

Editorial Relationships: CSHP and *CJHP*

L Lee Dupuis

I first heard about the editorial impasse at the *Canadian Medical Association Journal (CMAJ)* on the radio one evening earlier this year. My initial reaction was that it must be a slow news day if anyone thought that the Canadian public would be interested in the internal workings of a medical journal! But I soon began to appreciate why this issue had caught the interest of the Canadian media, the Canadian public, the international medical community,^{1,2} and the international media.

The situation at *CMAJ* has been referred to as “blatant censorship”³ and the journal’s relationship with the Canadian Medical Association as involving “irreconcilable differences”.⁴ It would be presumptuous for me to speak directly about the issue, since my only sources of information are media reports and editorials. However, the broader issues raised by the *CMAJ* situation resonate with me, an associate editor of *CJHP*, and may do so with you, a member of a professional association. These issues include the responsibilities of the editor of a scientific journal, editorial independence and other rights of an editor, and the relationship between the editor and the association in whose name the editor creates a journal.

As stated by the Council of Science Editors, a journal editor is responsible for the quality of the journal’s content.⁵ When assessing potential journal content, editors are expected to treat all potential authors fairly and to avoid bias, conflicts of interest, and other outside influences. Since various groups and individuals who are involved or interested in the publication process (e.g., the journal’s association, advertisers, media, other authors, health care institutions) may all have competing interests, it is essential that the editor have the authority and the autonomy to make an independent decision with respect to the publication of each submission. In this way, the editor is able to fulfill another responsibility to readers — maintenance of the journal’s scientific and professional integrity. The components of editorial freedom enjoyed by the editor should be agreed upon by the editor and the association and should be available in writing. In addition, the entire

process should be transparent to editors, readers, authors, and association members.

At first glance, it would seem, then, that association members are expected to turn over the reins of “their” journal to the editors and thereafter take a hands-off approach. However,

the association should be responsible for developing the journal’s mission statement, which the editor is entrusted to fulfill. The association is also expected to write the journal’s editorial priorities and policies. In addition, there should be ample opportunity for open dialogue between the editor and the association executive, including a regularly scheduled formal review of the journal’s and the editor’s performance. Through these mechanisms, the philosophy and culture of the association permeate the journal, and editors become aware of potential and actual conflicts in a timely fashion.

The strife at *CMAJ* made the media splash it did because it underlined for scientists, clinicians, and the public how dependent we all are on the integrity of our scientific publications. The scientist must believe that his or her submission will be reviewed fairly; the clinician must have confidence that what appears in a journal is unaffected by an outside force’s ulterior motives; and the public must have faith that their health care providers have access to unbiased information.

How do CSHP and *CJHP* fare in light of the recommendations of the Council of Science Editors? The current CSHP Council and Branch Reference Manual contains only a brief statement declaring that the *CJHP* editor is accountable to Council and that the editor makes the final decision regarding the publication of all material submitted. Within the collective memory (about 20 years) of the current *CJHP*



editorial group, no significant conflicts have arisen between the Journal's editors and CSHP staff or Council members regarding specific journal content. Nevertheless, it is time to formally codify the relationship between CSHP and *CJHP*. Clarity in expectation and communication will avoid conflict and improve the integrity of *CJHP*.

NOTE ADDED IN PROOF

Just before this article went to press, the Canadian Medical Association received the report of the *CMAJ* Governance Review Panel⁶ that was appointed to review the governance of *CMAJ*. The CMA has accepted all of the panel's recommendations, including a call to enshrine "the principle of editorial integrity" as a specific goal and objective of the journal.⁷

References

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L Lee Dupuis, RPh, ACPR, MScPhm, FCSHP, is a Clinical Pharmacy Specialist, Division of Haematology/Oncology, Department of Pharmacy, The Hospital for Sick Children, and Associate Professor, Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto, Ontario. She is also an Associate Editor with *CJHP*.

Address correspondence to:

L Lee Dupuis
Department of Pharmacy
The Hospital for Sick Children
555 University Ave
Toronto ON
M5G 1X9

e-mail: lee.dupuis@sickkids.ca

Patients' right to privacy and publication in *CJHP*

To preserve each patient's right to privacy, potentially identifying information (e.g., demographic information, photographs, and written descriptions) will not be published in *CJHP* unless it is important to the message of the paper. Documentation of informed consent from the patient (or guardian) will be required before photographs of patients are published. In addition, authors may be requested to obtain informed consent from patients described in single case reports and/or small case series if it appears that patient identity may be discerned from information included in the paper. Alternatively, authors may be encouraged to present aggregated data. Such decisions will be made by the editors on a case-by-case basis. Where applicable, receipt of informed consent will be noted in the published paper.

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