

BMJ.com: toll-free no more

“Almost 10 years after it began, the *BMJ*'s experiment of allowing free access to everything on its website will come to an end.”¹ The instantaneous reaction to this announcement exemplified the live-wire personality of *BMJ*: the rapid response column at *BMJ.com* brimmed with letters expressing regret that wide-open access was ending and, from non-BMA members, a willingness to pay an annual user fee of £10 to £20. Also offered were kudos for *BMJ*'s continued commitment to make the online edition available free in low- and middle-income countries.

For our part, we are saddened. Any restriction to access seems to us a step in the wrong direction. *BMJ* and *bmj.com* editors Richard Smith and Tony Delamothe have always been ahead of the pack in recognizing the capabilities of the Internet in medical journal publishing. With innovations such as “ELPS” — electronic long, print short — they have demonstrated that the Internet is not merely an alternative distribution channel, but a new medium that shapes content and changes habits of communication. If the medium is the message,² that message is one of democratization, accessibility and responsiveness. Free, open-access electronic publishing makes medical science available to everyone lucky enough to have Internet access, regardless of location, affiliation or income. Indeed, global inequity in access to the Internet has been recognized by the World Health Organization as one of the most important barriers to global equity in health.³

BMJ's online innovations are part of a growing movement toward open access in scientific communication. Through PubMed the US National Library of Medicine and National Institutes of Health have made searching the medical literature not only easier, but publicly available and free. To overcome the barrier posed by user fees for full-text articles, they have established, with the evolving support of medical publishers, PubMed Central, a free full-text repository of health science research articles.⁴ Through HINARI (the Health InterNetwork Access to Research Initiative) the World Health Organization has been soliciting the cooperation of medical publishers in providing free or subsidized access to research literature for users in low-income countries.⁵ The pressure to deliver scientific research results as a public good rather than a marketable commodity is intensifying. In the US, the launch of free-to-user journals by the Public Library of Science⁶ may be given a leg-up by new legislation proposed by Congressman Martin O. Sabo, which would exempt federally funded research from copyright protection and thus place all such research in the public domain.⁷

At a relatively low additional cost, the Internet allows scientific journals to publish their entire contents in public space, out of the preserves of business, private publishers and

professional associations. It increases readership (hits on articles at *eCMAJ* are now over 150 000 a month), encourages contributions and raises Impact Factor. If free online publishing is good for readers (for survey data on our readers' views see www.cmaj.ca/cgi/content/full/169/7/645/DC1), good for journals and good for science, what happened to *BMJ*'s noble experiment?

It appears that the British Medical Association, *BMJ*'s sole owner, is worried about declining subscription revenues for the print edition. The same worry has led the top 3 general medical journals — the *New England Journal of Medicine*, *Lancet* and *JAMA* — to keep restricting online access to their very profitable publications. *BMJ*'s editors disclose that only 12% of their journal's revenue comes from print subscriptions.¹ The trouble, they explain, is that other revenue streams are in difficulty: classified advertising is undercut by a new NHS job Web site, and the flow of display ads for new pharmaceuticals is dwindling. But it still appears that the damage done to subscription revenues by free online access is minor. We fear that the costs of restricting access will be greater: lost goodwill and prestige, and lost opportunities to show leadership in medical communication.

Certainly, publishers have no choice about keeping an eye on the bottom line. It is unfortunate that the economics of electronic publication have not been as innovative as the medium itself. It is becoming increasingly clear that we need to find new economic models for scientific publishing, perhaps building the costs of disseminating knowledge into the publicly supported costs of research. So far, the business-model approach to scientific publishing has been an uneasy fit with the ethos of science as a public good.

We can only hope that in the 15 months left before the site closes in January 2005 the BMA will see its way clear to reversing its decision. In the meantime, we hope that this turn of affairs has not dampened the motivation and passion of *BMJ*'s editors. While the sails of a general medical journal billow with authors, reviewers and readers, it is the skill and enthusiasm of the crew that keeps it close to the wind. — *CMAJ*

References

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