CMAJ no longer just a Canadian journal, *eCMAJ* survey indicates

Last fall we nailed an electronic survey to the front door of the *eCMAJ* Web site and asked passers-by to provide demographic information and details on how they use the online version of *CMAJ*. In all, 1149 people from almost every part of the world took the time to respond, more than double the number who responded to the 1999 survey.

This response rate is in keeping with increasing use of the site, which now conducts about 45 000 user sessions per month. Respondents to the year 2000 survey cut across a range of ages, nationalities and professional interests. Just over one-third (35%) were less than 35 years old and roughly half (53%) were between 35 and 54 years old. An increase in the proportion of female respondents (47% in 2000, compared with 43% in 1999) follows an overall trend in Internet usage.

Almost 40% of respondents identified themselves as physicians or physicians-in-training, and an additional 18% were in another health care occupation. Some of our visitors defied categorization. One is a "poet/medical transcriber/health care activist," and we also had visits from an "international civil servant" and a "research technician on mites and ticks."

Just over half of the people (54%) completing the survey were Canadians and 13% were Americans. The next most common place of origin was the United Kingdom (3.5%), followed by Italy (2.5%), Spain (2.1%), Australia (2.1%) and Germany (2.0%).

And what were these people looking at? Among repeat visitors, the most popular sections of *eCMAJ* were the table of contents (69%) and the scientific articles (62%). Visitors were also given a list of attributes unique to the print and electronic versions of the journal — for example, the electronic journal has daily updates on health news — and asked which ones, if any, they valued. The most popular attribute for repeat visitors was the ability to search back issues (80%). Among respondents with access to the paper version of the journal, the favourite attribute is its portability — the I-can-read-it-in-the-bathtub factor. Portability might not be unique to the paper journal for long, however: 38% of respondents indicated their support for an *eCMAJ* format compatible with handheld computers.

Journal editors and publishers are wrestling with questions of accessibility and revenue for online journals, and *CMAJ* is no exception. Respondents who are not CMA members were asked how they felt about user fees. They were more willing to pay to print portable document format (PDF) copies of articles if they could read the full text for free online (33% agreed or strongly agreed) than to pay to view the full text if only the abstracts were free online (27% agreed or strongly agreed). Only 18% were willing to pay a modest fee for online access to *eCMAJ*.

Our questions about access elicited pleas to keep the Web site free of charge. One came from a specialist in Yugoslavia, who commented that he is paid only $50 per month. An Argentinean specialist added that "people living in developing countries need some good journals for free." The 162 respondents (14%) who were CMA members appear to support the interests of nonmembers in this regard: 61% agreed or strongly agreed that online access should remain available without charge to nonmembers, whereas only 14% disagreed or strongly disagreed.

The online survey gave readers a chance to air their views and opinions about the journal. And air them they did. "Not a very good publication, unfortunately," snorted one Ontario physician. "It's out of touch with the realities of practising medicine in Canada."

"*eCMAJ* is useful in determining the speed of filing the paper edition in the round file," added another critic, a Canadian GP.

However, most of the comments were positive. An academic researcher from Australia liked "the inclusion of more philosophical material in the journal" and another reader wrote that the journal is "much improved since the acceptance of qualitative research articles." A Canadian health care

Table 1. Selected results from the 1999 and 2000 *eCMAJ* surveys

	No. (and %) of respondents	
	1999 survey	2000 survey
Occupation		
Physician or physician-in-training	221 (46.7)	448 (39.0)
Other health care professional	100 (21.1)	209 (18.2)
Other / Not stated	152 (32.1)	492 (42.8)
Age		
< 30	126 (26.6)	242 (21.1)
30–34	70 (14.8)	158 (13.8)
35–44	128 (27.1)	342 (29.8)
45–54	100 (21.1)	266 (23.2)
55–64	39 (8.2)	108 (9.4)
≥ 65	10 (2.1)	25 (2.2)
Not stated	0 (0)	8 (0.7)
Sex		
Male	271 (57.3)	591 (51.4)
Female	202 (42.7)	534 (46.5)
Not stated	0 (0)	24 (2.1)
Country		
Canada	242 (51.2)	621 (54.0)
United States	91 (19.2)	145 (12.7)
Other / Not stated	140 (29.6)	383 (33.3)
Frequency of visits to *eCMAJ*		
First-time visitor	237 (50.1)	499 (43.4)
Several times a week	32 (6.7)	40 (3.5)
About once a week	57 (12.1)	154 (13.4)
Several times a month	64 (13.5)	198 (17.2)
About once a month	42 (8.9)	149 (13.0)
Less than once a month	41 (8.7)	103 (9.0)
Not stated	0 (0)	6 (0.5)

practitioner uses it "to keep abreast of quickly changing information and for patient counselling." A physician from Manitoba commented that the journal provides "an opportunity for Canadian doctors to communicate with each other on a national scale." A Canadian research technician wanted "more reports on nutrition" and a medical student from British Columbia wanted "a section on medical students and issues related to them."

