. The vast majority of the work is done by the tens of thousands of investigator-authors in their
institutions…and the tens of thousands of reviewers around the world who are so vital to ensuring the journal’s quality.”

- Jerome Kassirer, emeritus editor-in-chief of the NEJM as part of the Ad hoc committee to the Editorial Board (CMAJ) notes that: “In fact, the ‘highest interests’ of the CMA and of CMAJ can and should coincide. These interests include the values of medical professionalism that the journal editors proposed in December 2005 for the mandate and terms of reference of CMAJ’s JOC [Journal Oversight Committee], and that are reflected in the Mission Statement approved by the JOC in November 2002.”

- Eleanor Sullivan, editor of the Journal of Professional Nursing (JPN) writes that: “The result [of all that which is required to produce a journal]—hopes the editor, the publisher, and, in our case, the association—is a publication that will add to the body of knowledge in the discipline; encourage and inspire teachers, practitioners, students, and scientists; and stimulate new ideas and creative solutions to emerging problems. A tall order.”

Mission

- In the published summary of the Editorial Governance Plan of the CMAJ (February 2006), Erlick and Cloutier report that: “At its recent meeting, members of the CMA Board of Directors expressed support for the CMAJ’s mission to uphold the ideals of the medical profession, to promote the health and well-being of the public and to support Canada’s practicing physicians. Members also reaffirmed their support for the CMAJ’s continued commitment to editorial independence and maintaining excellence in the science and art of medicine.”

- Catherine D. DeAngelis, JAMA editor writes: “I know that publication of scientifically sound, clinically relevant articles is essential to advance medical science, to foster academic progress, and to improve the health of patients around the world.”

- Erlick and Cloutier: … “we continue to support the CMAJ as it strives to remain an international-calibre publication with the highest standards. We believe that achieving such results can only come from a relationship — albeit one that is arm’s length — between a management team and an editorial team that builds on mutual trust and respect.”

- In speaking of the American Journal of Public Health, a consortium of editors declared that: “even though there is a common mission to the Journal (AJPH) and the Association—that is, to continue to strive to improve public health for everyone <http://www.apha.org/about/> -- nonetheless, we wish to underscore the very real need for a clear
separation between the Journal and the Association on editorial matters.”

- Lawrence Meskin, editor of the Journal of the American Dental Association states that: “JADA is dedicated and funded to serve the needs of the members of the American Dental Association. The Association’s dual mission—to serve the interests of both the public and the profession—challenges its editor to determine the proper balance between editorial integrity and professional responsibility. When you are not the editor, it may be easy, even comforting, to imagine that you would always make the right call and fight the good fight. But that assumes that you could invariably discern clear-cut distinctions between right and wrong, good and evil, black and white. In publishing, I submit, the predominant color is grey, and it comes in an ever-widening variety of shades.”

- John Hoey, former editor-in-chief of the CMAJ writes that: “[a]ny medical journal belongs, intellectually and morally, to its contributors, editors, editorial boards and readers — a sort of constituent assembly. It also belongs to the world: the dissemination of medical science is, or should be, ultimately a humanitarian project, and not merely the special preserve of professional associations.” “CMAJ, a national medical journal with small-country aspirations to world-class status, is trying to respond to its constituent assembly — which, at this point in the journal’s evolution, is consistent with but not identical to the constituents of the CMA. We cannot reasonably expect the objectives (strategic or otherwise) of the journal to be a mirror image of the strategic objectives of the association that supports it. The association and the journal are two different types of entity, although both serve the medical profession.”

Objectives

- William Linblad, editor-in-chief of the Journal of Wound Repair and Regeneration, argues that there are at least five functions to a medical journal which include: “disseminating the latest medical science information; providing a permanent repository of that information; marking the placement of a subjective level of quality; marketing; and, helping to maintain the accuracy and integrity of scientific literature. … Another important responsibility of a journal is to present an author’s work in the best light possible.”

- Thomas Babor, Regional Editor for the Americas, The University of Connecticut Health Center makes the claim that: “Because addiction journals operate at the critical communications interface between scientists and the public, we have a special responsibility to protect both the public interest and the integrity of science from the perils of scientific misconduct. … The fact that we have given as much attention to journalistic responsibilities as we have to the authors’ code of good conduct reflects an emerging consensus that scientific journals must
become more open and honest in their dealings with the people they serve.”

- Report to CMAJ Oversight Committee, November 26, 2002: <http://www.cmaj.ca/cgi/data/168/3/287/DC1/1>. Goals and objectives for the CMAJ: “Our central objective at CMAJ is to foster excellence in the science and art of medicine, to uphold the ideals of the medical profession and to promote the health and well-being of the public. In this spirit, we strive to meet the following specific objectives:

  1. “To provide accurate and up-to-date scientific and clinical information for physicians and others on the promotion of health and the treatment of disease.”
  2. “To help readers interpret the significance of scientific findings.”
  3. “To provide insight and analysis on the determinants of health, including the environmental, economic, social, ethical, legal and political dimensions of health and health care.”
  4. “To keep readers abreast of trends and events that affect health and the delivery of health care in Canada and abroad.”
  5. “To foster debate on current issues relevant to health and health care.”
  6. “To provide a window on health issues and humanitarian concerns around the world.”
  7. “To provide a creative outlet for physicians to reflect on their professional lives and on the physician–patient relationship. To sustain and strengthen the journal we also work toward the following strategic goals:
  8. “To improve the quality of scientific content by competing with other top general medical journals for high-quality research and other contributions.”
  9. “To maintain the journal in a sound fiscal state.”

