



**The End of Medical Journals?  
*Things are changing fast, but could it  
be for the better***

by Tim Albert

Regular readers of the *BMJ* could be forgiven for thinking that the first editorial of this year was little more than an elegant suicide note. 'Our judgement is that journals whose main contribution is peer review and distribution of research will disappear', wrote editor Richard Smith and web editor Tony Delamothe,<sup>1</sup>.

The immediate reason for the editorial was to inform readers that *BMJ* articles will now be made available, free, on PubMed Central, an electronic library financed by the US government. It is a major step, and one which publishers are following with more than a passing interest. It is a tangible sign that the world of medical publishing is going through a period of major turmoil. The changes we are seeing will inevitably alter the structure of that industry, the way we do science, and – if we are particularly fortunate – to the language in which medical scientists talk and write.

The position of current journal publishers is looking increasingly shaky. For more than 50 years they have done very well for themselves. These profits were driven not just by the noble quest for knowledge and its dissemination, but by the fact that publication bestowed financial benefits to those identified with them through 'authorship'. This was based on a simple economic reality: paper journals were expensive to produce: access was limited and therefore prized and, thus, names on a database became a performance indicator.

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The underlying economic model has now been consigned to history. Publishing articles electronically on the world wide web has virtually no direct costs once the systems are in place; publishing 20 papers costs little more than publishing 10. Journals can now select many more articles (provided they meet the scientific criteria), publishing the full paper electronically and running a summary in the paper journal. Some less prestigious journals are already finding it hard to attract sufficient original papers.

Even the future of large publishing groups is not guaranteed. If it is so easy now to publish research, why bother with publishers at all? Already some scientists are talking about disseminating their work by putting it directly on to their own websites. They will be able to do this quickly and will retain control. Scientific endeavour will have been wrested away from the control of profit-hungry publishers, and returned to the scientists.

### **End of Medical Journals?**

What about peer-review? Will getting rid of publishers throw the baby out with the profit-tainted bath water? Well, probably not. Peer-review does not have to be organised in advance of publication; it can take place afterwards. With electronic publishing, authors can post their papers, and their colleagues can comment on them as soon as they appear. Authors can make changes in the light of these comments, and the paper will continue to evolve. This seems more in keeping with the original spirit of peer-review, which has somehow mutated into peer editorial control.

One of the great advantages of all this is that it could destroy the validity of publication as a performance indicator. If more and more people can get published in the more prestigious journals, or if publishing in other sites, such as PubMed Central, becomes equally prestigious, then the race to amass publication points becomes easier and, therefore, less valued.

Another reason for optimism, as Smith and Delamothe point out, is that the 15 per cent of journals they estimate will survive only because they have adapted. Free from the need to validate science, journals could revert to their original role of communicating advances.

This will have implications for technical editors. As well as ensuring that manuscripts have an internal logic, are accurate, consistent, and grammatically correct, technical editors, will need a completely new set of skills. These will include the ability to translate 'scientific writing' into plain English, to write shorter articles (structured as news pyramids), to write and deploy headlines, standfirsts and other pieces of 'page furniture', to commission original articles and to run news-gathering operations.

All this could have a beneficial effect on the culture of medical science, which currently suffers from what I have called the '*Pulse Paradox*'<sup>2</sup>. This is the observation that doctors value what they read in medical journals, even though (studies have shown) they rarely read them, find them difficult to understand, and seldom change their habits as a consequence. On the other hand, doctors read, understand and act upon medical newspapers, such as *Pulse* in the UK. Yet they devalue what they do and dismiss them (in the UK at least) as the comics or the funnies. Is this relating to the medical newspapers?

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But if journals start adopting this style, then this prejudice may start to disappear, with all kinds of benefits to the communication of science and the practice of medicine. As the doctor and writer Michael

O'Donnell argued last year, in his characteristically forthright way: 'That oft-evoked entity "the literature" has, I submit, been corrupted by a language created by people who write not to be read but to be cited...I wonder do the citation seekers ever consider the plight of us poor readers, deafened by the hoovering-up of data...and struggling to survive in a world that equates data with knowledge?' He concludes: 'If we could get the citation seekers out of our journals and into peer-reviewed electronic databases, we could rid ourselves of their vernacular and start to share our ideas in a clear, honest and interesting way'<sup>3</sup>.

In short, and this is the best news of all, the changes currently going on in medical publishing could finally return the language of medical science to something that approximates 'good writing', as advocated by a range of writers from George Orwell to Bill Bryson. As Smith and Delamothe write: 'If journals cannot add value, then they will die, which is right and proper. But if reading them can be a pleasure not a chore then they can survive'<sup>1</sup>.

Medical writing a pleasure to read? Now there's an interesting notion!

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**References:**

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3. M O'Donnell, Evidence-based illiteracy: time to rescue 'the literature', Lancet, February 5 2000, 355: 489-491

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***FOOD FOR THOUGHT***

***He that will write well in any tongue, must follow this counsel of Aristotle, to speak as the common people do, to think as wise men do; and so should every man understand him, and the judgement of wise men allow him.***

***Roger Ascham (1515-1568)  
JAMA 2001; 285: 1266***