

CMAJ and editorial autonomy

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Editorial autonomy is paramount in journalism, and the *Canadian Medical Association Journal (CMAJ)* must be as free of editorial interference as possible, a panel of experts concluded in its report on a new governance structure for the publication (www.cmaj.ca). The Canadian Medical Association (CMA) has accepted all 25 recommendations in the July 14 report.

Top among those is a call for the CMA to take back ownership of the leading general medical journal from CMA Holdings Inc., a for-profit subsidiary that purchased the medical journal in January 2005.

The panel, chaired by Montréal lawyer Richard Pound, also recommended substantially strengthening the Journal Oversight Committee (JOC) to create an independent body that will protect the editor-in-chief from interference and unfair dismissal, and work quickly to resolve issues between the journal and its owners.

"If, in addition to the formal structures, the parties can develop and nurture the informal — but no less important — requirements of trust, good faith, empathy and open communication, the *CMAJ* ... should be capable of anticipating, avoiding and resolving potential impasses, no matter what the source or context," states the report.

However, it notes that: "Trust and good faith cannot be mandated.... Unfortunately, despite best efforts at creating internal governance structure to diffuse conflicts and increase communications between parties, any formal governance structure is subject to impairment if it is not honoured."

The CMA immediately accepted and began implementing all the recommendations, a step forward in the effort to extinguish the firestorm sparked on Feb. 20 by the dismissal of Editor-in-Chief Dr. John Hoey and Se-

nior Deputy Editor Anne Marie Todkill.

"The acceptance of these recommendations helps us turn a page for the journal," CMA President Dr. Ruth Collins-Nakai says. "It allows us to leave behind some of the controversy and some of the negative aspects of the past couple of months and move forward with a plan to ensure that the journal is highly successful in the future."

The next move, Collins-Nakai said, is to find a new editor-in-chief. "We probably now have the clearest structure and processes of any medical journal in the world."

On the editorial side, the panel recommended that, as a matter of courtesy, the journal should give the CMA the same advance notice as it gives the media about potentially controversial editorial content.

However, it adds: "The CMA shall have no right to alter the content of any such editorial material." And the association should not expect an automatic right to respond in print: any response submitted "should go through the same process as all third-party submissions."

It also suggest that editorials be signed and that a disclaimer appear on the editorial page, to ensure a "clear disassociation between CMA policies and editorial content."

CMAJ's Acting Editor-in-Chief, Dr. Noni MacDonald, says she is "pleased the report has upheld the principles of editorial independence and enshrined them in the new governance structure." Likewise, she is heartened by CMA's quick acceptance of the recommendations.

"The new structure provides clarity for both lines of authority and accountability." Equally vital to recruiting a high-calibre editor-in-chief and ensuring the journal's harmony is the move to have an agreed-upon Mission Statement. "The report provides a firm foundation for the *CMAJ* to continue being a major international general medical journal and Canada's foremost peer-reviewed medical journal."

The *CMAJ* publishes both peer-re-



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Pound's governance report recommended the Canadian Medical Association take back ownership of *CMAJ*.

viewed articles and non-peer-reviewed news. Its impact factor — a measure of the scientific importance of articles published — has more than tripled since 1997 and is now 7.4, making it the world's fifth-ranked general medical journal.

Former deputy editor, Todkill, says that while the report's recommendations are sensible and a good step, the real question is what kind of editor-in-chief will be hired.

"It depends, as always, on who the players are [and] the new dynamic that will be set up," she says. "The absence of controversy is not necessarily the presence of independence."

Dr. Jerome Kassirer, former editor of the *New England Journal of Medicine* and a member of Hoey's editorial board, agreed: "You want an editor who is not intimidated by anything. ... It's critical to have an editor who is beholden to nobody."

To help ensure independence, the report recommends that the *CMAJ* Mission Statement be amended to "en-

shrine, as a specific goal and objective ... the principle of editorial integrity, independent of any special interests." The statement should be reviewed by the JOC, and a formal process instituted to amend it as needed by the CMA board, the report states. As well, potential editors-in-chief and publishers must accept the statement before being hired.

