VIEWS & REVIEWS

FROM THE FRONTLINE

Take down the *BMJ* pay wallDes Spence *general practitioner, Glasgow*

The *BMJ* is owned by the BMA. The *BMJ* sometimes publishes articles that openly question or counter BMA policy. It's also willing to confront vested interests and to offend the great and good. The *BMJ* is no trade association rag but a global independent medical institution and fearless defender of medical free speech. It is the intellectual soul of the British medical profession. The *BMJ* has never censored what I write, even when it clearly makes the editor's toes curl in discomfort. I write not as a sycophantic employee but, being a member of the BMA, as a small shareholder of a publication I believe in. The *BMJ* champions open access to research,¹ but should it go further?

Before 2004 the *BMJ* offered free access to all of its articles online. Since then an electronic pay wall has been erected because the BMJ Group is a profit making limited company. Original research is open access, but the rest of the content is not. Doctors, let alone the public, struggle with primary research; what everyone wants is interpretation of the evidence—that is, opinion. To get past the pay wall as a BMA member you need

a password, often an irritation to doctors. Otherwise you pay £20 (or \$30) for an article, however old it is. Fees are waived for poor countries, but this still shuts out many potential readers; traffic to bmj.com has reduced, debate is limited in the rapid responses, and sometimes the site seems clinical and sterile.

Medicine affects us all. It is contentious, political, and emotional, and everyone has a right to comment. Doctors aren't interested in the profitability of the *BMJ* but want open debate: from BMA members and non-members, from the UK and international doctors, and, importantly, from patients. We should end the intellectual protectionism and make the *BMJ* fully open access.

Amid the general poverty of medical reporting, the need for an open and impartial medical source has never been greater—a void that the *BMJ* could fill. This would raise its profile, establish a precedent, increase traffic to bmj.com, and, importantly, help repair the public image of doctors. Removing the pay wall has revenue implications for the *BMJ* and the BMA: loss of subscription revenue would take a slice out of the £10m profit the association gained from the BMJ Group last year. Pharma advertising may be ethically questionable, but it would be essential under this scenario. Could advertisers pay a higher rate? Or would BMA members consider a small hike in their membership fees to allow full open access to the *BMJ* for everyone in the world?

The *BMJ* is a rare counterweight to the enormous corporate marketing machine of medicalisation. Open access to all medical knowledge is such an important principle, and protectionist pay walls are a long term folly that may ultimately see the influence of the *BMJ* decline. We, the share owning BMA membership, should be allowed to decide the purpose and future of the *BMJ*.

Follow Des Spence on Twitter: @des_spence1

¹ Groves T. Open science and reproducible research. *BMJ* 2012;344:e4383.

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