- In a report of the special Ad hoc Committee of the Editorial Board of CMAJ, Jerome Kassirer states that: “The inaugural issue of CMAJ in 1911 announced the intent to provide ‘fresh information, free comment, and sound opinion,’ the goal being, among other things, to foster improvements in clinical practice.”

b. Process

Development, review and revisions

- Huw Davies, a management academic from Scotland, and Drummond Rennie, the deputy editor of JAMA make the claim that: “Good journals are not something easily prespecified and cannot be ordered into existence; they must be created and nurtured over time. The task requires craft, patience, and ingenuity, but this in turn creates a situation tailor-made for disputes over tactics.”

- In 1999, George Lundberg, editor of JAMA, and Jerome Kassirer, editor of the NEJM, were both fired. Writing in an editorial at the time, Richard
Smith, former editor of the *BMJ*, said: “The Massachusetts Medical Society and the American Medical Association are looking for new editors for their prestigious journals, and both need to build systems of governance that encourage trust. If they don’t, they’ll never find good editors—and their journals will fade.”  

- Richard Smith, former editor of the *BJM* judges that: “Some of the deepest thinking has come from Huw Davies …and Drummond Rennie. Davies and Drummond⁵ identify [several] features that can lead to ‘robust governance founded on trust.’ They include mutual accountability among owners and editors, a shared vision, explicit strategic objectives, a free flow of information for communication rather than judgment, and informal mechanisms for resolving disputes.” ⁶

5. **Editorial independence**

- Frank A. Frizelle, Editor, *New Zealand Medical Journal* comments on the profession of journalism saying that: “To do a good job, editors must be willing to lose their job and not expect the readers to care too much. …Perhaps A.J. Liebling (1904–1963) was correct when he said, ‘Freedom of the press is limited to those who own one.’ However, readers who choose not to care should consider Ralph Waldo Emerson’s (1803–1882) comment, ‘Democracy becomes a government of bullies tempered by editors.’” ⁷

a. **Definition**

- Richard Smith, *BMJ* editor asserts that: “Ultimately, I suggest, editorial independence is a space in editors’ heads, a complex function of their personality, courage, power, and the pressures they feel from owners, business people, and others.” ⁸
- D.M. Albert and colleagues note that: “It seems intuitive that the major ethical responsibilities of editors … are to assess and ensure the validity, objectivity, utility, and integrity of the material presented.” ⁹
- H.T. Davies and Drummond Rennie hold that: “it is with academic freedom that editorial freedom resonates most closely.” ¹⁰
- Jerome Kassirer and colleagues comment, saying: “Responsibility in both scientific and journalistic communication requires that one may honestly report research results or other information without fear of censoring or reprisal of any kind.” ¹¹
- In a survey article on “Ethical Issues Faced by Nursing Editors” Margaret Freda and Margaret H. Kearney (Associate editor, *Journal of Obstetric, Gynaecologic, and Neonatal Nursing*) observe that: “While most of the editors queried stated they had ‘total control’ over the content of their journal, there were 26 responses [(46%)] complaining that they had experienced problems with their society or publisher in this regard. This was the most commonly perceived ethical complaint from editors.” ¹²
another study, “An International Survey of Nurse Editor’s Roles and Practices”, Freda and Kearney observe that: “Nurse editors of association journals often reported struggling with the issue of editorial independence versus association control.”

- The second guideline for protecting the responsibility and authority of editors-in-chief and owners set forth by World Association of Medical Editors states that: ‘Editors-in-chief should have full authority over the editorial content of the journal, generally referred to as ‘editorial independence.’ Owners should not interfere in the evaluation, selection, or editing of individual articles, either directly or by creating an environment in which editorial decisions are strongly influenced.'

- Australian Physiotherapy Association National President, David Malone states that: “Broken down to its essential components, editorial independence is essentially the right of the editors to decide what is published, what is not published, when items are published, and what (if any) amendments are made prior to publication. …In the context of this discussion it is worthwhile considering the difference between editorial independence and managerial independence. Managerial independence is quite different from editorial independence.”

- The definition of “Editorial freedom” as taken from the International Committee of Medical Journal Ethics (ICMJE) website: “The ICMJE adopts the World Association of Medical Editors’ definition of editorial freedom. This definition states that editorial freedom or independence is the concept that editors-in-chief should have full authority over the editorial content of their journal. Journal owners should not interfere in the evaluation, selection or editing of individual articles either directly or by creating an environment that strongly influences decisions. Editors should base decisions on the validity of the work and its importance to the journal’s readers not on the commercial success of the journal. Editors should be free to express critical but responsible views about all aspects of medicine without fear of retribution, even if these views might conflict with the commercial goals of the publisher. Editors and editors’ organizations have the obligation to support the concept of editorial freedom and to draw major transgressions of such freedom to the attention of the international medical, academic, and lay communities.”