Indeed, if the people who completed this year's survey are any indication, *eCMAJ* users are a diverse, demanding and opinionated bunch of people — which is just what we expected. (Full results are posted at **www.cma.ca/cmaj/about.htm**.) — *Jennifer Douglas*, CMAJ; *Shelley Martin*, CMA Research Directorate

Saskatoon firm wins country's first contract to cultivate medical marijuana

Besides its proven plant-producing prowess, the company recently awarded Health Canada's first-ever contract to produce marijuana offered a measure of security its competitors couldn't match.

Prairie Plants Systems Inc. of Saskatoon will be growing the required ton of research-grade pot 360 m underground in a mine with only 1 entrance. The biotechnology firm, which beat out 34 competitors to win the 5-year, $5.75-million contract, has been growing pharmaceutical plants in an unused section of a mine at Flin Flon, Man., since 1990. The underground greenhouse, which is monitored and controlled by computer, has proven to accelerate plant growth.

In addition to growing, drying and processing the plants, the company will also roll more than a million marijuana cigarettes. They will be used to conduct research into the drug's risks and benefits, and will be given away to Canadians who qualify, on medical grounds, for a legal exemption to possess marijuana; about 140 people are currently qualified. In return, says a Health Canada spokesperson, these people must provide the department with "information for research purposes." In September the federal government announced it was looking at changing existing laws governing the use of marijuana for medicinal purposes. — *Greg Basky*, Saskatoon

The epidemiology of murder: UK physician responsible for 345 deaths?

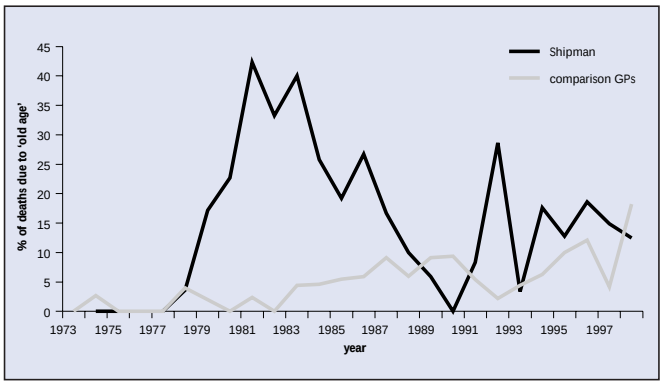
Harold Shipman, a seemingly dedicated and congenial British GP, is now characterized as the world's most prolific serial killer, responsible for the deaths of as many as 345 of his patients.

A year ago, the Leeds University graduate was convicted of murdering 15 patients. Now a 156-page audit assessing the medical certificates of cause of death (MCCD) during his 24-year career reveals an excessive death rate, particularly among older female patients. The suspicious deaths date to 1975. The audit (**www.doh.gov.uk/hshipmanpractice/shipman.pdf**) was released Jan. 5 by the UK Department of Health. It compared the medical records, death certificates and cremation forms of Shipman's patients with those of comparable local GPs.

Shipman started general practice at Todmorden, West Yorkshire, in 1974. A year later he was convicted of dishonestly obtaining drugs when his practice partners noticed he was signing prescriptions for meperidine that his patients weren't receiving. Shipman paid his fine and worked 2 years as a clinical medical officer before resuming general practice in 1977. He practised in a group setting in Hyde until 1992, when he entered solo practice.

Shipman's crimes first came to light in 1998 when a local GP contacted the coroner about what he saw as an unusual number of deaths. A local undertaker also voiced suspicions, but there was insufficient evidence for police to proceed. When the former mayor of Hyde, Kathleen Grundy, died suddenly on June 24, 1998, her daughter, a lawyer, contacted police. Grundy, 81, had bequeathed Shipman £350 000 in her will. Within 3 months, the GP was charged with murder and bodies of ex-patients were being exhumed. By February 1999 he had been charged with the murder of 15 former patients; within a year he was convicted and is now serving 15 life sentences.

But the audit means the case doesn't end there. Richard



The percentages of cases certified as caused by old age by Shipman and by the physicians he was compared with, 1973–98 (UK Department of Health audit report)

Baker, the Leicester University professor and quality-of-care expert who conducted the audit, concluded that more than half the patients who died under Shipman's care after 1985 were murdered.

During his career, Shipman issued a total of 521 MCCDs; over the same period the highest number issued by another Hyde doctor was 210. As well, Shipman was 25 times more likely than comparable GPs to be present at time of death — attending in 20% of cases compared with a norm of 0.8%. Relatives were present at 40% of his patients' deaths, compared with 80% for other doctors.

Baker made several recommendations, including monitoring death rates, but the UK's chief medical officer, Liam Donaldson responded: "Everything points to the fact that a doctor with the sinister and macabre motivations of Harold Shipman is a once-in-a-lifetime occurrence." — *Barbara Sibbald*, CMAJ