

# The World Association of Medical Editors (WAME): Thriving in Its First Decade

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March 2005 marks the 10th anniversary of the World Association of Medical Editors (WAME, pronounced *whammy*), a global organization of 1158 editors of peer-reviewed biomedical journals representing 721 journals in 80 countries. Having emerged during the electronic era, WAME is almost entirely a virtual organization, maintaining its cohesion through a very active listserv and conducting most of its activities on its Web site, *wame.org*. Its first decade has been one of hard work, rapid growth, and lively discussion.

## Background

The idea of a world association of medical editors germinated in the early 1990s out of concerns that the International Committee of Medical Journal Editors (ICMJE, the Vancouver group) was too small, self-serving, and exclusive and that biomedical-journal editors around the world needed help in developing high-quality, peer-reviewed journals. Accordingly, Suzanne and Robert Fletcher (editors of *Annals of Internal Medicine* at the time) spearheaded the preparation of an application to hold a conference at the Rockefeller Foundation Conference and Study Center in Bellagio, Italy, to consider the needs of medical-journal editors globally and to devise a plan to meet those needs. The foundation approved the application in early 1994, and in March the following year, 22 participants from 13 countries met in Bellagio to consider the following:

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- What are the common purposes of medical-journal editors and the set of skills editors need to achieve these purposes?
- What day-to-day obstacles and challenges do medical editors encounter in trying to achieve their goals?
- Is there a need for global organization of medical-journal editors? If so, how can it be established, and how can medical-journal editors create a global electronic communication network to discuss goals and needs and share information, ideas, and solutions?
- How can medical-journal editors use their position to promote high-quality medical science, medical practice, and health in their regions and throughout the world?<sup>1</sup>

Thanks to substantial preparation by all participants in the meeting, the group made remarkable progress in a very short time. After considering the goals of biomedical journals, the group outlined the challenges globally facing biomedical-journal editors, peer-reviewed biomedical journals, and scientific publishing. As a result, it proposed the “creation of a global organization of editors of peer-reviewed journals, to be called the World Association of Medical Editors . . . to facilitate worldwide cooperation among editors of peer-reviewed medical journals to enhance the exchange of educational information; to improve editorial standards; to promote the professionalism of medical editing through education, self-criticism and self-regulation; to expand the voice of and influence of medical editors; to develop mutual support; and to encourage research on the principles and practices of medical editing so as to improve the quality of medical science and practice.”<sup>1</sup>

The short-term action plans emanating from that meeting defined WAME’s modus operandi:

**Table 1. Presidents of WAME, 1995–2004**

Richard Horton (United Kingdom)
Drummond Rennie (United States)
Fiona Godlee (United Kingdom)
Ana Marusic (Croatia)
Peush Sahni (India)

- To develop a global electronic communications network.
- To develop an easily accessible library of key resources for health sciences editors.
- To create a global directory of medical journals and their editors.
- To obtain funding to initiate the organization.
- To plan for periodic world congresses of WAME.
- To establish close liaison with existing editor groups.
- To work with emerging regional groups of medical editors.
- To establish relationships with world organizations to explore collaborative initiatives.
- To cooperate with the organizers of the International Congresses on Peer Review.

Long-term plans focused on encouraging research on medical editing, establishing global standards for medical editing, facilitating educational workshops, and fostering development of regional editorial groups.

Accordingly, the founding members elected interim officers and a board of directors to guide and coordinate the development of WAME, plus four committees—on electronic networking, membership, ethics, and fund-raising.