- Richard Smith, former editor of the BMJ notes that: “Everybody supports editorial independence in principle, although it sometimes feels to editors as if the deal is ‘you can have it so long as you don’t use it.’ Problems arise when editors publish material that offends powerful individuals or groups, but that’s exactly why editorial independence is needed. Journals should be on the side of the powerless not the powerful, the governed not the governors. If readers once hear that important, relevant, and well argued articles are being suppressed or that articles are being published simply to fulfill hidden political agendas, then the credibility of the publication collapses—and everybody loses.”
b. Reasonable limits on editorial independence

- Arnold Relman in his article, “Publishing Biomedical Research: Roles and Responsibilities” notes that: “The editor and his staff must have the independence and authority to make individual editorial decisions, but the general policies under which they operate must be known and should have broad support—not only from those ultimately responsible for the journal, but from contributors, reviewers, and readers.”

- John Hoey, former editor of the CMAJ writes: “Editorial freedom or independence is not unconstrained: editors are accountable for what they do. Medical journal editors must answer, in different but interlocking ways, to their publishers, readers and contributors — and also to more abstract overseers: the medical profession, science and society. Like anyone else whose job involves public communication and the dissemination of information, editors work within social, legal and ethical frameworks that circumscribe their freedom. There are specific codes of practice for editors, such as the guidelines espoused by the International Committee of Medical Journal Editors and the World Association of Medical Editors. When editors violate these boundaries they may justifiably be sanctioned. …”

- Huw Davies and Drummond Rennie assert that: “Freedom of the press is a cherished aspect of democracy… This right to voice should be differentiated from editorial freedom, which is the distinct right of the editor to publish any material that passes defined criteria for quality and that fits within the mission of the publication, without suffering undue interference from others. “In particular, when editorial freedom exists, media ownership should afford no special editorial influence. Indeed, it is not an unreasonable expectation that, when contentious copy is attacked from the outside, owners will back their editor’s right to publish even if they disagree with the content.”

- Jerome Kassirer in his article, “Why Be a Medical Editor?” notes that: “Because medical editors bear some of the responsibility for the reliability of published research and, in turn, for the care of patients, the health of the public, allocation of resources, and standards of medical ethics and professional behaviour, editors must be trustworthy. …To preserve this trust, an editor must avoid giving favours, must not be beholden to any special-interest group, and must be willing to publish articles on controversial subjects, even if they involve the organization that owns and publishes the journal.”
c. Unreasonable limits on editorial independence

- Huw Davies and Drummond Rennie hold that: “Editorial independence is not a right to unfettered action. Editors must behave responsibly and should be accountable. Thus, the right to edit is balanced against a number of constraints on what constitutes acceptable editorial discretion. Some of these constraints are defined by convention: they relate to the values and norms of the stakeholders, most especially their expectations about independence and scientific probity. A further set of constraints arises directly from the journals’ owners’ own legitimate interests: what sort of journal do they envisage and what role should it serve? This vision should be encapsulated by the journal’s mission statement.”

- In a commentary article on “Editorial Autonomy of the CMAJ”, Kassirer and colleagues state that: “We categorically reject the view that the content of the news section can be subject to review by the CMA or the JOC and at the same time the rest of the journal could be considered fully independent. Independence must include all sections of the CMAJ. In our view, any attempt by the CMA to impose its influence on the editors would be catastrophic for the CMAJ’s reputation as well as damaging to the reputation of the CMA. … Lastly, the occasional direct confrontation between CMA and CMAH officials and members of the CMAJ staff are extremely damaging, not only to the morale of the editors, but to the editors’ willingness to publish controversial items. The CMA and CMAH must vigorously discourage this kind of action.”

- Recommendation #1 of the Ad-hoc Committee of the Editorial Board of CMAJ states that: “…if CMA/CMAH wishes to exert control over any of the journal’s content, readers and contributors need to know about it. They need to know under what conditions the information provided in CMAJ’s peer-reviewed and nonpeer-reviewed pages is produced.”

- Fiona Godlee, editor of the British Medical Journal (BMJ), said in a recent editorial: “Tensions are bound to exist between journal editors and owners. I could argue that unless these exist the editor is not doing her job. But editors must be accountable and accept that there are limits to their freedom: a series of poor decisions or unethical behaviour would be reasons for removing an editor. Neither of these charges is laid at John Hoey’s door. He is widely credited with taking the journal to new heights, with gains in its impact factor, readership, and international profile. However, a journal’s credibility cannot survive interference from its owner. During the previous seven years, three of the ten editors of the ICMJE group have been fired over similar issues.”

d. Financial Considerations

- Jerome Kassirer and colleagues hold that: “As long as editors hold their positions, however, they must be free to make editorial decisions independently of the ideological, strategic or commercial interests of the publisher.”

- John Hoey notes that: “It is easy for marketing and its sometime accomplice, greed, to slip under an editor’s door. The spectre of economics is always standing at an editor’s shoulder anyway. All medical journals must be profitable — or at least break even—if they are to last. Editors know this and work with their publishers to ensure the financial survival of their publications. When publishing is driven by the bottom line, however, intellectual value becomes a mere epiphenomenon of a marketable product. … But the interests of advertisers and the interests of readers are not the same. Any worthy publisher protects editors in their struggle to serve the needs of readers—and the public—first. The principle that safeguards the editorial independence of a medical journal is also the one that should prevent the abuse of that journal’s reputation. This is the notion of intellectual custodianship.”

