

The Latest on Open Access to Biomedical Publications

Moderator:

John W Ward

Centers for Disease Control and Prevention
Atlanta, Georgia

Speakers:

Sheldon Kotzin

National Library of Medicine
Bethesda, Maryland

Peter Banks

American Diabetes Association
Alexandria, Virginia

Reporter:

Kim Sprayberry

American Veterinary Medical Association
Schaumburg, Illinois

Open access to biomedical publications is advocated because of spiraling print publication costs, the influence of patient-advocacy groups, and an increasing voice from members of the scientific community itself that the public has a right to the results of research it pays for. Sheldon Kotzin stressed that the Internet has permanently changed how people get information, and the change has a direct bearing on the business of scientific publishing.

The push to develop a public-access policy occurred in part because of a House Appropriations Committee report in 2003 stating concern over the costs of subscriptions to journals and the increasing costs of accessing information. The National Institutes of Health (NIH) oversees the expenditure of nearly \$30 billion for scientific research. The goals of NIH's public-access policy for PubMed Central, its institutional electronic repository, are pro-

viding access to, archiving, and advancing science. Creation of a central repository of information generated by government-funded research created a venue for recipient authors to post their work once it has been accepted for publication in a journal. NIH drafted a policy requesting, but not requiring, funded authors to submit final peer-reviewed (but not edited) manuscripts to the repository.

The effects of the policy are still nascent because the final policy went into effect only on 2 May 2005. Kotzin emphasized the voluntary nature of author submissions to the repository. The policy recognizes and upholds the principles of copyright and does not seek to influence where authors submit for publication.

Peter Banks said that the American Diabetes Association has already implemented an open-access policy and is fully NIH-compliant. All articles are subject to free full-text access 3 months after publication, and articles deemed exceptionally important for diabetes patients and their families are made accessible immediately.

Funder-paid or taxpayer-paid open access is only one type of open access, Banks said, and problems should be considered before broad implementation of such access. Taxpayer-funded open access may

- Divert money from support for research and cause a net decrease in funds available for science and publishing.
- Not provide adequate funding for rigorous peer review.
- Threaten authors' copyrights.
- Result in a "bibliographic train wreck".
- Facilitate politicization of science via government intrusion.

Although the move is purported to allow free access of John Q Public to medical articles, said Banks, he expressed doubt

that the members of society most in need of health care would log on and read an article from the *Journal of the American Medical Association* or the *New England Journal of Medicine*.

The Internet is an important tool for the support of health, all agreed: Among 93 million adult users in the United States, Banks said, the seeking of health information is the third-most-common activity. The bottom line: Taxpayer-funded open access does not address the right problem for many diseases. Information should be made universally and freely available, but in an edited format, not raw data, and in context, so that better access to health care is facilitated. Access should be tailored, Banks maintained, to the needs of the groups served and must not result in a loss of funding for future research. User-focused open access would make the information freely available but in a manner that will truly aid patients. Edited material would answer such questions for readers as, Exactly what was studied? Why did the investigators do the study? What did they find? Were the conclusions valid? What are the limitations? What are the implications? The public would be better served by increasing the focus on—and funding of—evidence-based informatics, that is, moving away from the publishing of raw data and toward publishing citations that will actually affect health.

Will the posting of raw data serve the interests of the public? Will it truly "do no harm"? Where will patients go with their interpretations of data and conclusions? Medical publishers must remember that the needs of the patient—our reason for existing—must be put first. 