EDITORIAL

On editorial freedom: implications of the JAMA affair

MARTIN McKEE, Editor-in-Chief, European Journal of Public Health
CARLOS ALVAREZ-DARDET, Editor, Journal of Epidemiology and Community Health

As this edition was going to press, the news broke that the executive vice president of the American Medical Association (AMA), E. Ratcliffe Anderson, had sacked George Lundberg, who had edited the Journal of the American Medical Association (JAMA) for 17 years. Because we see this as being of great importance for public health, we have taken the unusual decision to publish a joint editorial that will appear in the European Journal of Public Health and the Journal of Epidemiology and Community Health.*

Most readers will, by now, be familiar with the circumstances surrounding Lundberg's dismissal. A paper reporting that, in 1991, 59% of a sample of American college students would not consider oro-genital contact as 'having sex' had, after peer review, been fast-tracked for publication, appearing the same week as the impeachment trial of President Clinton got underway in the United States Senate. The link was obvious, and indeed the paper's relevance to 'recent presidential statements' was highlighted in a JAMA press release. Anderson argued that this action took the journal 'into a major political debate that has nothing to do with science or medicine'.

Although the fast-tracking of the paper was cited as the cause for the sacking, it soon became clear that there were other, underlying, issues. These have been explored in detail by others and will not be reviewed here, except to note that the AMA may have been feeling especially nervous about how such a paper would influence its image. The views expressed by the college students were contrary to the case being made by the Republican House managers in the impeachment trial. And the AMA has increasingly been linked with high places. The most obvious example is the tobacco industry.

The AMA's decision has unleashed a tide of condemnation among editors of medical journals and others. Many have drawn attention to Lundberg's achievements. A proactive editor, he focused attention through special issues on important public health issues, such as tobacco, violence and obesity. He also worked closely with others to create an evidence base on which editors can base decisions about, for example, the peer review process. The AMA has increasingly been linked with high places. The most obvious example is the tobacco industry but public health professionals have faced strong opposition from groups as diverse as arms producers and swimming pool manufacturers.

It is, of course, possible to see this as a purely domestic matter, of interest largely to the membership of the AMA. This would be wrong. There is a real danger that this action will send out a message to those in power, especially in those countries where democracy has a less secure foundation, that attacks on editorial freedom by those in positions of power are acceptable. One can easily imagine the argument that 'if it is OK for the AMA then it is OK for us'. And censorship is not always explicit. More insidious is the self-censorship that leads editors and authors to shy away from difficult topics, with potentially disastrous consequences for health as dangerous policies go unchallenged. The former Soviet Union offers many examples. The inability to challenge the bizarre beliefs of Lysenko, in the 1930s and 1940s, had catastrophic effects on agricultural production, contributing to repeated episodes of famine. This is a particular threat to those publishing in the field of public health. As Ibsen's Dr Stockman discovered, public health action inevitably challenges vested interests and can make one deeply unpopular. Public health seeks to make the invisible visible. However, politicians do not always take kindly to those who draw attention to the otherwise unseen consequences of their policies.

Sometimes, the challenge will be aimed directly at politicians, as when it highlights the health needs of minorities that they would prefer to ignore. More often it will be at those outside government, but with friends in high places. The most obvious example is the tobacco industry but public health professionals have faced strong opposition from groups as diverse as arms producers and swimming pool manufacturers.

In many parts of the world, the freedom to challenge vested interests is now accepted by politicians as one of the features of a pluralist society and scientific journals...
are regarded as not just a provider of solutions but also as an essential check on the executive. However, there is no room for complacency. Totalitarian regimes have held power in some countries for much of this century and, in some, the transition to pluralist democracy remains insecure. Even in those countries where prior restraint on publication was abolished centuries ago, strict libel laws can make it very difficult to challenge powerful corporations.

It is for these reasons that, above all, those working in public health should be alert to any challenge to editorial freedom. Of course, like all freedoms, there must be limits. As the US Supreme Court has ruled, the constitutional right to free speech does not extend to shouting 'Fire' in a crowded theatre. However, it is a freedom that should be limited with great care, and only after a full and free debate.

These events pose a threat to the credibility of JAMA that the AMA must now address. The rest of the scientific community has also a responsibility, to ensure that everyone understands that such actions are completely unacceptable.

EDITOREAL NOTE

Update from Gothenburg

THE EDITORS

At the European Public Health Association (EUPHA) annual meeting in Gothenburg, Sweden, in December 1998, the EUPHA Governing Council approved unanimously the recommendation of the journal's editors to create the position of ombudsman for the journal and to appoint Professor Lennart Kölner of the Nordic School of Public Health in Gothenburg as first holder of that position. Professor Kölner, a member of the journal's inaugural editorial board in 1991, served with distinction as a member of the Editorial Advisory Board until that body was discontinued in 1997. The editors join the Council in extending a warm welcome to Professor Kölner as he assumes his new position.

With the decision to create the position of independent ombudsman, the EUPHA Governing Council has demonstrated unreservedly its respect for the principles of editorial integrity and independence. The Council's decision also sets an example for other professional associations which publish peer reviewed scientific journals.

In addition to the appointment of the ombudsman, the Council also approved editorial retirements and appointments. We join the Council in expressing deep gratitude for a job well done to two retiring associate editors, Professor Roger Fieldman of the UK and Dr Esteban Manuel de Keenoy of Spain, while welcoming three new associate editors, Professor Klim McPherson of the UK, Professor Carlos Alvarez-Dardet of Spain and Dr Alain Fontaine of France.

We are optimistic about 1999. It is a year in which we hope - and indeed expect - to be able to build on the momentum from 1998. We believe that all of the components are in place for an outstanding year in the service of public health. To our new ombudsman, our new editorial colleagues, our reviewers and not least our authors and contributors, we can only say how very much we look forward to working with all of you to maximise the journal's potential in 1999.