- Jim Giles in an article entitled, “Journals Lack Explicit Policies for Separating Eds from Ads” states: “To provide editors with support if they feel under pressure, COPE [Committee on Publication Ethics] members suggest that journals produce policies that cover relationships with advertisers, sponsors and firms involved in any other revenue streams. The policies would stress that issues such as reprint sales should not influence the peer-review process and that adverts should be checked for accuracy.”

- ICMJE: “Public trust in the peer review process and the credibility of published articles depend in part, on how well conflict of interest is handled during writing, peer review, and editorial decision-making. Conflict of interest exists when an author (or the author’s institution), reviewer, or editor has financial or personal relationships with other persons or organizations that inappropriately influence (bias) his or her actions.”

- Position statement of the World Association of Medical Editors on editorial freedom: “Editorial decisions should be based mainly on the validity of the work and its importance to readers, not the commercial success of the journal. Editors should be free to express critical but responsible views about all aspects of medicine without fear of retribution, even if these views might conflict with the commercial goals of the publisher.”

- ICMJE: “Editors may use information disclosed in conflict of interest and financial interest statements as a basis for editorial decisions. Editors should publish this information if they believe it will be important to readers in judging the manuscript.”
• ICMJE: “Editors who make final decisions about manuscripts must have no personal, professional, or financial involvement in any of the issues they might judge.”

• ICMJE: “Editors should publish regular disclosure statements about potential conflicts of interests related to the commitments of journal staff.”

• Jerome Kassirer asserts that: “Complete separation of editorial decisions from financial issues, therefore, is essential to ensuring the editor’s independence.”

e. News

• In a report of the special Ad hoc Committee of the Editorial Board of CMAJ, Jerome Kassirer states that: “The Committee believes that investigative reporting is consistent with the aims and traditions of medical journals. The Lancet is one of the world’s leading medical journals and was founded by the reformist Thomas Wakley in 1823 as a vehicle to expose nepotism and other moral deficiencies within medicine and medical education. The inaugural issue of CMAJ in 1911 announced the intent to provide ‘fresh information, free comment, and sound opinion,’ the goal being, among other things, to foster improvements in clinical practice.” Kassirer adds: “The ability to publish controversial or unpopular opinion is an important measure of the maturity of a journal and of its sponsoring association within the framework of a democratic society.”

• Report to CMAJ Oversight Committee, November 26, 2002. Article 1.5 Roles and Responsibilities 1.5.1 Editors: “CMAJ has an important presence in our national media, where it is viewed as an authoritative source of information. Media coverage of articles published in CMAJ is continually increasing, as are mentions in Hansard. We are cognizant of this role and the responsibility this places on the editors.”

• In a commentary article on “Editorial Autonomy of the CMAJ,” Kassirer and colleagues state that: “We categorically reject the view that the content of the news section can be subject to review by the CMA or the JOC and at the same time the rest of the journal could be considered fully independent. Independence must include all sections of the CMAJ.”

• In response to the CMAJ firings, the ICMJE posted a declaration on their website stating that: “If a journal is to serve as an independent scientific voice, the editor must be free to publish anything that addresses contemporary problems in medicine.”

f. Commitment

• In an editorial on the CMAJ affair, Fiona Godlee, editor at the BMJ comments, saying: “A report on editorial autonomy commissioned by Hoey at the end of last year will come too late to prevent serious damage to the journal’s reputation. It will say that the CMA must commit to establishing
proper mechanisms to protect the journal from political or commercial interference and must make a public statement supporting editorial independence (as the BMA [British Medical Association] has). Unless and until the CMA takes at least these steps, there is a consensus among the editors and academics I have spoken to that no one worth their salt would or should countenance taking Hoey’s place.”

• Recommendation #2 of the Ad hoc Committee of the Editorial Board: “We strongly recommend that specific policies on editorial independence be formulated and approved.”

• Richard Smith concludes his editorial “The Firing of Brother George [Kassirer]”, saying that: “Editors do upset their associations, as the leaders of the BMA and the Massachusetts Medical Society (owners of the New England Journal of Medicine) will testify. Unsettling the establishment, one of my predecessors [H. Clegg] argued is an editor’s duty. The challenge to the association [American Medical Association (AMA)] leadership is to put the long term development of the journal [JAMA], which can come only with editorial independence, before short term political irritation. The AMA leadership has failed that challenge.”

• Richard Smith also asserts that: “Journals should be on the side of the powerless not the powerful, the governed not the governors. If readers once hear that important, relevant, and well argued articles are being suppressed or that articles are being published simply to fulfill hidden agendas, then the credibility of the publication collapses—and everybody loses.”

• John Hoey notes that: “In a prescient editorial written a month before he was sacked, and echoing, perhaps, our [CMAJ] own thoughts, Kassirer wrote: ‘When a membership society’s journal gains international respect, … the journal in some sense transcends its local ownership and becomes the property of the worldwide professional community and the public. In such instances, the journal’s owners have a formidable public responsibility as stewards.'”