The panel recommends that the CMA resume ownership of the publication is "in recognition of [*CMAJ*'s] unique position" among other publications held by CMA Holdings.

The CMAH board's mandate focuses on business and financial considerations, the report notes, while the CMA's board has "a broader understanding of the importance of and contribution made by a medical journal to the entire community of readers."

As well, the current reporting structure "has resulted in a blurring of the lines of authority and accountability." As a result, the report states, the editor-in-chief needs access to both the JOC and, if a dispute can't be resolved at that level, the CMA board of directors.

A revised and strengthened JOC, originally instituted in 2002, will play a large part in the restructured system. The JOC "if properly reconstituted and given adequate authority and deference" will provide the mechanism to resolve most potential disputes between the journal's owner, publisher and editor-in-chief and "minimize the likelihood of permanent damage to relationships between the parties," the report states.

The JOC will provide safeguards for the editor-in-chief, creating the criteria for performance review and ruling on any effort by the CMA to dismiss the editor without cause. As well, the 7-member JOC will now include a journalist.

The JOC itself will recommend who will sit on its committee, but the CMA Board of directors will make the final decision.

"Trust and good faith is a critical thing — they're right about that," Kasirer said. "So the spirit of the document is sound. It's the implementation that we'll have to wait and see."

Dr. Gordon Guyatt, a McMaster University researcher and long-time former

contributor, said that while he is encouraged that the CMA accepted the report in full, it must embrace the spirit as well as the letter of the report.

Paul Knox, chair of Ryerson University's journalism school and a director of Canadian Journalists for Free Expression, said the new structure will provide a much better firewall between the editor and the owners. "I don't think it's completely fireproof, [but] it's better than the rather muddy structure that existed" during Hoey's tenure. — *CMAJ*

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Privatization key issue for new CMA president

Dr. Colin McMillan can recall having lively debates with his father, "Dr. Joe," about the merits of medicare. Dr. Joe, a staunch opponent of government-funded health care, once squared off with David Lewis in a CBC TV debate in the '60s, and got involved with the CMA in hopes of stemming the dastardly tide. Yet ironically, son Colin, the CMA's new president, hopes to help craft a way to save medicare — albeit in modified form.

The Prince Edward Island cardiologist admires the CMA's "courage and



Prince Edward Island cardiologist
Dr. Colin McMillan

leadership" in encouraging debate through its recent position paper (*CMAJ* 2006;175[1]:18-9). Like the CMA, McMillan supports the publicly funded health care system but "questions whether it is sustainable." He believes there's a need to have measurable outcomes and to put forward options that may include some privatization; a middle approach.

"It's no secret ... that [incoming president-elect Dr. Brian] Day will add another dimension to [the debate]," says McMillan. "I hope that doesn't polarize the issue or bring it around personalities."

Among other issues McMillan will face is the governance controversy at *CMAJ*. He supports editorial independence and autonomy for the journal: "We will do the best we can to ensure the elements people are looking for are well in place."

McMillan, 63, is well prepared for these challenges. He's worked with the CMA since the early 1980s as a member of the Political Action Committee, board of directors (1989-93) and chair of the board (1992-97). He will be installed as the 139th CMA President Aug. 23 at the conclusion of CMA General Council in Charlottetown.

Other focal points during his tenure will include health human resources, (including the possible development of a national authority to oversee HHR planning); leadership development among youth; and the adoption of information technologies. To that end, his office will be a pilot for introducing electronic records. McMillan will retain his practice throughout his tenure as CMA president, although he'll drop on-call duties at a local hospital.

The Rhodes Scholar, who earned his medical degree at McGill, is also a governor of the National Theatre School of Canada; a former director of the Heart and Stroke Research Foundation; and is active in several other charities. He and wife, Sandy, a realtor and local town councillor, have 5 children: twins Andrew and Alexandra (who is doing her residency in Ottawa), James, Victoria (deceased) and 16-year-old Virginia. — Barbara Sibbald, *CMAJ*

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