The participants also agreed that to guide WAME’s development there should



**Figure 1. Bellagio meeting participants, 1995.**  
**Front row, from left: Tom Mboya Okeyo (Kenya), Iain Chalmers (UK), Alejandro Goic (Chile), Samiran Nundy (India), Gabor Kapocs (Hungary), Robert Fletcher (US), Saveli Bachtchinski (Russia), Daniel Ncayiyana (South Africa), Suzanne Fletcher (US), John Overbeke (Netherlands), George Gellert (US), S T Lee (Singapore), Bruce Squires (Canada).**  
**Second row, from left: Richard Smith (UK), Lars Bottiger (Sweden), George Lundberg (US), Robin Fox (UK), Drummond Rennie (US), Magne Nylenna (Norway), Richard Horton (UK), Patricia Woolf (US), Edward Huth (US).**

**Figure 2. Bellagio meeting participants, 2001.**  
**Front row, from left: Fiona Godlee (UK), Margaret Winker (US), Robert Fletcher (US), Pia Pini (UK), Suzanne Fletcher (US), Ana Marusic (Croatia), Daniel Ncayiyana (South Africa), Peush Sahni (India), Qian Shouchu (China), Saveli Bachtchinski (Former Soviet Union).**  
**Second row, from left: Mohamed Galal Yahia El-Badawi (Egypt), Humberto Reyes Budelovsky (Chile), Magne Nylenna (Norway), Drummond Rennie (US), Robert Utiger (US), Roy Pitkin (US), Bruce Squires (Canada), Iain Chalmers (UK), John Overbeke (Netherlands).**

be a survey of medical editors around the world to determine their needs. Personnel at Project Hope undertook the survey in collaboration with the founding WAME members.<sup>2</sup> The investigators surveyed senior editors at 727 medical journals in 57 countries. The response rate was only 37%, but 87% of the respondents expressed interest in a global editorial organization. At the time of the survey, 78% used a computer in their work, but only 47% had access to the Internet. Nevertheless, the authors concluded that an electronic network was feasible.<sup>2</sup>

### 1995-1997

Since its inception, WAME's fundamental goal has been to facilitate continuing communication between editors without the possibly crippling expense for many of holding regular conventions or conferences. Hence, with the generous assistance of the National Library of Medicine in Bethesda, Maryland, a listserv—origi-

nally to enable communication among the founding members—was expanded so that individual members can communicate with the entire membership (unless individual members choose otherwise). With the listserv, editors around the world can ask their colleagues for assistance or information about problems, be they with authors, reviewers, or publishers. Sometimes, the questions are technical (Where do I get help on . . . ?), but most questions deal with ethical and policy issues. Topics have been far-ranging: plagiarism, fraud, peer review, and duplicate publication, to name just a few. The issues are usually relevant to editing in the health sciences, and the discussions often lively. Sometimes, discussions beginning with an editor's query will generate so many responses that WAME's Ethics Committee or Editorial Policy Committee (see below) uses the query to generate a WAME statement. Issues raised on the listserv have enabled WAME to exert considerable moral influence on edi-

tors, publishers, and government. In one notable episode, after the US Department of the Treasury determined that editing a research paper from an embargoed country is equivalent to providing a service to authors and therefore violates US trade restrictions, the members responded so vehemently that WAME created a policy statement deploring the restriction.<sup>3</sup> Later, the *New York Times* reported that the department had backed down.<sup>4</sup>

Since 1997, the listserv has had communications on more than 150 topics, sometimes involving only two or three members, sometimes involving dozens. Occasionally, the discussion has become more emotional than rational. As a result, the messages are monitored and WAME has developed a code of conduct for members ([wame.org/wametalk.htm](http://wame.org/wametalk.htm)).

For its first 2½ years, WAME's interim officers focused primarily on membership, fund-raising, and plans for an inaugural meeting to be held coincidentally with the

## WAME continued

Third International Congress on Peer Review<sup>5</sup> scheduled for September 1997 in Prague, Czech Republic. It also devised plans for the WAME Web site and formation of various additional committees. The plans emanating from the discussions by the executive committee were presented at the inaugural meeting in 1997.

The short inaugural meeting of WAME in Prague attracted about 200 editors. The participants generally agreed that the plans devised at Bellagio and afterward were satisfactory. They also approved election of the officers and the formation of more committees: on bylaws, education, and editorial policy. The only contentious issue was membership—some wanted to make full membership exclusive of all but senior editors, former senior editors, and serious investigators of medical editing (“scholars”); others wanted to include all those who wished to join. At the end, participants agreed that full membership should be available to senior editors and former editors and scholars but that associate (nonvoting) membership would be available to others.

