measures undertaken by the CMA in close collaboration with CMAJ will resolve any confusion about the relationship between the association and the journal it owns.

Thank you for giving me the opportunity to clarify this issue.

### Dana Hanson

President Canadian Medical Association Ottawa, Ont.

## [Réponse du président de l'AMC :]

J e tiens à profiter de l'occasion pour assurer au Conseil de rédaction du *JAMC* que j'apprécie comme eux la qualité du *JAMC* et la position du journal comme chef de file des publications nationales médicales critiquées par les pairs au Canada.

C'est précisément afin de préserver et d'améliorer la qualité du journal que le Conseil d'administration de l'AMC a récemment approuvé la création d'un Comité indépendant de surveillance du journal, chargé de préciser le mandat de la publication et le rôle du rédacteur en chef, et de contribuer à préserver l'indépendance rédactionnelle du journal. Cette initiative s'inspire des expériences positives réalisées ailleurs. Je suis persuadé que cette mesure et d'autres prises par l'AMC en étroite collaboration avec le 7AMC dissiperont toute confusion au sujet de la relation entre l'Association et le journal qui lui appartient.

Je vous remercie de m'avoir donné l'occasion de préciser la question.

## Dana Hanson

Le président Association médicale canadienne Ottawa (Ont.)

# The ethics of editorializing

CMAJ's recent commentary on editorials raises some important questions about the nature and scope of editorial freedom in writing opinion editorials in journals such as CMAJ. I suspect many Canadian physicians

would agree with some of the fundamental points the authors make. CMAJ should not become the political mouthpiece of the CMA. There should be no political censorship in a peer-reviewed academic journal. Provocative questions that enrich debate are a necessary and valuable contribution. CMAJ enjoys an international reputation for excellence not only for the quality of its scientific articles but also for its articles dealing with the social, humanitarian, ethical, legal and political aspects of health care. Ultimately, the concept of editorial freedom must be respected and protected.

The question, however, is not about the value or importance of the concept of editorial freedom but rather with its application in a given case. What are the corresponding editorial duties, obligations and responsibilities that bestow credibility and privilege on the notion of editorial freedom? As the eminent philosopher and medical ethicist Steven Toulmin argued in his seminal work, The Abuse of Casuistry, the application of ethics to real-life situations behooves us to resist the "tyranny of absolutes."2 Editorial freedom is not an unqualified absolute that can be uncoupled from these other important considerations.

What criteria should we invoke to evaluate the judicious application of editorial privilege? Editors must be free to write challenging and provocative opinions that are well founded, unbiased, balanced, respectful and considerate of potential consequences. I would also argue, however, that editors should not be beyond scrutiny and should be held accountable for any abuses of privilege. Thus, if editorial opinions were to be misrepresented as facts, if they were self-serving in promoting a personal political agenda, if due process was manipulated to impede a balanced perspective through a timely response or if the reasonably anticipated consequences of inflammatory statements were harmful to innocent people, then I would argue that such an editor would have betrayed the trust that was invested in him or her and should be held

Editors of journals such as CMA7

are privileged with significant power to influence change. This power can be applied judiciously or it can be abused. I believe editors should not use the notion of editorial freedom as a shield to make them immune from scrutiny and accountability.

Who should judge this and how should it be judged? The process and criteria should be clear and transparent. Perhaps in the specific case of the editorial dealing with Quebec's Bill 114, some of these considerations could apply. It may prove helpful to see how Canadian physicians, and particularly the editors themselves, would respond to such a challenge.

Postscript: I wish to point out that although I am the Chair of the CMA's Committee on Ethics, I have not discussed this issue with any of the committee members. The views expressed are my own.

## Eugene Bereza

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# References

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# Mandatory work in Quebec

Quebec's Bill 114,¹ which threatens doctors who refuse to work in emergency rooms with fines of up to \$5000, should be compared with US legislation stipulating fines of up to US\$50 000 for a similar infraction.² The existence of such coercive measures in the bastion of free enterprise might come as a surprise to Canadian physicians, but that is the law south of the border.

### **Emile Berger**

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