• Several significant studies of medical editors report that editor preparation and training are often insufficient: As Jerome Kassirer comments: “Thousands of medical journals exist, and new ones are published each year. Curiously, despite a vast ‘market’ for medical editors, the field has no career track, no training programs, no faculty, no schools, and no classes. Few medical students set out to become medical editors.”

6. Editorial accountability

a. Definition

• “Like everybody else, we are much more interested in other people’s accountability than we are in our own,” explains Richard Smith, editor of the British Medical Journal (BMJ), who helped to draft the new code of conduct for biomedical publishers
Editors are perhaps some of the most unaccountable people in the world.51

Fiona Godlee, editor and head of BMJ Knowledge, notes in her article on “Dealing with Editorial Misconduct” that: “Editors have traditionally enjoyed power without well-codified responsibilities. ... The two professions most closely allied to medical journal editing, medicine and the press, have well-established systems for self-regulation. But self-regulation is a privilege not a right. It brings with it responsibilities to establish and enforce standards of good practice.”52 “Tensions are bound to exist between journal editors and owners. I could argue that unless these exist the editor is not doing her job. But editors must be accountable and accept that there are limits to their freedom: a series of poor decisions or unethical behaviour would be reasons for removing an editor.”7

b. Structures

Journal Oversight Committee

The following are summary statements on recommended structures for the CMAJ:

• “New Committee to oversee relationship between CMA, CMAJ <http://www.CMAJ.ca/cgi/content/full/168/3/332>53

Mandate

In the March 2006 commentary on “The Editorial Governance Plan of CMAJ”, Lawrence Erlick and Louise Cloutier note that: “The JOC also reaffirms its commitment to ensure the CMAJ remains editorially independent and free to serve and represent its readers. .... We believe that achieving such results can only come from a relationship — albeit one that is arm’s length— between a management team and an editorial team that builds on mutual trust and respect.”11

Patrick Sullivan in reporting on the “New Committee to Oversee the Relationship between CMA, CMAJ” describes the duties of the CMAJ Journal Oversight Committee as follows: “The five-member committee, which includes a member of the CMA Board of Directors and four physicians representing the editorial, peer review and medical communities, will have four 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; 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. The JOC of the CMAJ is expected to provide two 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.\textsuperscript{53}

- “The JOC will also serve as an objective forum for reviewing the work of the editor and content of the journal.” (Canadian Medical Association. Terms of reference of the CMAJ Oversight Committee. Board of Directors meeting 2002 September 29-30. Appendix A to BD 03-13.)\textsuperscript{16,54} John Hoey writes: “From our vantage point, the responsibilities of the committee are bivalent. On the one hand, the committee’s mandate of “enhanc[ing] the quality of CMAJ as a credible, editorially independent, peer review[ed] medical journal\textsuperscript{54} includes protecting the journal from undue influence by its publisher and owner. At the same time, reporting to the CMA, it will perform a monitoring and evaluative function to ensure the professional accountability of the journal’s editors to the journal’s owners. These two objectives are not incompatible—provided that the journal’s wider accountabilities are also kept in view.”\textsuperscript{16}

- Kassirer and colleagues note that: “A critical function of an oversight committee should be to protect the editor from undue inside or outside influence. To do so requires that the JOC respond swiftly to any urgent concern expressed by any party.”\textsuperscript{49}

- JAMA’s Governance Plan, #3 calls for the following: “The JOC will be charged with reviewing and, if necessary, making additional recommendations to the AMA EVP and Board concerning governance and structural reforms necessary to ensure the AMA Journals’ editorial independence. For this purpose, the Editor-in-Chief and VP for Publishing will serve as advisors to the committee. This function will be ongoing.”\textsuperscript{55}

**Membership**

- In speaking of proposed changes to the structuring of the BMJ, editor Richard Smith writes that: “editorial freedom—like clinical freedom—cannot be total. … [The oversight] committee—and the committee that appoints the editor—should, I believe, include people from outside Britain. The BMJ is increasingly an international journal, and most contributors and readers are from outside Britain. The BMA is the legal owner of the journal but also a steward of the journal on behalf of a wider health community.”\textsuperscript{29} “The reality is that any system—be it a hospital or a publishing group—that makes one set of players think about quality and another about cost will experience unresolvable conflict. A better system is to oblige all players to think about quality and cost, and that is the system in the BMJ Publishing Group, where the editor of the BMJ is also the chief executive of the publishing group.”\textsuperscript{27} “Much of the editorial independence has flowed from the editor also being the chief executive of the BMJ Publishing Group and on the same level as the secretary of the association. This is unusual, and the BMA has decided that the positions
of editor and chief executive will be split and that the chief executive of the BMJ Publishing Group will report to the group chief executive (formerly the secretary) of the BMA. Where exactly the new editor will fit in the new firmament is not yet clear, but there is provisional agreement that new structures and processes will be needed to safeguard editorial independence.”