### 1997-2001

By 1999, WAME had established its Web site—*wame.org*. It had also attracted 367 members and funding from several journals and other agencies. Nevertheless, members of the board of directors considered that further planning was essential to ensure WAME’s continuing viability. Therefore, the directors prepared and submitted a new proposal to the Rockefeller Foundation to hold another conference to map out a strategy for WAME’s continued development.

After approval of the proposal, 20 editors from 12 countries on five continents met in Bellagio in January 2001. The group was able to achieve four goals:

- A statement of principles on the standards of professionalism and responsibilities of editors.
- Agreement to assess the extent to which these principles are reflected in practice and to explore barriers to their adoption, using data from a survey and focus groups.
- Development of an online program

for distance learning, targeted at new editors, and a plan for formal evaluation of the program.

- Agreement to support regional initiatives to strengthen local editorial capacity.

The board later planned WAME’s second meeting to coincide with the Fourth International Congress on Peer Review in Barcelona, Spain, in September 2001. Unfortunately, the tragic events of September 11 resulted in diminished attendance at the congress and the WAME meeting. Nevertheless, participants at that WAME meeting heard short reports from the various committees and approved the new officers and members of the board.

### Present and Future

The following briefly summarizes other WAME activities.

The administration of WAME follows a traditional model much like that of the Council of Science Editors (CSE), and the bylaws of WAME were modeled after those of CSE. The board comprises an executive committee—president, past president, vice-president, secretary, and treasurer—and five directors (Tables 1 and 2). The executive committee meets by teleconference every 2 months to manage routine matters and to consider statements of policy resulting from issues or queries from members and other organizations—*wame.org/wamestmt.htm*. At the discretion of the president, the executive committee may consult the directors and committees on editorial issues or matters of WAME policy. Six committees report regularly to the board (Table 2). The chairs of each committee recruit committee members at their discretion.

The *Education Committee* has established a syllabus for potential and new biomedical journal editors—*wame.org/syllabus.htm*—and a list of resources on the WAME Web site. The syllabus provides a comprehensive outline of journal editors’ responsibilities, what to look for before accepting an editorship, the editorial process, and a number of useful information sources. The resources section—*wame.org/resources.htm*—provides

useful links to other Web sites, including policies of organizations, books and monographs, journal resources, ethics resources on the Web, journal instructions for authors, and other organizations for editors.

The *Editorial Policy Committee*, after consultation with other committees and the board, has created several policy statements,<sup>6</sup> which reflect major issues discussed on the WAME listserv, issues emanating from the mass media or government, or queries from members of WAME. Topics of the policy statements include

- Publication-ethics policies for medical journals.
- Impact factor.
- Geopolitical intrusion on editorial decisions.
- Responsibilities of medical editors.
- Regional workshops for medical editors.
- Journals’ role in managing conflict of interest related to the funding of research.
- Free journal access for poor nations.
- Editorial independence.

The *Electronics Committee* is responsible for developing and maintaining the WAME Web site—*wame.org*—with the gracious continuing support and hard work of the editors and staff at JAMA. The committee is committed to improving the site by making it more interactive and by continuing to add useful resources or links for biomedical journal editors.

The *Ethics Committee* has been responsible for developing recommendations for ethical policies for medical journals and Web resources on ethics—*wame.org/ethics.htm*. It has been very active in considering ethical issues in publication. The common scenario is that a WAME member presents a case for consideration by the Ethics Committee, which, if appropriate, then submits the case, without identifying the participants, to the entire membership through the WAME listserv for rapid comment. When the full committee has been able to discuss the case, it responds to the member submitting the case. If a particular case seems to hit on important principles in publishing ethics, the commit-

**Table 2. Current WAME Officers and Committee Chairs**

WAME Board of Directors

Officers

President (Jan 2004–Dec 2005):

Peush Sahni (India)

Past President (Jan 2004–Dec 2005):

Ana Marusic (Croatia)

Vice-President (Jan 2004–Dec 2005):

Michael Callaham (United States)

Treasurer (Jan 2004–Dec 2005):

John Overbeke (Netherlands)

Secretary (Jan 2004–Dec 2006):

Margaret A Winker (United States)

Directors

(Jan 2005–Dec 2006)

See *wame.org*.

