



# VIEWS & REVIEWS

## NO HOLDS BARRED

# Margaret McCartney: Medical journals and their parasitical profit

Margaret McCartney *general practitioner, Glasgow*

Medical publishing is lucrative, but it is a parasitical profit, with rich pickings for the drug industry. The *New England Journal of Medicine* has set out its industry stall: in 1996 it decided that editorialists and reviewers should lack financial interests in the area under discussion, but it relaxed this policy in 2002. Its editor, Jeffrey M Drazen, recently wrote that he had made it “harder for people who have received industry payments . . . to write editorials or review articles” and asked whether this was in our best interests. “I think not—and I am not alone,” he wrote<sup>1</sup>; he wants more editorials by people with industry ties.

On this side of the pond, *The BMJ* offers advertising as the “perfect channel to reach GPs whom pharmaceutical companies have difficulty targeting face to face.”<sup>2</sup> Journals, then, are ideal for pitching products to doctors who want to avoid drug industry reps. Reprints also make big profits, as drug companies order most reprints of studies that they are likely to fund.<sup>3</sup>

So why do we have journals? For quality control? Peer review is prone to abuse: one publisher, the Public Library of Science (PLOS), recently sacked a peer reviewer when he was accused of sexism for suggesting that authors “find one or two male biologists to work with” to improve a paper.<sup>4</sup>

For decades we have known that peer review contains “bias and parochialism,”<sup>5</sup> and a Cochrane review found “little empirical evidence” that it ensured quality.<sup>6</sup> No surprise, then, that “peer reviewed” publications such as the *Journal of Natural Pharmaceuticals* have accepted grossly flawed research in sting operations.<sup>7</sup>

In fact, the entire construct of contemporary medical publishing is unfair and unsustainable. Researchers are usually funded through tax money. Research is usually done in universities or the health service, with volunteer patients, and is submitted to journals. Peer reviewers read and comment, usually unpaid. The research is edited and published—either with open access, where the researchers pay for it to be available to all, or behind a paywall.

Access may be available to people with a password from a university, research facility, or the NHS, but access to paywall content is likely to be unavailable to the people who took part in the study. These taxpayers probably funded the research but

would have to pay again to get access. In the United States access varies widely, and commercial publishers charge as much as 10 times what non-profit organisations charge.<sup>8</sup>

We don’t need the thousands of journals that are being published. Peer review after publication may be just as good as, or better than, before publication. Journals are merely expensive conduits for financial interests and publishers’ profits.

Competing interests: I have read and understood the BMJ policy on declaration of interests and declare the following interests: I’m an NHS GP partner, with income partly dependent on Quality and Outcomes Framework points. I’m a part time undergraduate tutor at the University of Glasgow. I’ve written two books and earn from broadcast and written freelance journalism. I’m an unpaid patron of Healthwatch. I make a monthly donation to Keep Our NHS Public. I’m a member of Medact. I’m occasionally paid for time, travel, and accommodation to give talks or have locum fees paid to allow me to give talks but never for any drug or public relations company. I was elected to the national council of the Royal College of General Practitioners in 2013 and am chair of its standing group on overdiagnosis. I have invested a small amount of money in a social enterprise, Who Made Your Pants?

Provenance and peer review: Commissioned; not externally peer reviewed.

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