

Why a Journal Oversight Committee?

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In September 2002 the Canadian Medical Association's board of directors agreed to put in place a Journal Oversight Committee as a mechanism for resolving the association's rare but sometimes strong disagreements with the editors of its wholly-owned journal *CMAJ*.¹⁻⁵ With four independent members and one CMA board representative, the newly formed committee (see News, page 332) will serve as "an objective forum for reviewing the work of the editor and content of the journal."⁶ 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"⁶ 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.

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.⁷ 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.^{8,9} When editors violate these boundaries they may justifiably be sanctioned.

But by whom? Who determines whether an editor has overstepped the bounds of propriety, intellectual integrity, fairness, or some other standard? Who determines whether an editor is up to scratch?¹⁰ Readers and contributors may make such judgements, but it is the publisher/owner who is in a practical position to act on them. In dismissing George Lundberg from his editorship of the *Journal of the American Medical Association* (*JAMA*) over the publication of a politically controversial article, the American Medical Association considered that it was merely exerting its prerogative as *JAMA*'s owner and publisher. However, many subscribers, authors and, judging from the widespread cover-

age of the firing, members of the general public felt otherwise. Their indignation expressed a sense that *JAMA* in some sense belonged to them. For their part, *CMAJ*'s editors opined 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.¹¹

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.

At the inaugural meeting of the Journal Oversight Committee in November, we reported on the current status of the journal. (Our report on *CMAJ* is available as an e-appendix.¹²) In it we list the following goals:

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.

We value the support of the oversight committee and the CMA in the pursuit of these objectives and strategic goals, as well as the continuing advice and input from the 20 members of our Editorial Board, who fill an invaluable role in helping to reflect the interests and needs of our readers and contributors.

Dr. Hoey is Editor and Ms. Todkill is Senior Deputy Editor of *CMAJ*.

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Toward effective Canadian public-private partnerships in health research

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In a recent editorial on researcher-university-industry research contracts, *CMAJ* calls for further study and guidance on issues affecting clinical research in this country.¹ Indeed, it recognizes the need for leadership in promoting and monitoring "ethical behaviour in research."

As Canada's lead federal health research agency, the Canadian Institutes of Health Research (CIHR) has a responsibility to promote and ensure ethical conduct in research, a responsibility that it has vigorously embraced since its establishment. The significant growth in industry support for research over the past 10-20 years has greatly strengthened health research efforts in this country, as well as our potential to translate research findings into improved health for Canadians. At the same time, all partnerships bring with them their own challenges of establishing shared vision, goals and standards of research.

In early 2001, CIHR's Governing Council established a national Working Group on Partnerships co-chaired by Dr. Matthew Spence, President and CEO of the Alberta Heritage Foundation for Medical Research, and Dr. Michel Bureau, Président and CEO, Fonds de recherches en santé du Québec, and including representatives of other agencies and, importantly, of industry.² That working group's report emphasized core values of freedom of in-

quiry, dissemination of research results, integrity of research, sensitivity to conflict-of-interest issues, accountability and transparency, and the paramount importance of the public interest as an essential element of publicly supported research. CIHR and *CMAJ* also co-sponsored a meeting of editors of Canadian peer-reviewed health sciences journals in November 2001 to promote and enhance discourse regarding the ethical issues involved in research, dissemination of results, editing and publication.³

These activities complement the ongoing consideration of ethical issues within each of CIHR's 13 institutes, its entire research portfolio and its Governing Council, and reflect the foundational values and framework driving our approach to partnerships within the larger health research community. CIHR is committed to building on these initiatives in order to develop a robust program of research on ethics, the objectives of which are to achieve greater clarity and consistency in the ethical principles governing health research practices.

Looking forward, and as advocated by *CMAJ*, CIHR is planning to support an analysis of Canadian practices following a recent US study that surveyed investigator independence and subject protection in contracts between health research institutions and industrial sponsors.⁴ This