Editorial independence is built on trust and communication

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The abrupt departures in 1999 of the editors of two of the world’s most prestigious medical journals sent shock waves through the medical publishing community (Davidoff 1999, Horton 1999, Smith 1999, Van Der Weyden 1999).

In January of that year George D Lundberg, Editor of the Journal of the American Medical Association [JAMA], was sacked by the American Medical Association (Anderson 1999). Some five months later, Jerome P Kassirer, Editor of the New England Journal of Medicine, left the Journal when his contract with the Massachusetts Medical Society, the Journal’s owners, was not renewed (Smith 1999). At the centre of both these dismissals were conflicting perceptions of journal objectives, values, accountability and editorial independence.

George D Lundberg was dismissed because he interjected the JAMA into United States political debate. He chose to publish a report (independently submitted, peer reviewed, revised and accepted) which concluded that US college students did not think of oral sex as “having sex” (Saunders and Reinisch 1999).

Lundberg’s undoing was that he fast-tracked the article’s publication to coincide with US President Bill Clinton’s impeachment over the Monica Lewinsky affair. In justifying Lundberg’s sacking, the American Medical Association Executive Vice President, E Ratcliffe Anderson Jr, noted that: “through his recent actions [Lundberg] has threatened the historical tradition and integrity of JAMA by inappropriately and inexcusably interjecting [it] into a major political debate that has nothing to do with science or medicine”, adding that “Lundberg was focused on sensationalism not science” (Anderson 1999).

Jerome P Kassirer fell out with the Massachusetts Medical Society over the society’s intention to use the New England Journal of Medicine’s powerful brand name to promote the society’s publishing ventures, in much the same way that the British Medical Journal and the Lancet brands are used by their respective publishing groups. The crux of the dispute was that as the Editor of the New England Journal of Medicine was not directly responsible for the quality of the proposed publications, this loss of control could jeopardise the world-wide reputation of the New England Journal of Medicine. The ensuring conflict became a classic tussle between an editor concerned with journal excellence and owners concerned with commercial expansion and the bottom line (Smith 1999).

The exit of these eminent editors sparked a barrage of editorials lamenting the inequity of their misfortune (Horton 1999, Smith 1999, Van Der Weyden 1999) and the loss of editorial freedom (Kassirer 1999, Parmley 1999, Smith 1999). But the real outcome of this flurry of protest was that it promoted a review of the relationship between editors and journal owners and attendant rights, responsibilities and accountability (Davis and Mullner 2001).

Now, some three years later, there is a framework in place detailing the nature of the relationship between journal editors and owners and the principles informing editorial independence and journal governance. But more important, perhaps, is the understanding that mutual trust and unambiguous channels of communication are crucial to the quality and effective running of any peer-reviewed journal.

Essential to the process of minimising potential conflict between journal editors and owners is a clear definition of the Journal’s mission. For example, the Medical Journal of Australia’s mission is: “to be the recognised forum for information and commentary on all aspects of health care in Australia, and in the process enhancing the community standing of Australian medicine and research and the Australian Medical Association. These objectives will be achieved by:

“Publishing original peer-reviewed clinical research of the highest standards;

“Providing a forum for high level, continuing, clinical education and for commentary and informed debate on standards of clinical practice, ethics, social, legal and other issues related to health care in Australia” (Van Der Weyden 1995).

Flowing from this expression of the Medical Journal of Australia’s purpose is the empowerment of an editor, or group of editors, to implement its mission and to be responsible for the cover-to-cover content of the Journal. This process requires a trust that editors will realise the stated ideals by making sound decisions underpinned by quality peer review and, at the same time, enjoy the freedom to publish controversial issues, even if these are at odds with the purpose, politics and practices of the body owning the Journal. Indeed, such trust is an affirmation that editorial independence is the only way to ensure a journal’s credibility and integrity. But such freedom comes with responsibilities and accountability. Both are integral to journal governance.
Some of the more enlightened input into journal governance has come from Huw Davies, a management academic, and Drummond Rennie, Deputy Editor of *JAMA* (Davies and Rennie 1999). Their central theme is that good governance should accommodate editorial independence on the one hand and owner’s strategic control on the other, and that this requires responsibility and accountability in both directions. They argue that good governance will only work in an atmosphere of trust noting that: “Trust exists when each party holds certain expectations of the other: expectations of competence, predictability and fairness.” But they caution that trusting relationships require time to build and can be exquisitely fragile. Davies and Drummond identify nine features that contribute to “robust governance … based on trust.” These include mutual accountability for the common good of the journal; a shared vision; explicit strategic objectives, leaving the tactics to achieve these objectives within editorial control; a free flow of information rather than judgment and informal mechanism for resolving disputes (Davies and Rennie 1999).

However all these principles are but theory in the absence of clearly established lines of communication. For example, the Editor of the *Medical Journal of Australia* regularly attends the meetings of the Council of the Australian Medical Association. There is also the need for a “buffer” body, interposed between the Journal and its owners. For example the *Medical Journal of Australia* is published by the Australasian Medical Publishing Company which, although owned by the Australian Medical Association, is governed by a separate Board of Directors (on which the Editor sits) and which has responsibility and accountability in both directions – to the Journal and the Australian Medical Association.

In the *Medical Journal of Australia*–Australian Medical Association model, the lines of communication between the Editor and the owners are clear and defined. After the *JAMA* imbroglio, a similar arrangement now pertains for the *JAMA* and the American Medical Association (Rosenberg and Anderson 1999).

More than a decade ago, the then Editor of the *New England Journal of Medicine*, Arnold S Relman, in an essay entitled “About Editors” (Relman 1991) observed that: “Owners are owners, and they have the legal right to run their journal as they wish, but if they own a peer reviewed professional journal and they want it to be respected and trusted, they should not attempt to interfere in its editorial management. They should not attempt to influence the editor’s choice about content or to control the opinion expressed by authors. The separation between the political and economic interests of the owners and the editorial management should be clear and unquestioned”.

This was sound advice then and remains so now, but it requires clear lines of communication and the nurturing of trust.

### References


