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Stepping down from CIHR

I am writing to clarify my reasons for stepping down as President of the Canadian Institutes of Health Research (CIHR). Contrary to what Wayne Kondro wrote in the news article on my leaving,¹ I am not “weary of serving as the scapegoat.” On the contrary, I have enjoyed and appreciated the important discussions and debates that the CIHR vision and programs have prompted. Vigorous discussion is necessary for transformative change. The profound changes taking place in the style, speed and cost of health research, and in society more broadly, are prompting similar discussions in every country that wishes to be at the leading edge of

health research and its translation into policy, products and clinical practice.

Contrary to what Mr. Kondro wrote, the internal changes in our structure were prompted by suggestions from the prestigious International Review Panel. The panel, in its highly positive review, suggested changes that “represent a natural progression in the growth of this new entity....” It also commented that “the capacity to fund research across all health related disciplines has clearly been enhanced and new strategic initiatives have strengthened multidisciplinary research and training. Together, these changes have all occurred in a remarkably short time frame, evidence of the commitment and success of the management team.”

Finally, I am leaving because, after 7½ years as CIHR’s first president, I have accomplished what I set out to do: establish a new national agency that funds research across all aspects of health and disease and that is strategic, committed to translating new knowl-

edge into improved health of Canadians, focused on outcomes and based on peer-reviewed excellence in research. Furthermore, CIHR’s unique structure of cross-Canada institutes is now well in place, with 13 highly talented and committed scientific directors, 13 Institute Advisory Boards and a strong senior management team here in Ottawa. Finally, I have always felt that it is not healthy to be the head of an organization such as CIHR for more than 7–8 years: one tends increasingly to look backward, not forward.

As the International Review Panel noted, a great deal has been accomplished at CIHR over the past 7 years owing to the passion and commitment of all those who are on CIHR’s staff or serve as volunteers on Governing Council, Institute Advisory Boards, Peer Review Committees and various ad hoc working groups and standing committees. The breadth and excellence of CIHR-funded research is something that all Canadians, particularly those of us actively involved in

health research and health care, should take great pride in. This is a good time for someone else to take the reins of CIHR.

Alan Bernstein PhD LLD (Hon)
President, Canadian Institutes
of Health Research
Ottawa, Ont.

Competing interests: None declared.

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[CMAJ responds:]

We thank Alan Bernstein for his clarification. *CMAJ* stands by Wayne Kondro's article.

Paul C. Hébert MD MHSc
Editor-in-Chief
Barbara Sibbald BJ
Deputy Editor, News and Humanities
CMAJ

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Reed Elsevier's arms business

CMAJ should be applauded for its news article highlighting the conflict of interest in Reed Elsevier's roles as a medical publisher and an organizer of arms fairs.¹ Following similar articles in other journals,²⁻⁴ petitions by academics, actions of major shareholders and protests by the Campaign Against Arms Trade and the Global Health Advocacy Project, Reed Elsevier announced on June 1, 2007, that its subsidiary company Reed Exhibitions would "divest of all [its] defence shows" as they are "no longer compatible with Reed Elsevier's position as a leading publisher of scientific, medical, legal and business content."⁵ This marks a rethink from its previous position that "the company does not regard this as a conflict of interest."¹ Although dubious arms exhibitions will no doubt

continue to be held, the success of this particular campaign demonstrates the potential impact of the global medical community when it acts in concert.

Edward J.L. Armstrong BSc
Medical student
Imperial College
London, UK

Competing interests: Edward Armstrong is a member of the Global Health Advocacy Project.

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Open Medicine and open access

Although the endorsement by *CMAJ*'s editors of open-access medical publishing is welcome,¹ we would like to point out that there is an important distinction between open- and free-access publication. The editors of *Open Medicine* have not only adopted the principle of free access, that is, making content fully available online, but we also endorse the definition of open-access publication set out in the Bethesda Statement on Open Access Publishing.² This definition stipulates that the copyright holder grants to all users a free, irrevocable, worldwide and perpetual right of access to, and a licence to copy, use, distribute, transmit and display the work publicly and to make and distribute works derived from the original work, in any digital medium for any responsible purpose, subject to proper attribution of authorship. Given that the Canadian Medical Association holds copyright for all material published in *CMAJ* and charges fees for reprints and in some cases for other uses of *CMAJ* content, it is not in fact an open-access journal.

In comparison, *Open Medicine* does

not assume the copyright of its authors' work. We believe that it is only fair and just that authors retain the ownership of their work; as such, *Open Medicine* does not charge reprint or other reproduction fees. We use a Creative Commons Copyright Licence (<http://creativecommons.org/licenses/by-sa/2.5/ca>) that also ensures derivative works are available through an open-access forum. It is through this creative and unlimited use of published material, with due attribution, that we believe scientific discourse can flourish. This truly open-access forum also has a contribution to make to a journal's integrity, independence and freedom.³ Proof of this potential to flourish lies with *PLoS Medicine*, an open-access medical journal launched in 2004 that is now the fourth-leading medical journal in the world, with an impact factor of 13.8.

Anita Palepu
Co-Editor, *Open Medicine*
For the *Open Medicine* Editorial Team

Competing interests: None declared.

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Correction

In a commentary in the July 31 issue of *CMAJ*,¹ an error was made regarding the countries that have implemented needle-exchange programs. Scotland has not introduced such a program but has taken steps toward implementing one.

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