

THE CANADIAN MEDICAL ASSOCIATION
JOURNAL
 LE JOURNAL DE
 L'ASSOCIATION MÉDICALE CANADIENNE

published weekly by

THE CANADIAN MEDICAL ASSOCIATION

Editor, C.M.A. Publications:

DONALD C. GRAHAM, M.D., F.R.C.P.[C]

Associate Editors:

GORDON T. DICKINSON, M.A., M.D.

JOHN O. GODDEN, M.D., C.M., M.Sc.(Med.)

Managing Editor: A. D. KELLY, M.B., D.Sc., LL.D.

Assistant Editor: ROBERT L. RANDALL

Advertising Manager: THOMAS L. WELLS

Editorial Offices: 150 ST. GEORGE ST., TORONTO

MEDICAL JOURNALISM. IV: THE
 POSITION OF PROFESSIONAL
 PERIODICALS

ONCE, when asked about his working philosophy, an editor replied somewhat grimly that he approached each number as if it were the last. Those familiar with the tensions of weekly publication will see in this reply a sardonic *double entendre* which reflects the editor's ambivalence toward a cormorant whose appetite for editorial material seems insatiable. It might be a salutary exercise for each doctor, from time to time, to look at his favourite professional journal as if each issue were the last. Like a spouse long taken for granted and frequently neglected, his journal might then achieve a higher place in his affections.

As Reader¹ so succinctly put it, the functions of a medical journal are threefold: first, and perhaps most important, the recording and disseminating of new knowledge by means of original articles; secondly, a broader role of teaching and keeping readers up to date by the review and seminar-type articles; and thirdly, a sort of newspaper function dealing with matters of organization and medico-political affairs. Signy,² in his thoughtful "Reflections of a Medical Editor", particularized concerning the journal's function when he said, ". . . every editorial committee should decide whether the object of publication is to provide opportunity and space for workers to publish the results of their observations and experiments—that is, for the recording of data—or whether the main object of the periodical should be for the information and education of its readers. The two objectives are not necessarily mutually exclusive, but the main orientation of the journal has to be defined . . ."

When it is the official organ of a medical association or other scientific body, a professional journal must remain responsive to the particular needs of the general membership. In the case of

this Journal, considerable demands on available space are occasionally made when special events in the medical-economic sphere so require: for example the recent publication of the Special Supplement containing the reports of the Special Committee on Policy, etc.

Even cursory examination of a general journal illustrates that the discharge of Reader's threefold duty in the modern setting is a demanding task, particularly so because physicians have such diverse interests and needs. Some years ago in an editorial³ entitled "The Anatomy and Physiology of the Journal", attention was drawn to the fact that a more general recognition of the many-sided task of a journal such as this would help its readers use it more effectively. A general medical weekly is published to serve the needs and interests of a profession scattered in all the diverse situations in which Canadian physicians are nowadays found, and the editors wish to reiterate that, wherever he is and whatever he is doing, this Journal tries to give each physician a fair share of editorial space. However, if the perpetual argument about form and content can be set aside for a moment, the cardinal feature of a professional journal is that, within its editorial and financial resources, it works toward an ancient and honourable goal: a contribution to the national welfare through a high standard of service to a competent and independent profession. In this enterprise every physician has an equal stake and all have cause to mourn when a good medical journal fails in its undertaking.

These then are some of the objectives the editors of a professional journal have set before themselves. What obstacles exist which must be overcome or circumvented if these objectives are to be attained? In this respect the lessons learned by our predecessors deserve respectful consideration. In 1907, the *Montreal Medical Journal*, the lineal descendant of the *Canadian Medical and Surgical Journal of Montreal* (1872-1904), made the dour but incisive comment that "whatever competition may be in trade, it is the death of medical journalism in Canada."⁴ The vital necessity for co-operation with other professional journals was recognized in the "Official Notice" by means of which the first issue of this Journal was inaugurated: it said in part "There are at present in Canada many excellent journals, some of which are more or less local in character and circulation; and others which, for a variety of reasons, are more widely known. *The Canadian Medical Journal* [sic] will be scrupulously careful to distinguish itself from these publications, and so avoid any competition which might arise from similarity of methods, so that their interests may not suffer." With reference to competition, or in the case of other professional journals, co-operation or peaceful co-existence, what is the situation in Canadian medical journalism? Of the range and subject matter of the journals produced in Canada (exclusive of commercial periodicals or

