

able. To suggest that these can be minimised by having all such decisions reviewed by a specialist is highly optimistic, especially given the decreasing availability and inequitable access to such resources. While recent improved access to psychological therapies through partnerships in general practice,¹¹ and proposed direct referral mechanisms to clinical psychologists,¹² are most welcome, it is not yet clear whether these developments will increase access for patients with bipolar disorder to the more intensive and targeted therapies they require.

From a primary care perspective, the most useful mental health guidelines tackle the tough issues that cross a GP's desk on a daily basis.⁹ Where are the best sources of self-help, self-monitoring, detailed illness descriptions, and family education to be found? Are there high quality e-health resources available?¹³ What options are available to a GP when patients become a danger to themselves or their reputations? How should a GP deal with poor compliance? What are the cost implications for patients of particular management plans (eg, costs of travel to specialist appointments)? What should the GP do when specialist services are not available? What are a GP's responsibilities when the patient doesn't return for follow-up appointments and/or medication monitoring? How should a GP document mental health consultations in their medical records? What other clinical or management resources are available? Is additional training required to deliver the therapies recommended in the guidelines?

While the recommendations presented by Mitchell et al,³ and the related technical summaries, do provide useful clues, insufficient attention to these practice-based issues risks an overall negative rating from the target audience.

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References

- 1 Goodwin GM. Consensus Group of the British Association for Psychopharmacology. Evidence-based guidelines for treating bipolar disorder: recommendations from the British Association for Psychopharmacology. *J Psychopharmacol* 2003; 17: 149-173.
- 2 American Psychiatric Association. Practice guideline for the treatment of patients with bipolar disorder (revision). *Am J Psychiatry* 2002; 159 (4 Suppl): 1-50.
- 3 Mitchell PB, Ball JR, Best JA, et al. The management of bipolar disorder in general practice. *Med J Aust* 2006; 184: 566-570.
- 4 The Royal Australian and New Zealand College of Psychiatrists. Clinical practice guidelines. Available at: <http://www.ranzcp.org/publicarea/cpg.asp> (accessed Apr 2006).
- 5 Ellis PM, Smith DAR. Treating depression: the *beyondblue* guidelines for treating depression in primary care. *Med J Aust* 2002; 176 (10 Suppl): S77-S83.
- 6 Mant A, Rendle VA, Hall WD, et al. Making new choices about antidepressants in Australia: the long view 1975-2002. *Med J Aust* 2004; 181 (7 Suppl): S21-S24.
- 7 Royal Australian and New Zealand College of Psychiatrists Clinical Practice Guidelines Team for Depression. Australian and New Zealand clinical practice guidelines for the treatment of depression. *Aust N Z J Psychiatry* 2004; 38: 389-407.
- 8 National Health and Medical Research Council. Depression in young people. A guide for general practitioners. Canberra: AGPS, 1997.
- 9 Hickie I. Primary care psychiatry is not specialist psychiatry in general practice. *Med J Aust* 1999; 170: 171-173.
- 10 Hadjipavlou G, Mok H, Yatham LN. Pharmacotherapy of bipolar II disorder: a critical review of current evidence. *Bipolar Disord* 2004; 6: 14-25.
- 11 Hickie IB, Pirkis JE, Blashki GA, et al. General practitioners' response to depression and anxiety in the Australian community: a preliminary analysis. *Med J Aust* 2004; 181 (7 Suppl): S15-S20.
- 12 Better mental health services for Australia. John Howard, Prime Minister. Media release 5 April 2006. Available at: http://www.pm.gov.au/news/media_releases/media_Release1858.html (accessed Apr 2006).
- 13 Griffiths KM, Christensen H. Quality of web based information on treatment of depression: cross sectional survey. *BMJ* 2000; 321: 1511-1515. □

Sackings at the Canadian Medical Association Journal and editorial independence

Martin B Van Der Weyden

A clash of purpose between a journal's editors and its owner

20 February 2006 may well be the day that marked the beginning of the decline of the *CMAJ* (*Canadian Medical Association Journal*) as a widely respected national and international journal. On that day John Hoey, Editor-in-Chief of the *CMAJ* for 10 years, and his Deputy Editor Anne Marie Todkill were summarily dismissed by Graham Morris, the president of CMA Media Inc which publishes the *CMAJ*.¹ As to the reasons for the firings, Morris said, "I felt that after 10 years it was time for a fresh approach."² His rationale was greeted with disbelief and derision from leaders in the publishing field. Frank Davidoff, Editor Emeritus of the *Annals of Internal Medicine* was reported as

saying, "Oh, come on! A summary firing without a cause? I mean, how naive do they think people are?", adding, "I think it could be the death knell of this Journal".³

