

# CMAJ drops paywall

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All new *Canadian Medical Association Journal* content is now freely available online, with older material becoming available on March 1, 2020.

Previously, *CMAJ* research articles, editorials and news stories were freely available, and other content, including commentaries and practice articles, was freely available only after one year.

Dr. Andreas Laupacis, editor-in-chief of the journal, says providing immediate free access to content will make the journal more relevant to discussions about improving Canada's health care system.

"Some of the material in *CMAJ* that is useful to public discussion around important issues with our health care system were only available to CMA members and I think they are of broader interest to members of the public, patients and policy-makers," he says.

With more accessible content, Laupacis hopes to attract new voices to *CMAJ*, including those of patients. "It's hard to say to patients that we want you to be involved in our work, but you have to pay to see it," he says.

The move to fully free content will involve a financial hit for *CMAJ*'s publisher, Joule, as there are no plans to offset lost subscription revenue by increasing fees for publication — a common way other journals finance open access publishing. According to Laupacis, the company felt that the increase in access justified the lost revenue.

The Canadian Medical Association is supportive of the move, says association president Dr. Sandy Buchman. "It's a great example of how we are trying to operationalize our vision to have an impact on the health care system."

Access to credible health information remains a major barrier for many people, Buchman says, particularly with so much false and misleading information floating around online. "This is about credible



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health information in this era of false news," he says. "This gives access to important peer-reviewed information to everybody."

Susan Haigh, executive director of the Canadian Association of Research Libraries, welcomes the move to drop the paywall. "We want to see as much as possible that all research outputs are freely available when they are published," she says.

There is increasing momentum toward open science as research funders around the world, including the Canadian Institutes for Health Research, are requiring the work they support to be made freely accessible. Ambitious initiatives such as Plan S, an open access movement involving research agencies and funders from 12 European countries to make all the research they fund freely available by 2020, are helping to spur change, says Haigh.

This trend has raised concerns in some corners of the medical publishing world. In an article in the *New England Journal of Medicine*, Dr. Charlotte Haug argued that there is "no free lunch" and subscriptions are still necessary to cover the rising costs of publishing quality content. The best

way to balance these concerns remains a point of debate.

"Article processing charges are one of the deficiencies in the open access model," Haigh says. Some journals have adopted a model known as "gold" open access, in which the publisher makes content freely available and may shift the costs of publication to authors in the form of article fees, versus a "green" model, in which authors post their work to freely accessible websites or repositories, she explains. Under the "gold" model of open access, publishing fees are often quite high and there may be no transparency around how they are set. At the other end of the spectrum, there are preprint or self-published papers, which are not peer-reviewed and may contain serious flaws.

A rigorous and sustainable open access publishing model likely falls somewhere in the middle, wrote Dr. Martin Zand of the University of Rochester, in a *StatNews* article. "Publishing companies will need to adapt and innovate."

**Brian Owens**, St. Stephen, NB