

## Summary points

Countries in transition from communism provide valuable information on the effects of democracy on health

Health improvements have been greatest in countries that have embraced democracy most enthusiastically

Lack of democratic structures in some countries of the former Soviet Union acts as a barrier to the implementation of healthy public policies

argue that democracy may be the best protection against the harmful effects of globalisation. This view is supported by, for example, the tobacco industry's exploitation of the situation in countries with widespread corruption and a lack of functioning democratic systems,<sup>11</sup> contrasted with the industry's growing record of failure when faced by democratic governments.

So does the experience of the former Soviet bloc support the hypothesis that democracy is good for health? Although there have been winners and losers among populations everywhere, regardless of the

progress towards democracy that their governments have made,<sup>12</sup> it seems that democracy is good for health.

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## Transatlantic divide in publication of content relevant to developing countries

Asad J Raja, Peter A Singer

Although 112 countries now receive 2200 medical journals free or at reduced prices, improving access to information on obesity is of little value to physicians treating patients dying of malnutrition. Ninety per cent of the US\$70bn (£38bn; €54bn) spent annually on health research is focused on the diseases of 10% of the world's population.<sup>1</sup> Researchers in eight industrialised countries produce almost 85% of the world's leading science; 163 countries, including most of the developing world, account for less than 2.5%.<sup>2</sup> Less than 8% of articles

published in the six leading tropical medicine journals in 2000-2 were generated exclusively by scientists from developing countries.<sup>3</sup> Medical journals cannot single handedly right these inequities, but they have an important role to play. The *BMJ's* ethics committee identified publication of content relating to developing countries as an important ethical issue to examine. Our objectives were to review the relevance of the contents of four leading medical journals to developing countries, compare the journals, and observe trends.

Department of Surgery, Aga Khan University, Nairobi, Kenya

Asad J Raja  
Mohammed Bhai  
professor

Joint Centre for Bioethics, University of Toronto, Toronto, ON, Canada  
M5G 1L4

Peter A Singer  
Sun Life financial  
chair and director

Correspondence to:  
A J Raja  
Asad.Raja@  
akhskenya.org

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Content relevant to developing countries of four leading medical journals in January 2002 and January 2003. Values are numbers of articles relevant to developing countries/all published articles in that category (percentages)

Journal	Original research articles	Review articles	Editorials	Letters	Commentaries, perspectives, and education and debate	News and miscellaneous items
<i>Lancet</i>						
January 2002;359(9300-3)	7/39 (18)	0/1 (0)	2/4 (50)	16/53 (30)	6/43 (14)	19/94 (20)
January 2003;361(9351-4)	2/37 (5)	1/4 (25)	3/4 (75)	14/62 (23)	20/55 (36)	12/65 (18)
<i>BMJ</i>						
January 2002;324(7328-31)	8/23 (35)	3/7 (43)	7/19 (37)	17/46 (37)	7/12 (58)	24/166 (14)
January 2003;326(7379-82)	5/25 (20)	2/11 (18)	5/20 (25)	7/41 (17)	3/9 (33)	22/136 (16)
<i>JAMA</i>						
January 2002;287(1-4)	1/18 (5)	0/8 (0)	0/9 (0)	1/54 (2)	1/15 (7)	9/76 (12)
January 2003;289(1-4)	0/14 (0)	0/3 (0)	0/7 (0)	1/17 (6)	0/9 (0)	4/88 (5)
<i>New England Journal of Medicine</i>						
January 2002;346(1-5)	2/20 (10)	0/5 (0)	1/15 (7)	4/26 (15)	0/20 (0)	0/11 (0)
January 2003;348(1-5)	2/22 (9)	0/4 (0)	0/11 (0)	0/38 (0)	1/5 (20)	0/38 (0)

## Participants, methods, and results

The research priorities outlined for developing countries in the Global Forum for Health Research's report for 2000 are child health and nutrition (including diarrhoea, pneumonia, HIV, tuberculosis, malaria, other vaccine preventable diseases, and malnutrition); maternal and reproductive health (including mortality, nutrition, sexually transmitted diseases, HIV, and family planning); non-communicable diseases (including cardiovascular diseases, mental illness, and disorders of the nervous system); injuries; and health systems and health policy research.<sup>1</sup> We compared these research priorities with the content in four leading medical journals: *Lancet*, *BMJ*, *New England Journal of Medicine*, and *JAMA*. A single observer, from a developing country, systematically reviewed all the articles published in these journals during January 2002 and January 2003 for relevance—defined as concordance with the Global Forum's priorities—to developing countries.

In January 2002, 17 issues of these journals were published, containing 784 articles, of which 135 (17%) were relevant to research priorities of developing countries. In January 2003, a similar number of issues contained 725 articles, of which 104 (14%) were relevant. However, the data show important transatlantic differences. The *Lancet* and *BMJ* had better coverage, with 102/461 (22%) and 110/515 (21%) of articles relevant to developing countries compared with 17/318 (5%) and 10/215 (5%) of articles published in *JAMA* and the *New England Journal of Medicine*. The difference between UK and US journals was significant ( $\chi^2=71.74$ ,  $P<0.001$ ). The table shows detailed information on various types of articles, showing that the transatlantic divide in original research articles is even more pronounced than that for total content.

## Comment

This study shows a transatlantic divide in publication of articles relevant to problems of developing countries: UK journals contained more such articles than did US journals. The results may have differed if the study had been done over a longer period of time. In particular, the publication of theme issues might affect a journal's numbers. None of the journals had a theme issue on

### What is already known on this topic

The content of medical journals vastly under-represents the diseases affecting populations in developing countries

### What this study adds

A “transatlantic divide” exists—compared with two leading US medical journals, two leading UK medical journals publish much more content relevant to developing countries

global health during 2002 or 2003, although the *BMJ* had one in January 2002 on “Global voices on the AIDS catastrophe,” possibly inflating its numbers. An earlier study conducted during the first eight months of 2001 showed similar results for three of the journals, although in that dataset the distinction between the *BMJ* and the two US journals was less pronounced.<sup>4</sup> *JAMA* had a theme issue on global health in June 2004, perhaps signalling an improvement in its numbers beyond the period of this study.<sup>5</sup>

Hopefully we will see this transatlantic gap close. We recommend audit of leading medical journals at regular intervals for content relevant to developing countries and publication of the results.

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**Competing interests:** Both authors are members of the *BMJ*'s ethics committee.

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## Did the US boycott of French products spread to include scientific output?

Bernard Bégaud, Hélène Verdoux

The French opposition to military intervention in Iraq induced a marked anti-French protest in the United States, leading to a boycott of French products. This phenomenon began in February 2003, peaked in early March 2003 after the French veto at the United Nations Security Council, and has continued ever since. During this period, there was a persistent rumour among French researchers that the boycott of French goods had spread to include scientific output—that is, that US journals were tending to reject

manuscripts submitted by French research groups. As the rumour was based on subjective impressions and not on any numerical evidence, we investigated whether the proportion of French papers published in leading US journals differed in the periods before and after the French veto.

## Methods and results

To avoid any suspicion about the choice of the journals to be investigated, we restricted the analysis among

EA 3676, IFR99 of Public Health, Université Victor Segalen Bordeaux 2, Bordeaux, France  
Bernard Bégaud  
professor of pharmacology  
Hélène Verdoux  
professor of psychiatry  
continued over

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