

Freedom of information?

Thousands of people around the world use the MJA's free-access website

IN JANUARY 2002 the eMJA website began providing open access to the full text of each issue of the Journal as soon as it is published. Since then 3000–7000 people have visited the eMJA every day — not just Australian doctors and citizens, but people from all over the world.

Apart from the altruistic glow that comes from subsidising this access, what is its value to the members of the Australian Medical Association (AMA) and other subscribers who fund the considerable cost of publishing the MJA? Like everyone else, they get immediate access to the Journal via the Internet without having to fuss around with passwords and usernames. For many purposes, the Internet Journal may be more convenient than using the printed edition: back issues never get mislaid, and there is a useful search tool that makes it easier to track down a half-remembered article. The Internet edition includes links to related articles in the MJA, and to other journals via PubMed, the US National Library of Medicine's online index of the medical literature. And it is a lot easier to copy the citation details and other text from the Internet edition than from paper.

However, should these conveniences be restricted to those who pay for the Journal? Most medical journals on the Web, including the "big four" — the *New England Journal of Medicine*, *The Lancet*, the *Journal of the American Medical Association* and *Annals of Internal Medicine* — restrict access to paying customers. There are exceptions, including the *BMJ* (which has provided full text free since 1998), the *Canadian Medical Association Journal*, and *CA: A Cancer Journal for Clinicians*. There are academic arguments that the scientific medical literature should be freely available because of its importance in medical advancement and education — ultimately, because of its importance in saving lives and ameliorating suffering. There are pragmatic counterarguments that producing a journal is expensive, and that the people who use it should pay for it. Both views were aired at length in the debate inspired by Harold Varmus, Director of the US National Institutes of Health, when he proposed a free electronic archive of biomedical research.¹

Many journals are now finding compromises between the idealistic and the commercial arguments. Some release their archives for free access six months after publication, reserving the up-to-the-minute content for paying customers (eg, *Antimicrobial Agents and Chemotherapy*, *Molecular and Cellular Biology*, *Proceedings of the National Academy of Sciences*). Some journals make content freely available only in the developing world, where medical information is hardest to

eMJA vital statistics

3000–7000 visitors every day

Three most accessed articles published in 2002 (to end October):

1. Chronic fatigue syndrome. Clinical practice guidelines — 2002. *Med J Aust* 2002; 176 (Suppl 6 May): S17-S55. <<http://www.mja.com.au/public/guides/cfs/cfs2.html>>. Accessed 9845 times in six months.
2. McLaren B, Shelley JM. Reported management of early-pregnancy bleeding and miscarriage by general practitioners in Victoria. *Med J Aust* 2002; 176: 63-66. <http://www.mja.com.au/public/issues/176_02_210102/mcl10306_fm.html>. Accessed 7532 times in nine months.
3. McGrath BP, on behalf of the National Blood Pressure Advisory Committee of the National Heart Foundation of Australia. Ambulatory blood pressure monitoring. *Med J Aust* 2002; 176: 588-592. <http://www.mja.com.au/public/issues/176_12_170602/mcg10817_fm.html>. Accessed 4920 times in four months.

Most accessed article published online, 1996 to 2002:

Kidson W. Polycystic ovary syndrome: a new direction in treatment. *Med J Aust* 1998; 169: 537-540 <<http://www.mja.com.au/public/issues/nov16/kidson/kidson.html>>. Accessed 38 188 times in 2002.

Estimated origin of visitors, based on data for visitors from known internet domains: Australia 68%, North America 16%, Continental Europe 5%, South America 4%, Asia 3%, United Kingdom 3%, Oceania 1%.

afford and also most needed (eg, *Archives of Disease in Childhood*, *Journal of Bone and Joint Surgery*, and the *Journal of Clinical Investigation*).

We at the MJA need to know what our paying readers think about this. Producing the eMJA costs about \$150 000 a year, or about \$5.60 per AMA member annually (this is on top of the much greater cost of producing the MJA itself). Do AMA members wish to emulate the example of members of the British Medical Association in supporting an Internet journal that is a gift to the world? Should free access be limited by time or place? How many subscribers and AMA members are happy to receive the Journal only in electronic form, thereby saving the costs of printing and post?

Meanwhile, we are developing new features for the eMJA, such as Internet-based manuscript submission and peer review; discussion lists attached to articles for rapid post-publication debate; and articles in a format suitable for downloading to personal digital assistants ("palmtop computers"). In these developments too we ask for guidance from AMA members. What features are most useful in the eMJA? What would you most like us to add?

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We would like your views on the eMJA and the access policy

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1. Varmus H. Original proposal for E-biomed (draft and addendum). E-BIOMED: a proposal for electronic publications in the biomedical sciences. <<http://www.nih.gov/about/director/pubmedcentral/ebiomedarch.htm>> Accessed 1 November 2002 [includes links to comments and related articles]. □