those circulated by the drug industry of which there are more than two dozen) some idea can be obtained from a sample of 43 serial publications which from time to time may come under the eye of the busy physician. This sample is made up of four national medical journals (*The Canadian Medical Association Journal*, *Journal of the College of General Practitioners*—both bilingual, *l'Union Médicale du Canada* and the *Medical Services Journal of Canada*); seven Divisional medical periodicals (Alberta, British Columbia, Manitoba, Newfoundland, Nova Scotia, Ontario and Saskatchewan); eight local medical society and hospital publications; 16 journals of specialist societies and the health professions; and nine undergraduate medical journals. Most of these publications were established to serve special needs and are generally directed at a small audience. Among them, frequency of publication varies from weekly in one instance, bimonthly in seven, monthly in 14 (including several that appear eight to 11 times each year), quarterly in 13, and irregularly in nine. Circulation of the periodicals in this sample varies from a high of 19,000 to a low of 150.

With respect to the commercial periodicals, in a number of important particulars their organization and operation places them in a strong competitive position, *vis-à-vis* the professional journals. A principal advantage enjoyed by some of the periodicals in this group derives from their character as Canadian editions of a United States prototype. The essence of the matter is that all these publications, irrespective of their quality, are in competition for a vital, fixed and limited resource, the physician's study time. Enough has perhaps been said to indicate that the professional journals require the active support of a majority of Canadian physicians in order to maintain standards and improve the range and quality of their services.

The hard-won wisdom of the editors of early Canadian medical journals might be epitomized in the following axioms:

- (1) Service first, solvency later.
- (2) Competition is the death of medical journalism.
- (3) Seek permanence as an official journal.
- (4) Canadian publication of Canadian work.

(Dr. F. X. Tessier, editor of the first Canadian medical journal, *Journal de Médecine de Québec*, protested the publication of Canadian work in an American journal as early as 1826. *Plus ça change, plus c'est la même chose.*)

If Dr. Tessier or a composite Editorial Spirit of Things Past visited this office after a span of 140 years, how would he evaluate our present Journals? The *Canadian Journal of Surgery* illustrates the first axiom perfectly. It was founded in 1957 and from the beginning maintained a high standard of editorial content, but was six years old before it began to pay its way. This experience is typical

of the uphill struggle facing any new periodical which depends, even to a moderate degree, on subscription income for its support. In its eighth year the circulation of the *Canadian Journal of Surgery* is only 1500, even though there are approximately 4000 certificated surgeons in Canada.

Except in special circumstances, solvency in medical journalism is a function of a journal's advertising revenue. Thus, the income of *The Canadian Medical Association Journal* and the *Canadian Journal of Surgery* depends on the ability of our advertising manager to convince the pharmaceutical manufacturer that the *best* avenue by which to approach the Canadian physician is that provided by his own official publications. Those physicians interested in supporting their professional publications can thus render powerful assistance in their contacts with representatives of the industry.

To close out this undignified discussion of money and to clear up a much misunderstood point, *The Canadian Medical Association Journal* goes out weekly to each of the 17,408 members of The Canadian Medical Association as a perquisite of his or her membership. Not a penny of his membership fee is diverted from the support of The Association's manifold good works to nourish the journals. In addition, when the volume of advertising is at a high level, the Journals are able to subsidize the profession's work by contributing to The Association's income. Even the individual subscriber at \$15 per year gets a bargain because 52 issues of the Journal cost \$25 to produce.

With respect to the second axiom, "Competition is the death of medical journalism," the Journals from time to time are able to co-operate with Divisional publications and the journals of the other health disciplines, for example by arranging simultaneous publication of articles of mutual interest. However, the editors are fully aware that a great deal remains to be done in this area.

Axiom 3: "Seek permanence as an official journal." Indeed, where the relationship is a true and natural one, the highest interests, welfare and objectives of a medical association and its journal are co-incident, co-existent and coterminous.

The matter of Canadian publication of Canadian work is well in hand, and probably a very fair allocation between this Journal and competing specialty journals, chiefly in the United States and Britain, is now being made by most physician-writers in this country. The next step might be to particularize Tessier's plea and work toward publication of Canadian work in Canadian *professional* journals.

Only a few features of the variegated landscape which is medical journalism in this country have been surveyed. Some complex and fascinating subjects remain to be examined, in particular what is to be the fate of this ancient professional craft, medical editing, in the computer age? For example, this editorial was written in the same slow pains-

taking fashion as those of Editors Tessier and Wakley. This is progress?

