

About the Low-income Countries but Inaccessible to Them

To the Editor:

I regularly follow your tweets from Anesthesiologyonline@ALNanesthesia. Recently, I came across a tweet: Anesthesia care in low-income countries—paucity of reports in the literature. The tweet intrigued me to read the actual article, as I belong to a “low-income country.” I was navigated to the Editorial Views page, and I saw the article on necessity of reports in global health and anesthesia.¹ I found it very interesting, and I continued reading the online version. The author had started in an interesting manner by discussing the search keywords for PubMed and the global tags. He appropriately corrected himself by stating that publications from low-income countries might not have those global tags, and he presented a theme of the article regarding the paucity of publications from the developing world.

Suddenly, I came across a problem. It was a common problem that readers from the developing part of the world frequently come across. After I clicked the PDF download link, I was navigated to the subscription page, and it was the end of my journey through the article. Hopefully, I will still have interest in the Editorial View after 6 months of the embargo period. I cannot comment much on the content of the article to the author, but I have a few comments to the editorial board and the American Society of Anesthesiologists.

The journal has a commercial publisher, and charging the readers is acceptable. That may be necessary to keep up the high standards the journal has maintained. However, I was not able to read the article now because I cannot subscribe to the journal for financial reasons. I can understand that I need to pay to view an article on comparison of dexmedetomidine and propofol sedation to reduce delirium after cardiac surgery, but I certainly could not understand why I was asked to pay to view an article on the publication aspects of the developing world. The actual theme of the article must be to urge researchers from the developing world to publish. In my opinion, it is the responsibility of the American Society of Anesthesiologists and the editorial board of Anesthesiology, being a leading society and journal, to ensure that their Editorial Views on the developing world are freely accessible, at least in the developing world. After all, societies of anesthesiologists of some of low-income countries publish all of their articles in the open-access model without any article processing charge.

Competing Interests

The author declares no competing interests.

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Reference

- Harris MJ: We need more reports of global health anesthesia articles. *ANESTHESIOLOGY* 2016; 124:267-9

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In Reply:

Wolters Kluwer is one of the founding partners of the World Health Organization's Research4Life program and the Health InterNetwork Access to Research Initiative (HINARI) to enable developing countries to gain access to one of the world's largest collections of biomedical and health literature.¹ *ANESTHESIOLOGY* is one of the more than 280 medical, nursing, and allied health journals that Wolters Kluwer provides as part of its LWW Total Access Collection that is accessed electronically *via* IP authentication set up by HINARI and accessed on Wolters Kluwer's Ovid medical research platform. Because Nepal meets the criteria for HINARI set by the World Health Organization, nonprofit institutions there, like Shahid Gangalal National Heart Centre, may register for free access to Ovid's LWW Total Access Collection for all staff members and students. For more information and to register an institution, visit <http://www.who.int/hinari/eligibility/en/>.

Competing Interests

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Considerations in the Repositioning of Mefloquine for Anesthetic Indications

To the Editor:

In many respects, the antimalarial drug mefloquine (previously marketed in the United States as Lariam) would seem to be an ideal candidate for repositioning for certain