The dismissal of Hoey and Todkill provoked editorial comments in the *Lancet*⁴ and the *British Medical Journal* (*BMJ*),⁵ and condemnations from the Council of Science Editors, the World Association of Medical Editors and the International Committee of Medical Journal Editors — all parties called for the Canadian Medical Association (CMA) to respect editorial independence.⁴ Within 3 weeks, the *CMAJ* was reduced to a shell of its former self. The journal's Acting Editor-in-Chief, Stephen Choi,

resigned, along with its Editorial Fellow and a number of Associate Editors. Their resignations were provoked by the failure of the CMA to agree to Choi's request that the publisher and the owner of the journal, CMA Holdings, a commercial subsidiary of the CMA, not interfere with editorial content.⁶ In dire straits, the CMA turned to Bruce Squires, the previous Editor-in-Chief, to resume this role in an acting capacity. Seventy-one-year-old Squires declined and urged the CMA to heed Choi's request for editorial independence. Finally, 16 of the 19 members of the *CMAJ* editorial board resigned.^{6,7}

There was dismay and disquiet in the Canadian medical community. Anger among academics, researchers and clinicians followed, with calls for a boycott of submissions to the *CMAJ* and the activation of a worldwide petition for editorial autonomy at the *CMAJ*, and the reinstatement of Hoey and Todkill. There was even talk of setting up an open-access journal in competition with the *CMAJ*.^{7,8}

Caught in this imbroglio, the CMA desperately needed a circuit breaker. This came with two announcements. The first announced yet another Acting Editor, Noni MacDonald (a former Dean of Medicine), the assembly of a new editorial board, and the release by the CMA of nine interim principles for editorial governance, including editorial independence.^{9,10} The second was more striking, announcing the formation of a panel of eminent authorities to "review the Canadian Medical Association Journal's (*CMAJ*) governance structure and to provide objective recommendations to further the *CMAJ*'s continued commitment to editorial independence and maintaining excellence in reporting on the science and art of medicine."¹¹ The review panel, chaired by Antonio Lamer, a former Chief Justice of the Canadian Supreme Court, is to report soon. Despite these measures, dissatisfaction remains. It is obvious the current turmoil was driven by matters other than the desire to seek new directions.²

What then was behind the sacking of Hoey and Todkill? During Hoey's tenure, there were smouldering tensions between the *CMAJ* and CMA as to who should have control over the journal's content, particularly if this was politically or commercially awkward for the CMA.^{6,7} These tensions reached a climax in the months immediately before the sackings, with two *CMAJ* news items — the Plan B story (a *CMAJ* investigation of over-the-counter dispensing of the newly approved emergency contraceptive pill by Canadian pharmacists) and the Tony Clement story (an article commenting on his appointment as Minister of Health in the Conservative Canadian Government, which was critical of his stance on privatisation of health services).¹²

In late 2005, reporters from the *CMAJ* began an investigation into the circumstances surrounding over-the-counter dispensing of the emergency contraceptive pill — the investigation became known as the Plan B story. They asked 13 women to purchase the pill and report the conditions for its procurement. They found that the women had been asked private and personal questions by pharmacists, in accordance with the guidelines of the Canadian Pharmacists Association (CPhA). On learning of the investigation, the CPhA complained to the CMA that the exercise was not investigative journalism, but research, and thus should have had ethical approval. They also objected to what they considered to be covert observation of pharmacists. Hoey was instructed by CMA executives to pull the article; he did not, but when it appeared, details of the personal questions had been expunged. This was tantamount to censorship.

After complaints by privacy commissioners following the publication of the story, the CPhA instructed its members to desist from extracting private information from consumers. However, the damage to *CMAJ* editorial independence had been done. This blatant breach was publicly exposed in a *CMAJ* editorial in December 2005, which noted that, "As a serious vehicle for science, news and opinion, *CMAJ* cannot avoid the discussion of contentious issues. It is not unexpected for tensions to arise between the association and the journal from time to time, for our mandates are not the same."¹³

To bring the matter to a head, Hoey asked an ad hoc committee of the editorial board to review matters related to the handling of the Plan B story. During its deliberations, the committee's attention was drawn to further instances of tampering with another news item — the Tony Clement story. This article, which was critical of Clement's stance on privatisation of health services, was published electronically on 7 February 2006, but was subsequently removed from the website. It reappeared on 22 February 2006 as a different report, less critical of the Minister and more in harmony with the CMA stance on privatisation. The full texts of both versions are detailed in the final report of the ad hoc committee, chaired by Jerome Kassirer, the previous Editor-in-Chief of the *New England Journal of Medicine*, and with high-level individuals in medical publishing, journalism and academic medicine as members.¹²

