

## VIEWS &amp; 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,<sup>1</sup> 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](http://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](http://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

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

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