

### What is already known on this topic

*BMJ* editors are committed to free open access to research articles but have no data on how important this is to authors

### What this study adds

Authors value free access to research articles on *bmj.com* and this influences their choice of where to submit articles

The introduction of access controls to part of the *BMJ*'s content has influenced authors' perceptions of the journal

likely to submit and 14% (29/211) would be much less likely to submit. A third (71/211) said this would not influence their decision.

Authors were equally divided in their opinion as to whether the closure of access to parts of the journal since January 2005 had affected their view of the *BMJ*: 40% (84/211) said it had and 38% (80/211) said it had not. Around a fifth (47/211) were not aware that we had closed access to parts of the journal, possibly because they have institutional subscriptions allowing automatic full access. In contrast, two thirds of authors (141/211, 67%) said their view of the *BMJ* would change if we closed access to research articles, 20% (42/211) said it would not change their view, and 13% (28/211) were not sure.

The box gives some illustrative sample quotes of how authors' views of the *BMJ* have been affected since we closed access to parts of the journal and how their views would be affected if we closed access to research papers. Comments largely focused on disappointment with a regressive step in the era of open access publishing, loss of a unique feature of the *BMJ* "that sets you apart from most other major journals," a perceived reduction in the journal's usefulness as a resource and global influence, restricted readership, less attractive to publish in, and the negative impact on the journal's image. None of the quotes were negative about open access. All the comments received from authors are available on *bmj.com*.

## Discussion

Authors clearly value free access to *BMJ* research articles and consider this an important factor in deciding whether to submit to the journal. Closing access to research articles would have a negative effect on authors' perceptions of the journal and their likeliness to submit.

This study was limited by a low response rate (51%) and unfortunately I cannot compare responders and non-responders in terms of demographics and research experience as this type of information about individual authors is not kept. One possible reason for the low response rate was that the *BMJ* was simultaneously conducting another online author survey and authors may have felt overburdened. The response rate, however, is comparable with rates of other surveys with professionals (published surveys of physicians have a mean response rate of 54%).<sup>5</sup> Responding authors may have tried to emphasise a particular message to the publishing group and may have been advocates of open access publishing in general. Regardless, the results show that the issue was important to many authors, even if all the non-responders were indifferent.

The individual comments from participants suggest that closure of access to research articles is likely to have a considerable negative impact on the image, and therefore potentially the strategic and long term financial success and viability, of the *BMJ*. The publishing group has agreed to keep free access to research articles for now.

I thank all the authors who completed the survey.

Contributors: SS is the sole contributor.

Funding: *BMJ* Publishing Group.

Competing interests: SS is employed by the *BMJ* as a researcher. She believes free access to research articles is important but did not reveal this to the participants when communicating with them.

Ethical approval: Not required.

Because a member of *BMJ* editorial staff conducted this research, assessment and peer review were carried out entirely by external advisers. No member of *BMJ* staff was involved in making the decision on the paper.

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- 3 Godlee F. Open access, and proud of it. *BMJ* 2005;330. (2 April.)
- 4 Delamothe T, Smith R. Paying for *bmj.com*. *BMJ* 2003;327:241-2.
- 5 Asch DA, Jedrzejewski AK, Christakis NA. Response rates to mail surveys published in medical journals. *J Clin Epidemiol* 1997;50:1129-36.

(Accepted 8 October 2005)

doi 10.1136/bmj.38705.490961.55

## Corrections and clarifications

*Interactive case report: an alcoholic patient who continues to drink: case outcome*

Technical failure and editorial oversight led to the omission of one of the commentaries from the final part of the interactive case report by Stuart McPherson and Colin John Rees (*BMJ* 2006;332:276, 4 Feb). The commentary, by Mark Hudson, is now available at <http://bmj.bmjournals.com/cgi/content/full/332/7536/276/DC1> and in our letters pages this week (p 423).

*Patients get four choices for NHS treatments*

We've again failed to acknowledge the effects of devolution on the organisation of health care in the United Kingdom. In this news article by Rebecca Coombes, we did not clarify that the new legislation requiring general practitioners to offer patients a choice of four providers for elective treatment applies only in England (*BMJ* 2006;332:8, 7 Jan). And Patricia Hewitt's role is English secretary of state for health; she is not the health secretary for the United Kingdom.

*Barriers to using warfarin in non-valvular atrial fibrillation*

Unfortunately, in the printed journal, the order of authors in this letter by Melina Gattellari and colleagues (*BMJ* 2006;332:303-4, 4 Feb) was changed from the order submitted by the authors. The letter was first posted on our website as a rapid response with the correct order (Melina Gattellari, John M Worthington, Nicholas A Zwar, Sandy Middleton). In the printed journal, we switched Worthington and Zwar in order to group authors by address, which saves space. This reflects our policy with letters, and we intend to make this policy clearer on our website.