

## The health of *CMAJ*

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When the members of the Canadian Medical Association (CMA) gathered for their annual meeting 99 years ago, they decided it was time the CMA had its own journal. The first issue of the *Canadian Medical Association Journal* appeared 6 months later, on Jan. 1, 1911.<sup>1</sup>

Since then, *CMAJ* has weathered 2 world wars, the Great Depression and an influenza pandemic that killed millions. It also witnessed the discovery of insulin — one of the first reports appeared in these very pages in 1922<sup>2</sup> — as well as the miracle of penicillin, the defeat of polio and the sequencing of the human genome.

From a business standpoint it has witnessed a lot too, everything from the lean 1930s to the robust 1990s. Today the times are lean again, and they are forcing the CMA, *CMAJ* and its editors to make some tough decisions.

*CMAJ* is caught in the same perfect storm that is wreaking havoc in print publishing. On the other side of the world, financial problems forced the *New Zealand Medical Journal* to move to an online-only format in 2002.<sup>3</sup> And in 2005, the *BMJ* abandoned a 10-year experiment of allowing free access to all content on its website, which had significantly eroded its subscription revenue.<sup>4</sup> South of the border, *American Medical News* — published by the American Medical Association — announced in March that it would publish 24 print issues a year instead of 48. Here in Canada, the *Medical Post* has laid off staff and now publishes 25 print issues a year, down from more than 40 only 2 years ago.

The same is true outside medicine. The *Chronicle of Higher Education* has cut its print frequency in half for the summer. The company that owns the *Los Angeles Times* and *Chicago Tribune* sought bankruptcy protection. The *National Post* has cut its Monday edition for the summer months. In Montreal, *La Presse* has eliminated its Sunday edition. And *The Globe and Mail* announced in June that its advertising revenue for May 2009 had fallen by 28% compared with the same period a year earlier.<sup>5</sup>

This storm is a culmination of events that began in the 1990s. That is when the Internet took root, and although it has been a boon for our profession because it allows for rapid delivery of clinical information, it is also laying waste to the business model that has sustained many print publications for decades.

At the same time, the pharmaceutical advertising that supports *CMAJ*'s business model has been declining sharply. According to one market analysis, the 34% decline in advertising pages in Canadian medical publications in 2008 was followed by a further 38% decline during the first quarter of 2009. At *CMAJ* the impact has been severe because display advertising revenue accounts for about 50% of total revenue. Another major revenue stream, career and classified advertising, has also declined this year, likely due to the economic downturn.

And our problems don't end there. The Department of Canadian Heritage announced that, as of March 2010, professional association publications will no longer be eligible for a postal subsidy that has helped to reduce *CMAJ*'s mailing costs significantly.

While revenues have been declining, costs have been rising because the CMA has been investing heavily in editorial exper-

tise for *CMAJ* as the editor continues to build a world-class team and to improve our world-class product. When the increased expenses are combined with anemic advertising, the result is a significant *CMAJ* deficit expected in 2009.

So where do we go from here? We have already moved to reduce costs by limiting the number of pages printed in each issue. We have also decided to combine issues in July, August and September to save on printing and mailing costs. More content, not available in print, will be published online at [cmaj.ca](http://cmaj.ca).

These changes were not made lightly, because we know how highly *CMAJ* is valued by members. Our surveys show that the journal consistently ranks highly in terms of awareness and usage among the many services and products the CMA provides. However, we also know that our future depends on the development of a sustainable business model, and that is where our efforts are now being directed.

These efforts, taken in consultation with *CMAJ* editors, include:

- The Kaufman-Wills Group, a consulting firm that specializes in scholarly publishing, is helping us map a sustainable business model for *CMAJ*.
- A survey of members has been conducted.
- The CMA Board of Directors has appointed a working group to explore available options, and it will report back in October.

Many questions are on the table. What is the proper balance between print and online publishing? What level of financial support can the CMA provide to *CMAJ*, given the many other advocacy and health promotion roles it has to fill? Should there be a subscription fee for *CMAJ*? Regardless of what changes are made in consultation with the editors, we will be transparent about them, and we will consult with you, the reader.

And we can promise this. In its bylaws the CMA lists 8 objectives — these are the tasks it is to fulfill — and one of them calls for publication of the *Canadian Medical Association Journal*. Our business model may change in the future but that commitment will not.

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Chair, CMA Board of Directors

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Outgoing CMA Secretary General and CEO (acting)

### Paul-Emile Cloutier MHA MA

Incoming CMA Secretary General and CEO

**Competing interests:** None declared.

### REFERENCES

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