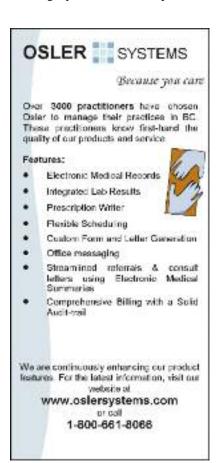
editorials

CMAJ and a parting of ways

have refrained from adding my voice to the recent tsunami of editorials clamoring over the firing of the editor and deputy editor of the CMAJ because I felt that without knowing the whole story, my comments would only end up parroting the already impressive list of medical journalists' published statements of what seems to be philosophically obvious. However, recent comments by C.S. on DocLounge (essentially stating that because the BCMJ has not commented, we feel that editorial independence is unimportant) require a com-

I concur that medical/scientific editors need a guarantee that their editorial integrity will not be compromised



by the owners of the publication. However, I do know that in the past few years there have been instances of significant differences of opinion between Dr Hoey, his executive group, and many practising physicians in this country.

Association journals historically have had to practise prudent editorial management as they remain, in most cases, the communication flagship of their association. It makes no sense for an association to have a medical journal with which it is constantly at philosophical odds, and when this is the case, the only solution is to do exactly what the CMAJ has done.

During my tenure as a member of the Editorial Board of the BCMJ (about 10 years) and now as the editor-in-chief (about 12 years), there has been the occasional foray by the elected political core of the BCMA into direction of the editorial content of the publication, but, to their credit, the few approaches were tentative and quickly withdrawn when the editorial autonomy trump card was dropped on the table. In fact, I have yet to receive negative feedback about any of the editorials we have printed either before or after publication. Occasionally we must depersonalize editorials to avoid making potentially libellous statements, but, again, this is only prudent editorial management. To my knowledge, the BCMA has never fired an editor or member of the BCMJ Editorial Board. In fact, the BCMJ has rejected material submitted by the BCMA for publication, printed opinion pieces that were critical of the BCMA, and I personally have written several editorials that were critical of BCMA policy, all with no reprisals or threat of reprisals from the association.

However, there is a big difference between writing editorial comment

concerning a political issue and writing editorial comment about a sciencebased article (either positive or negative), and, in my opinion, editors should refrain from publishing their personal opinions about the scientific validity of properly reviewed science.

Throughout my career in medical journalism, the BCMA management team has been a staunch supporter of the BCMJ and its editorial autonomy, and I assume that this is not only because of their combined commitment to the editorial autonomy of their flagship publication but also because of prudent editorial management by the editor and Editorial Board.

The relationship between an association and its medical journal is and always will be a bit of a clumsy one. In order to be successful, the relationship requires mutual appreciation of the needs of both parties. However, as in any relationship, sometimes philosophical divergence reaches the point of no return, and either the magazine disappears or the editors do. I'm sure I join a majority of Canadian doctors in the hope that common sense prevails in Ottawa and one of the top general medical journals on this planet survives, intact.

-JAW

Correction

Margaret Tighe, RN, has pointed out two errors in the article "Clearing confusion about perimenopause" by Dr J.C. Prior in BCMJ 2005;47(10):538-542. Her name was listed incorrectly as "Marjorie," and while she is licensed as a nurse practitioner in Saskatchewan, she is not in BC.