Response of The American Journal of Clinical Nutrition to the National Institutes of Health Public Access Policy

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INTRODUCTION
On 2 May 2005, the National Institutes of Health (NIH) issued a policy aimed at ensuring rapid public access to the results of NIH-funded research. The new NIH Public Access Policy requests that principal investigators (PIs) of NIH-funded research deposit an electronic form of their completed manuscripts on the NIH National Library of Medicine’s PubMed Central website within 12 mo of journal acceptance (1). However, this new policy may be both redundant and in conflict with the publishing procedures and policies of most independent scientific journals. For example, the electronic version of each American Journal of Clinical Nutrition (AJCN) issue is immediately available at no cost to institutions in developing countries designated as low income by the World Bank, and the public can obtain at no cost all editorials and review articles immediately and all other content 12 mo after publication. At the same time, and to ensure scientific integrity, AJCN policies include ownership of copyright to all accepted material after rigorous copyediting before publication. Our copyright policy provides legal protection to authors, the AJCN, and its sponsor—the American Society for Clinical Nutrition (ASCN)—against commercial advertisers and others who might otherwise profit by distorted use of our published material. Such protection is particularly important in the realm of diet and nutrition, which is the source of a vast commercial enterprise. Although PIs are likely to follow the requests of their primary funding agency, they risk running afoul of our copyright policy and potentially of posting misleading information if manuscripts are submitted to PubMed Central for public access before they have been properly copyedited. The purpose of this editorial is to provide a roadmap to not only help prospective AJCN authors comply with the NIH directive but also to minimize conflict with AJCN copyright and publishing procedures.

THE NIH PUBLIC ACCESS POLICY
According to its Public Access Policy, the NIH now requests that PIs submit, to the National Library of Medicine’s PubMed Central, manuscripts accepted for publication on or after 2 May 2005 that result from currently funded or previously supported NIH research projects. The NIH policy is targeted at recipients of all research grant and career development award mechanisms, cooperative agreements, contracts, institutional and individual National Research Service Awards, and NIH intramural research studies. The NIH policy applies to peer-reviewed original research publications that have been supported directly, in whole or in part, by NIH funds but does not apply to book chapters, editorials, reviews, or conference proceedings (1). NIH-funded PIs are requested to comply with the terms of the NIH manuscript submission system (Internet: http://www.nihms.nih.gov) at the National Library of Medicine’s PubMed Central by submitting an electronic version of the final manuscript at the time of acceptance for publication. The policy states that “the author’s final manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process” (1). When a PI deposits an article in PubMed Central, it will be kept internally at the NIH until a time stipulated by the PI for its release to the public. The NIH encourages PIs to permit public release of accepted manuscripts as soon as possible within the 12-mo time frame after the official date of final publication.

POTENTIAL PITFALLS OF THE NIH POLICY
Because the PI is requested to submit the initially accepted manuscript to PubMed Central, whereas all finalized AJCN manuscripts are published in print or online by HighWire Press, at least 2 different versions of an article will end up on the Internet. The responsibility for meeting the NIH policy falls on the PI, who is requested to submit the accepted version of the manuscript, which has not yet been copyedited, and the NIH does not allow publishers to link the final published version of articles to PubMed Central. Furthermore, the NIH policy contains no safeguard against the possibility that the initially accepted manuscript that is submitted by the PI to PubMed Central contains factual errors that are only caught later and corrected during the Journal’s copyediting process. Our greatest concern is that errors in dosing or in other clinically relevant information in the uncopyedited version may be published via PubMed Central, thereby putting patients at risk and raising liability issues for PIs, the

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2 The full content of this editorial is available on the Internet at http://www.ajcn.org.
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THE WASHINGTON DC PRINCIPLES COALITION

Last year, in response to governmental and other efforts to promote immediate public access to scientific material, the AJCN joined a coalition of 104 other not-for-profit publishers and developed the Washington DC Principles for Free Access to Science (DC Principles) (2). First among these principles is the following statement: "As not-for-profit publishers, our mission is to maintain and enhance the independence, rigor, trust, and visibility that have established scholarly journals as reliable filters of information emanating from clinical and laboratory research." These principles emphasize that we already support 1) the efficient online access to our journal content through HighWire Press, which includes extensive electronic reference linkages to hundreds of other journals; 2) the immediate availability of important articles of interest, such as editorials and review articles, at the time of publication; 3) the immediate availability of all articles to scientists in low-income countries; and 4) the equal opportunity for all scientists worldwide to publish in scientific journals, regardless of economic circumstance. Furthermore, the coalition questions the value of the immediate public distribution of scientific content (3). This stance supports the concepts offered in a previous AJCN editorial, ie, that the public is too often confused by conflicting data and that scientific "facts" are seldom established by a single experiment, require reproducibility, and should only be considered valid after confirmation by independent and unbiased follow-up studies (4).

THE AJCN'S RESPONSE

In meeting the challenges posed by the new NIH Public Access Policy, the AJCN takes the position that the PI is ultimately responsible for any conflicts that may arise from compliance with the NIH policy, ie, from the premature submission of accepted manuscripts. According to the copyright agreement that all authors sign when submitting a manuscript to the Journal, the AJCN owns the copyright to all material destined for publication. To facilitate compliance with the NIH policy, the AJCN will grant the PI permission to deposit an accepted manuscript in PubMed Central with the stipulation that the PI accepts any liability that may arise from the release of the manuscript in its unpublished form. To avoid this potential liability, the AJCN recommends that the PI delay submission of the manuscript to PubMed Central until after the copyediting process is complete. At that point, the PI will be provided with a PDF of the final version of the article that is to be published in the AJCN. Provision of this final version of the article to PubMed Central will avoid any ambiguity that could otherwise result from the existence of one uncopyedited and another copyedited version of the same article.

If the PI decides to submit the uncopyedited version of the manuscript to the NIH, a further stipulation of our permission is that the manuscript must contain the following statement at the top of the title page: "This is an uncopyedited author manuscript that has been accepted for publication in The American Journal of Clinical Nutrition, copyright American Society for Clinical Nutrition, Inc (ASCN). This manuscript may not be duplicated or reproduced, other than for personal use or within the rule of 'Fair Use of Copyrighted Materials' (section 107, Title 17, US Code) without permission of the copyright owner, the ASCN. The final copyedited article, which is the version of record, can be found at http://www.ajcn.org/. The ASCN disclaims any responsibility or liability for errors or omissions in the current version of the manuscript or in any version derived from it by the National Institutes of Health or other parties." Regardless of whether the uncopyedited version or the copyedited final version of the manuscript is submitted to the NIH, the PI must abide by the AJCN policy of making articles free online on our website as well as in the NIH repository 12 mo after publication.

Neither author had any financial or other personal conflict with the statements expressed in this editorial.

REFERENCES