**Editor-in-Chief**

**Responsibilities**

- Report to *CMAJ* Oversight Committee, November 26, 2002. Article 1.5 Roles and Responsibilities 1.5.1 Editors reads as follows: “We understand our primary role to be that of connecting authors to readers. We endeavour to select material that is relevant and important to medical practitioners and others in the health care field. We strive to achieve a balanced mix that is responsive to the diversity of interests of our print and electronic readers and that reflects the diversity of our contributors. The Journal holds a mirror up to Canadian medicine and medical research, as well as offering a window onto the international scene. Maintaining *CMAJ*'s standing as Canada’s national medical journal — one with a long and distinguished history — is itself an important responsibility. We also recognize that, in our increasingly competitive and interconnected world, the Journal’s reputation cannot be maintained by taking a parochial approach to content selection. To attract the best authors and to satisfy our readership, we must meet an international standard of excellence.”

- The COPE Report (1999), “Duties of Editors”: “Editors are the stewards of journals. They usually take over their journal from the previous editors(s) and always want to hand over the journal in good shape. Most editors provide direction for the journal and build a strong management team. They must consider and balance the interests of many constituents, including readers, authors, staff, owners, editorial board members, advertisers and the media.”

- M.C. Freda and M. Kearney: “Editors see themselves as gatekeepers of knowledge and dissemination.”

- Eleanor J. Sullivan, Editor of the *JPN* comments, saying that: “The editor’s responsibility is to provide quality content congruent with the journal’s mission. The editor’s job is to provide leadership for the journal’s mission and to ensure that its purpose is actualized in its content.”

- Taken from the (often omitted) preamble to the definition of “editorial freedom” as endorsed by the World Association of Medical Editors (WAME) and posted on its Web site on June 19, 2000: “Editors-in-chief and the owners of their journals both want the journals to succeed, but they have different roles. The primary responsibilities of the editors-in-chief are to inform and educate readers, with attention to the accuracy and
importance of journal articles, and to protect and strengthen the integrity and quality of the journal and its processes. Owners are ultimately responsible for all aspects of publishing the journal, including its staff, budget, and business policies. The relationship between owners and editors-in-chief should be based on mutual respect and trust, and recognition of each other’s authority and responsibilities, because conflicts can damage the intellectual integrity and reputation of the journal and its financial success.\textsuperscript{33}

- In a commentary on “Editorial Autonomy of CMAJ”, Jerome Kassirer and colleagues note that: “The editor’s conduct should be judged against the ideals of the medical profession and against standards of accuracy, precision and fairness. Editorial decisions should not be judged against the particular aims of the CMA. Guidelines on the nature of editorial independence by the respected World Association of Medical Editors and the International Committee of Medical Journal Editors are well established\textsuperscript{9}

- “The Role of the Editor” as taken from the ICMJE website: “The editor of a journal is the person responsible for its entire content. Owners and editors of medical journals have a common endeavour—the publication of a reliable and readable journal, produced with due respect for the stated aims of the journal and for costs. The functions of owners and editors, however, are different. Owners have the right to appoint and dismiss editors and to make important business decisions in which editors should be involved to the fullest extent possible. Editors must have full authority for determining the editorial content of the journal. This concept of editorial freedom should be resolutely defended by editors even to the extent of their placing their positions at stake.”\textsuperscript{35}

\textbf{Authority for selection and dismissal}

- As taken from the ICMJE website: “Owners have the right to appoint and dismiss editors and to make important business decisions in which editors should be involved to the fullest extent possible.”\textsuperscript{35}

\textbf{Processes for selection and dismissal}

- For a discussion of how to hold editors accountable to the review process and abuses of their power, see \texttt{<http://qjmed.oxfordjournals.org/cgi/content/full/95/12/769>}.\textsuperscript{50} The discussion includes processes for resolving disputes, such as an external appeals mechanism; international codes of conduct; separate ombudsperson to handle complaints like at the Lancet.\textsuperscript{50} J.G. Ray also advocates for “[f]ormal editorial training\textsuperscript{39}, and a demonstration of previous competence in research should be prerequisites of the appointment of a senior journal editor.”\textsuperscript{50}
• Solomon Benatar notes that: “There should be a mechanism for reviewing questionable editorial practices and for holding editors publicly accountable for their actions, without opening the flood gates for frivolous complaints. Editors should set ethical standards at least as high as they expect from authors. An authors’ ombudsman (as recently appointed by the *Lancet*) could facilitate the evaluation of charges against editors and allow editorial discretion to be balanced by accountability.”

• In her article “Pitfalls of Editorial Miscommunication”, Karen Shashok writes: … “there is no single model of peer review or editing that is appropriate for all journals. However, each editorial office should have written procedures for peer review and copyediting that are available to all editors, including guest editors. Dissemination of detailed information about editorial processes may help prevent possible errors from having serious consequences.”

• Harry L. Greene II, MD, executive vice president of the Massachusetts Medical Society, and publisher of the *NEJM*: “‘Sometimes both people [meaning, publisher and editor], acting in good conscience, are going to run into difficulties—and when that happens, the publisher holds the trump card. You would not like to have that card played, but sometimes you have no choice.’”

• For a plea for due process and the contrasting case of the firing of George Lundberg (*JAMA* editor), see Lawrence and Mootz (1999).

