

## What's next for CMAJ?

**R**ichard Smith, former editor of the *BMJ*, provides a useful checklist for medical journals the world over in his book *The Trouble with Medical Journals*.<sup>1</sup> He suggests that the possible functions of journals are “informing, reforming, disseminating science, educating, providing a forum for a community to debate the issues of the day, entertaining and making money.” Whereas some journals do perform all of these functions, he notes, most do not. How is *CMAJ* doing?

Informing is something at which the News section of *CMAJ* excels. Our News editors and reporters have won national awards and piqued those in positions of power in almost equal measure.

Reform was at the heart of Thomas Wakley's vision for *The Lancet* when he launched it in 1823, and this has been part of *CMAJ*'s tradition too as it enters its 102nd year. We are unusual among the general medical journals in publishing opinionated editorials written by staff. This is tiger country with dangers on all sides. We risk our readers saying we are too political, our owners saying we are infringing on association matters, possible legal action from those we write about and misrepresentation by the media. And yet Jordan's Principle has been adopted in nearly all provinces, and Canadians received pandemic flu vaccine a few crucial weeks earlier, both after publication of *CMAJ* editorials.<sup>2,3</sup> I believe editorials are a risk worth taking, and my preference will be for matters of clinical relevance or high public health impact.

Disseminating science is the bread and butter of an academic journal, and our research articles are the most international part of the journal. We have achieved both an increase in the number of articles we publish, by about 20% in each of the last two years, and an increase in the number of citations as measured through the journal impact factor, which is now 9.0, the highest it has ever been. As research articles consume most of our editorial resources, we may have to focus efforts to find financial support for publishing more research in the future.

Education runs throughout the journal and is something we have paid more attention to in the Practice section. Many of these articles are popular and widely read. I would like to see more education and more Practice. Reading each issue of the *CMAJ* should be an easy way for a Canadian doctor to keep up to date. Easy in the sense that a balanced up-to-date curriculum of important topics is covered and easy in the sense that continuing medical education certification follows with a minimum of extra organizational effort.

Providing a forum for a community to debate implies a fair degree of engagement and feedback from members and is a tall order for a print journal. We do some of this with thoughtful Analysis articles, and so far this year this section has pro-

vided our most discussed article in the national and international media.<sup>4</sup> Our website is a better medium for debate, and there is a fair degree of to-and-fro in the electronic Letters section at the moment. In common with many other editors, I will pay attention to our electronic offerings.

Are we entertaining? Except for the December issue's Holiday Reading section, this has not been a priority so far! Should it be? Should our Humanities section and back pages inject more humour and satire? Should we aim to raise smiles as well as standards? What do you think?

Lastly, money. As academic library subscriptions have fallen and pharmaceutical companies have bought fewer advertisements, many journals no longer make profits and have had to introduce member subscription fees. Our aim for now is for the journal to break even. This may be possible with substantial cuts in editorial costs and charging fees wherever we can. In the longer term though, if revenues continue to decline, it will not be possible to produce a free journal and it may be necessary to reconsider member support. I believe *CMAJ* is worth working for. Do you believe it is worth paying for?

What I plan for the journal is that it should focus on being relevant to practising doctors while maintaining a sound research base. I plan to make good use of electronic and print media, and to work with Canadian Medical Association colleagues to ensure sound finances.

As I step into the role of editor, readers may be a little wary lest I bring too many British values to bear on Canadian issues. Yet, many distinctly Canadian values are ones that I already hold dear. The Canadian health system offers care to all free at the point of delivery, and this seems to me inherently right. As an accredited specialist in public health, I am used to collaborative approaches to complex problems involving multiple agencies. Now, on returning to Ottawa after a trip abroad, I feel relieved and on safe ground at the sight of a Tim Hortons.

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### References

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**Competing interests:** See [www.cmaj.ca/site/misc/cmaj\\_staff.xhtml](http://www.cmaj.ca/site/misc/cmaj_staff.xhtml)

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