REFERENCES

1. READER, R.: *Med. J. Aust.*, 1: 72, 1961.
2. SIGNY, A. G.: *Brit. Med. J.*, 1: 905, 1963.
3. Editorial: *Canad. Med. Ass. J.*, 86: 1032, 1962.
4. MACDERMOT, H. E.: *History of The Canadian Medical Association, 1867-1921*, vol. 1, Murray Printing Company, Limited, Toronto, 1935, p. 124.

WHAT THE DOCTORS IN BRITAIN WANT

ON MARCH 8 there was a further development in the forthcoming battle between the general practitioners of Britain and the government. The doctors at last stated what they wanted to make a good general practitioner service for the country and presented a charter to the Minister of Health. They did this knowing that the B.M.A. already had nearly 14,000 resignation forms in its hands, ready to use them if negotiations with government break down. This would mean that as of July 1, well over half the general practitioners in Britain would go back to private practice, leaving the rest of the general practitioners service a complete mess.

Announcing the charter, Dr. Derek Stevenson, the Secretary of the B.M.A., said that this action was the culmination of years of worry for doctors; the family doctor service was breaking down, and there was a growing shortage of doctors. It was not inspired by political calculation. The new proposals call for alternative methods of payment by item of service, by capitation fee (at a much higher level than the present one) or by salary. Every general practitioner, according to the charter, should be allowed to choose the method of payment he wishes, but calculations of income would be based on the fee-for-service method, with office visits at a little over \$1.50 and house calls at \$2.50 to \$3.00 depending on the time of day or night. For those wanting a capitation system, the suggested fee is about 80% over the existing fee.

More important, the B.M.A. wants the general practitioner to have a 5½-day-a-week contract, and to cease to be responsible for a continuous service. It asks for item-of-service payment for out-of-hours work, and also for exclusion of maternity work from ordinary service schedules.

The B.M.A. calls for the setting up of an independent corporation with a fund for financing the purchase of premises or equipment or for the improvement of existing premises. Finance should also be made available for employment of nurses, secretaries or other staff. The general practitioners ask that lists of patients for which they are to assume responsibility be kept down to 2000 (in some unattractive areas such as the mining valleys of South Wales, lists may be up to 5000, owing to sheer lack of new recruits to the district). The doctors want an overhaul of the cumbersome certification machinery, and also a review of the present

distasteful mechanism for hearing complaints of patients against their medical attendants. Lastly, they demand that medical education be adjusted so as to teach students more about the work of general practice, with the thought that in this way more men will be attracted to the life of a general practitioner and thus lessen the intolerable burden carried in some areas.

This is a tough proposition, far tougher than anything the doctors have put forward since 1948, and of course it comes at a time when the government is howling about a financial crisis, a balance of payments crisis, and the need to frame an incomes policy for the nation, whatever that may mean. Government spending will soar to unprecedented levels this year and up will go the income tax. Thus the puzzle is where to find the extra £50 million which operation of the doctors' charter would cost the nation each year. Moreover, the B.M.A. is demanding an answer soon from the Minister. On March 24 their Representative Body meets and then will come the decision whether to implement the resignations or not.

It is of interest to review some of the press reactions to the charter, which have been mixed—downright condemnation of the doctors from some papers (by and large this could have been predicted) and a measure of support from others. Thus the Labour organ, *The Sun*, finds that the doctors have pitched their demands unrealistically high, and is indignant that doctors should want to lose their evening office hours. *The Daily Telegraph*, a Tory organ, makes great play with the question, is healing a profession or is it not? "If it is, then doctors must be prepared to assume limitless responsibility towards their patients and may be supported in demanding high rewards for individual acts of service and insisting resolutely on the preservation of their independence. If it is not, they can justly ask for overtime, paid holidays and all the other trimmings of salaried employment. At the moment, the doctors seem to be requiring the best of both worlds . . ." *The Scotsman* thinks that the charter "appears more revolutionary or fundamental than a mere pay claim". Most favourable to the doctors is the *Yorkshire Post*, which says: "A comprehensive and reasonable set of demands is made by the B.M.A. in the Charter for Family Doctor Services published yesterday." It finds the requests fair, and thinks the public has for too long treated doctors as creatures endowed with a special, self-rewarding sense of vocation. "They are entitled to reasonable working conditions, like other people, and the nation should see that the profession gets a square deal." This paper also finds conspicuous by its absence any reference to direct payments by the patient, probably through a desire to keep out of political squabbles, and feels that this is a pity since direct payments would help enormously to lighten the load. S.S.B.G.