• In commenting on the CMJE affair, the ICMJE wrote that: “Removing editors for unclear reasons provides *ipso facto* evidence of publisher interference. Members of the ICMJE protest this action and believe that it violates the principles of editorial independence expressed in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals. By taking this action, the CMA has damaged its most priceless asset, the reputation of its world-renowned journal, and diminished itself in the eyes of the world. To safeguard the journal’s reputation as an independent scientific voice, the ICMJE urges the CMA to assert the journal’s freedom to express an independent opinion and to put in place systems to protect the journal against interference.”

• Taken from Editorial Governance Plan for *JAMA*: “Any proposal to dismiss the Editor-in-Chief for any reason shall be brought before the JOC for evaluation and a formal vote. The recommendations and views of the JOC shall be presented for the AMA Board along with the recommendation and views of the EVP. A supermajority (2/3) vote of the AMA Board would be required for dismissal of the Editor-in-Chief.”
Freda and Kearner conclude their article “An International Survey of Nurse Editors’ Roles and Practices” saying: “In light of the long learning curve for editors and the importance of mentorship found in this study, associations and publishers should engage in discussions about editor succession planning.”

### Reporting

In their commentary on “Editorial Autonomy of CMAJ”, Kassirer and colleagues note that: “During the editorship of Dr. John Hoey, CMA/CMAH executives have proposed various remedies to recurring tensions. Editors have been asked to give advance warnings about potentially controversial material. The editors have for the most part complied with this request. Editors have told the Committee that they have been asked to consult with CMA on the selection of commentators, and to allow the publisher to read editorials in advance of publication. The editors have not complied with these requests, but have made it clear that the CMA is welcome to submit countervailing letters and articles to the journal in response to published articles.”

### Contract

William Parmley, editor of the American College of Cardiology, writing about the dismissal of JAMA’s former editor Dr. George Lundberg, notes that: “In light of this incident, I reviewed my own written agreement with the ACC dated March 13, 1992. Included in the agreement is the following: ‘The Editor-in-Chief shall have responsibility for all material that appears in the Journal, including reviews, advertising, letters and editorials, in addition to the regular scientific material. Final authority for the content of the Journal will be the responsibility of the Editor-in-Chief.’"
The only way that a scientific journal can remain unbiased is to have editorial independence from its parent organization. I am grateful to the ACC for allowing me that freedom...

• Taken from the ICMJE website: “Editors of medical journals should have a contract that clearly states the editor’s rights and duties in addition to the general terms of the appointment and that defines mechanisms for resolving conflict.”

• In their observations of an “International Survey of Nurse Editors’ Roles and Practices”, Margaret Freda and Margaret Kearney note that: …“editorial control is very important but requires regular discussions.” …In a response to a survey of ethical issues faced by nursing editors, the editors suggested that it was essential to work in close partnership with societies or associations who own journals to avoid conflicts over editorial control. They said that the issue of who controls content in journals should be in a contract, and that the best way of controlling content is to be sure that some portion of the journal be allotted to the society for its own purposes, with the understanding that this portion is the only one they will control. They offered these solutions as ones that had worked for them to reduce ethical issues with editorial control.

• Recommendation #1 of the Ad hoc Committee of the Editorial Board: If the decision of the CMA favours rigorous editorial independence, “specific criteria should be included in the editor’s job description and contract.”

Other staff

• Eleanor Sullivan, editor of the JPN notes that: “Every editor brings a background of experiences and ideas..., and biases. The task is to take advantage of the experience and avoid tainting decisions with personal proclivities. An editorial board, assistant or associate editors, and reviewers can provide the necessary balance of opinion so vital to an even-handed presentation of content. The danger, however, is that this homogeneous group of professionals also may be similarly biased, albeit unaware.”

Editorial Board

• As taken from the ICMJE website: “To secure this freedom—[editorial autonomy]—in practice, the editor should have direct access to the highest level of ownership, not only to a delegated manager. …An independent editorial advisory board may be useful in helping the editor establish and maintain editorial policy.”

• Position statement of the World Association of Medical Editors on editorial freedom <www.wame.org/wamestmt.htm>: “Editorial decisions should be based mainly on the validity of the work and its importance to readers, not the commercial success of the journal. Editors should be free to express critical but responsible views about all aspects of medicine without fear of
retribution, even if these views might conflict with the commercial goals of the publisher. To maintain this position, editors should seek input from a broad array of advisors, such as reviewers, editorial staff, an editorial board, and readers.”

c. Standards

- In “An International Survey of Nurse Editors’ Roles and Practices”, M.C. Freda and M. Kearney call for more formalized job performance criteria for medical journal editors, saying: “The role of the publisher in the education of editors should also be examined; perhaps publishing companies should institute formal education for new editors and evaluate the outcomes, including length of learning curve, comfort with position, and ability to solve difficult dilemmas. Many editors reported learning their role through mentorship. A next step would be research about the effect of a formal program of mentorship on the learning curves for new editors.”