(Jan 2004–Dec 2005)

Farrokh Habibzadeh (Iran)

Pritpal S Tamber (United Kingdom)

Faith McLellan (United States)

(Jan 2004–Dec 2004)

Maria del Carmen Ruiz-Alcocer (Mexico)

James Tumwine (Uganda)

Committee Chairs

Bylaws:

Roy Pitkin (United States)

Editorial Policy:

Robert Fletcher (United States)

Education:

Bob Utiger (United States)

Electronics:

Margaret A Winker (United States)

Ethics:

Michael Callaham (United States)

Finance:

John Overbeke (Netherlands)

Membership: Bruce Squires (Canada)

ship in WAME is free. The bad news is that WAME has limited funds to support its activities. Its activities are supported primarily by hard-working volunteers, but WAME receives generous support in kind or money from several institutions: *Medical Journal of Australia*, *Ugeskrift for Læger*, *Finlands Läkartidning*, *Nederlands Tijdschrift voor Geneeskunde*, *Tidsskrift for Den norske lægeforening*, *BMJ*, *The Lancet*, the Reuters Foundation, the American College of Obstetricians and Gynecologists, *Annals of Internal Medicine*, *JAMA* (WAME Web Site administration), the Massachusetts Medical Society, the National Library of Medicine (WAME listserv administration), and the Rockefeller Foundation.

Membership continues to grow steadily. By 1999, there were 367 members; by September 2001, there were 603; and by late November 2004, WAME comprised 1158 members representing 721 journals in 80 countries. The relative youth of the members' journals is particularly remarkable; of the 643 journals on which the information is available, over half were first published after 1985.

From the beginning, WAME has encouraged cooperation with ICMJE and other associations of editors, such as CSE and the European Association of Science Editors (EASE). WAME strongly supports the concept of regional groups based on language or geography because such groups often have problems peculiar to their regions and challenges in developing high-quality peer-reviewed medical journals: a paucity of high-quality journal articles, lack of funds for publication, minimal government support, and so on. Such groups include the Asociación Mexicana de Editores de Revistas Biomédicas (AMERBAC, the Mexican Association of Biomedical Journal Editors), the Korean Association of Medical Journal Editors, and the recently formed Forum for African Medical Editors (FAME) and Eastern Mediterranean Academy of Medical Editors (EMAME).

WAME also strongly encourages regional or local initiatives to provide workshops or conferences and the like for editors of peer-reviewed medical journals to encourage the highest standards of reporting medical science. Although workshop funding is not

available, WAME is prepared to assist in the planning of workshops or conferences, to help in finding appropriate faculty, and to help negotiate some assistance to facilitate clearly planned projects that rely primarily on local or regional resources (*wame.org/wamestmt.htm#regional*).

The next decade promises to be challenging for medical-science publishing. Open-access online journals are proliferating and clearly upsetting traditional publishing practices in peer-reviewed journals. Developing countries need to have access to information and to develop their own publications that meet regional or national needs. Also, although the continuing growth in the numbers of WAME members is encouraging, the membership reflects only a small fraction of the total number of peer-reviewed journals. Of particular concern is the relative paucity of WAME members from Africa, Asia, South America, and Eastern Europe, the very regions that WAME had hoped to reach.

WAME has come a long way since its inception in 1995, but much remains to be achieved if we are to reach a high caliber of biomedical journalism and, most important, a high level of health care around the world. 🌐

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tee refers the issue to the WAME board of directors to consider publishing a statement on the WAME Web site.

From the beginning, the founding members agreed to make membership available to all editors of peer-reviewed biomedical journals, regardless of their financial state. The good news, therefore, is that member-