After duly examining all relevant issues, the committee dismissed the complaints of the CPhA and reaffirmed the legitimacy of responsible journalism as an integral part of modern medical journals, drawing attention to this practice in the *Lancet*, *BMJ*, *Science*, *Nature* and the *Journal of the American Medical Association*. Significantly, it suggested that the CMA and CMA Holdings had a decision to make: either support editorial independence or run the risk of the *CMAJ* degenerating into "an association rag." The committee also noted that, "Despite claims by the CMA, . . . the editorial autonomy [of the *CMAJ*] is to an important degree illusory" and that "Publishers have the option of dismissing an editor who exhibits a pattern of incompetence, misconduct or fiscal irresponsibility. As long as editors hold their position, however, they must be free to make editorial decisions independently of the ideological, strategic or commercial interests of the publisher. The editor's conduct should be judged against the ideals of the medical profession and against standards of accuracy, precision and fairness. Editorial decisions should not be judged against the particular aims of the CMA."¹² In this context, the CMA President, Ruth Collins-Nakai, more recently revealed that "irreconcilable differences" between the editors and the publisher of the *CMAJ* were the real reasons for the sacking of Hoey and Todkill.¹⁴

Publishers and editors worldwide now await with interest the findings of the Lamer panel. Meanwhile, what can we learn from the *CMAJ* crisis? Editorial independence will only work if there is a clear understanding between owners and editors of journals as to a journal's mission, and the empowerment of an editor or groups of editors to implement this mission and to be responsible for the cover-to-cover content of the journal. Essential to this process is the trust that editors will realise the stated ideals by making sound decisions and, at the same time, enjoy the freedom to publish controversial material, even when this is at odds with the purpose, politics and practices of the body owning the journal. In short, editorial independence is built on mutual respect, open communication and a clear understanding of boundaries.¹⁵ These appear to have been in short supply in the Hoey affair.

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References

- 1 News CBC. Canadian Medical Association Journal sacks two editors. Available at: <http://www.cbc.ca/story/science/national/2006/02/21/cmaj06022.html> (accessed Feb 2006).
- 2 Spurgeon D. CMAJ draws criticism for sacking editors [news]. *BMJ* 2006; 332: 503.
- 3 Branswell H. Editorial board fights to get medical journal editor, deputy reinstated. 22 Feb 2006. Available at: <http://cnews.canoe.ca/CNEWS/MediaNews/2006/02/22/1457147-cp.html> (accessed May 2006).
- 4 Sacking of CMAJ editors is deeply troubling [editorial]. *Lancet* 2006; 367: 704.
- 5 Godlee F. A big mistake [editor's choice]. *BMJ* 2006; 332: 4 March.
- 6 Suchman M, Reidelmeier DA. Politics and independence — the collapse of the Canadian Medical Association Journal. *N Engl J Med* 2006; 354: 1337-1339.
- 7 Webster P. Canadian researchers respond to CMAJ crisis. *Lancet* 2006; 367: 1133-1134.
- 8 Devereaux PJ, Armstrong P, Ghali W, et al. Petition for editorial independence at CMAJ. Available at: <http://www.chaps.ucalgary.ca/cmaj.htm> (accessed Feb 2006).
- 9 MacDonald N, Squires B. Why we agreed to step into the breach. *CMAJ* 2006; 174: 1063. Epub 2006 Mar 16.
- 10 CMAJ editorial governance principles. Ottawa: Canadian Medical Association, 7 March 2006; revised 8 March 2006. Available at: <http://www.cmaj.ca/> (see Messages from CMAJ Editor; accessed May 2006).
- 11 CMAJ governance review panel members announced. Ottawa: Canadian Medical Association, 29 March 2006. Available at: <http://www.cmaj.ca/> (see Messages from CMAJ Editor; accessed May 2006).
- 12 Kassiser JP, Davidoff F, O'Hara K, Reidelmeier DA. Editorial autonomy of CMAJ. *CMAJ* 2006; 174: 945-950.
- 13 The editorial autonomy of CMAJ [editorial]. *CMAJ* 2006; 174: 9.
- 14 Branswell H. CMA president says CMJA editors fired over "irreconcilable differences". 3 April 2006. Available at: <http://money.canoe.ca/News/Other/2006/04/13/1533681-cp.html> (accessed May 2006).
- 15 Van Der Weyden MB. Editorial independence is built on trust and communication [editorial]. *Aust J Physiother* 2002; 48: 167-168. □