7. Conclusions

- “Journal reputations are hard won but easily lost. Rebuilding a reputation, …now needed once again in the wake of his [George Lundberg’s] departure, is a slow and uncertain process. The foundation of credibility is editorial independence, tied to explicit standards and values, backed by robust governance mechanisms. ….Crucially, effective governance also requires the establishment and maintenance of high levels of trust—something highly dependent on personalities and interpersonal skills, but also fostered by appropriate governance mechanisms.”
- “But the real outcome of this flurry—[referring to all the editorials which came out of the JAMA and NEJM affairs]—of protest was that it promoted a review of the relationship between editors and journal owners and attendant rights, responsibilities and accountability.” “Now, some three years later, there is a framework in place detailing the nature of the relationship between journal editors and owners and the principles informing editorial independence and journal governance. But more important, perhaps, is the understanding that mutual trust and unambiguous channels of communication are crucial to the quality and effective running of any peer-reviewed journal.”
- Eleanor Sullivan in her article “A Public Trust” characterizes the task of an editor as defined by partnerships, saying: “The editor’s primary partnership is with the readers; they are our raison d’être. Readers determine a journal’s success or failure. Their preferences are felt by direct responses, and their acceptance is communicated by continuing, increasing, or decreasing subscriptions. To produce a journal, the editor partners with authors and reviewers. Submissions are to an editor as students are to a school—one cannot exist without the other. …Aware of the importance that
their work holds for authors, the editor must be sensitive and responsive while making objective decisions. Promotion and tenure may rest on the result. …The editor also is a partner with the publisher and often, as in this case, with an association. The editor must maintain a positive relationship with both entities while at the same time ensuring that editorial integrity is preserved. This is a delicate balance that requires a common understanding of the journal’s mission and mutual trust. Readers and authors alike, while recognizing the obligation a journal has to its parent companies, count on the editor’s objectivity and fairness without regard to specific interests. …One final partnership remains. That is the partnership with past editors and with those who envisioned the journal. …Editorial responsibility is a public trust; I hold it reverently, humbly, and gladly.”

- Huw Davies and Drummond Rennie write in their article, “Independence, Governance, and Trust”: “Asymmetry can exist between owners and editors. “Such asymmetries lead owners to fear that their interests will be overlooked and sow disquiet over a loss of strategic control. … The key to resolving these conflicts and asymmetries lies in the notion of trust. The need for trust arises when two parties are in a situation of interdependence (they have some joint venture), but this joint venture is accompanied by both uncertainty and risk of loss. Trust exists when each party holds certain expectations of the other: expectations of competence, predictability and fairness. While each party maintains these expectations they may proceed in joint endeavour without undue concern; once these expectations are dashed then the aggrieved party may seek new (and possibly costly) mechanisms of accountability, reassurance, or control. A trusting relationship brings with it, then, many advantages, but it is slow to develop and is easily damaged.//Thus, good journal governance should seek to preserve editorial freedom on the one hand while still allowing owners strategic control. It should ensure clear lines of accountability—in both directions—between editors and owners, and editors and the other journal stakeholders. Central to each of these relationships is the issue of trust. Trust is the glue that binds parties together, and the lubricant that enables smooth and efficient production of a complex product. A number of features can contribute to robust governance mechanisms founded on trust:

  - “Mutual recognition on the part of owners and editors that each is accountable to the other for the common good of the journal.”
  - “A clearly defined and shared vision for the enterprise. This can be used to define the legitimacy of disputes as well as to assist in their resolution.”
  - “Explicit strategic objectives both measurable (relating, for example, to manuscript processing or journal impact factor) and subjective (such as the encouragement of open debate).”
  - “Leaving unstated (i.e., within editorial control) the tactics required to meet these strategic objectives.”
“Setting in place structures that buffer editors from day-to-day interference from owners, so that editors can focus clearly on the shared strategic objectives and not be distracted by short-term concerns.”

“Fostering a free and frequent flow of information, for communication rather than for judgment. The aim is for the various parties (especially owners and editors) to develop a deep and shared understanding of their collective endeavour. Trust emerges from such sharing and repeated personal interactions.”

“Ensuring as far as possible that all disputes are resolved informally through communication and persuasion because formal disputes inevitably undermine the essential relationship of trust. Nonetheless, there need to be in place clear formal mechanisms for resolving residual disputes when informal exchanges fail. These mechanisms should identify clear points of reference (such as the shared vision and strategic objectives), involve argument and evidence, and be considered rather than precipitate in nature.”

“Avoidance of trust-damaging behaviours such as unwarranted interference, excessive criticism (especially in public arenas without right of reply), coercive or threatening behaviour, dishonesty or disingenuity, wilfulness or recklessness.”

“Painstaking selection of the right candidate for editor in the recognition that editorial appointments represent a long-term commitment on both sides, which requires the right raw materials at baseline.”

Lawrence and Mootz write: “Trust from the readership and the greater clinical and scientific communities should be the cause célèbre of both editors and owners. The independence of the scientific journal editor from the special interests of the ownership is a key component to ensuring that trust, as is the ability of the editor to remain independent of his or her bias and personal agenda in reaching publication decisions. Over time, an editor earns the trust of the readership by treating authors fairly, using the skills and expertise of the editorial advisory board to ensure a level of quality in what is published, and exercising integrity in letting the chips fall where they may, even when they do not align with an important constituent’s preference. Trust in scientific publishing requires balance between autonomy and accountability, with due process infused throughout.”


REFERENCES


APPENDIX 3

Bibliography on Issues of Governance and Editorial Independence


