
The consequences of offering fee-based services in a medical library*

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Fee-based services may influence, both subtly and dramatically, the operation of a medical library. Fears that have been raised about the consequences of fee-based services are recalled and applied to the context of medical librarianship. Specifically covered are the effects of fee-based services on service to traditional user groups, collection development, interlibrary cooperation, and management style. The discussion includes references to the program of fee-based services offered by the New York Academy of Medicine Library.

During the 1970s, few issues elicited more passionate opinions from librarians than the charging of fees for library services. Although mediators of the fee-for-service debate urged a balanced approach to the subject, in general the discussions were strongly polemical and reflected deep ideological commitments. Proponents of fees spoke as pragmatists who understood that substantial new sources of income would be necessary for libraries to flourish in a future offering exciting, yet expensive, technological opportunities. Opponents of fees became the defenders of a proud tradition of unrestricted access to information and were ethically outraged by the growing tendency to view libraries as businesses. The issues surrounding fee-based services had become so emotionally charged, that in 1977 the American Library Association (ALA) passed a resolution that declared the levying of fees for information services in publicly funded libraries to be discriminatory [1]. In the same year, the Social Responsibilities Round Table of the ALA sponsored a conference on fees-for-service, titled "The Prostitution of Information."

Before the fierce debate over user fees could be resolved on the basis of philosophical merits, a combination of sharply rising prices, tax reduction campaigns, and a generally unfavorable economy appeared to ensure the widespread acceptance of fees, or at least to make the proposals for fees very difficult to challenge. Now, almost a decade later, these fears can be examined with more dispassion and the in-

sight of greater experience. Which of the terrible consequences that were foreseen have come to pass? Which have proved to be imaginary, and which are still waiting further up the road?

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The introduction of fees was considered by many to be a catalyst for fundamental changes in the relationship between library users and librarians. It was feared that the guiding principles underlying library service (e.g., public education and equal access to information) would be supplanted by income maximization. Thus, Fay Blake and Edith Perlmutter, two of the more outspoken critics of fees, attributed the rush to adopt fee-based services to "a poorly digested business philosophy, which has partially replaced the socially oriented thinking of the past" [2]. It would be difficult to overestimate the conviction shared by public librarians that user fees would radically alter the nature of the profession and the role of libraries in society. As Marilyn Killibrew Gell expressed in 1979, "The unspoken fear persists that library services are essentially valueless to the general public, and that the introduction of charges will result in the death of library service altogether" [3].

If the establishment of fee-based services conceivably could have such a profound effect on the future of publicly supported libraries, it is reasonable to ex-

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plore how the pressures resulting from the offering of innovative, specialized services to hitherto unfamiliar commercial users might produce critical changes in other library environments as well. Apparently, the National Science Foundation agreed, for it funded a two-year study on the potential impact of user fees on technical libraries. The resulting report, prepared by Forecasting International in 1977, noted that "the institution of a user charge will necessitate a radical shift of the library toward a business orientation, with active marketing aspects and an awareness of costs and benefits of various services" [4]. The report went on to predict accelerated automation to support the administration of fee-based services, a specially developed currency for payment, improved physical arrangement of collections, keener awareness of the characteristics of user groups, and an increased responsiveness to users' information needs—all driven by the imposition of user fees.

Although the fee-for-service debate centered appropriately around publicly funded libraries, the issues raised have implications for all types of libraries; it is essential that librarians in every library setting examine the impact of fee-based services on professional values and philosophies of service. While planning for fee-based services, a medical library will most likely recognize the need to revise its goals; in fact, a fee-based services program by itself may represent a significant departure from the historical mission of the library. Nevertheless, librarians who believe that fee-based services will be merely a special type of service appended to the library's repertoire will soon discover that fee-based services can infuse an organization with new sets of attitudes, relationships, professional values, and management styles. Even librarians who anticipate broad changes in policies and services may be surprised by how pervasive the influences of fee-based services can become.

PURPOSE

This paper explores how the introduction and continuing management of fee-based services may influence a medical library's efforts to offer its programs, develop its collection, and serve its users—in other words, fulfill its mission. Issues of foremost concern to medical libraries are identified based on the warnings offered by opponents of fee-based services; then these issues are analyzed in light of managing a fee-based service at the New York Academy of Medicine Library (NYAM). The term "fee-based service" is applied narrowly to denote a service such as online searching, reference, or document delivery provided to "fee payers" (i.e., corporate or individual *external* users who are not members of the library's defined primary clientele) for cost recovery or profit. The focus does not include interlibrary lending, although

in some cases the observations might also apply to this activity.

FEE-BASED SERVICES AT NYAM

The NYAM Library offers an interesting case study for the impact of fee-based services; the library undertook the project while meeting an extensive and unique set of long-standing commitments to local and national users. The library has served the academy's membership, its primary clientele, since its founding in 1847. The current membership consists of 2,400 members, known as Fellows of the Academy, located across the United States. Fellows are entitled to priority handling of all requests, free loans of monographs and bound journals, unlimited ready-reference service, ten free photocopied articles, and two free hours of in-depth reference service per year. Nominal fees for interlibrary loan (ILL) requests, computer searches, and additional photocopying and reference services are assessed to recover costs.

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Since 1969 the library has served as a Regional Medical Library (RML) in the National Library of Medicine's RML program. The library is currently the RML for Region 1 and serves as the online training center for RML Regions 1 and 2. The library makes its collections available internationally through direct loan and nationwide through the RML's ILL program; it also participates in networks such as the Medical Library Center of New York, the New York State Interlibrary Loan System, and the OCLC ILL Subsystem. The library is open to the general public for on-site use of the collection, limited reference service, and mediated photocopying at twenty-five cents per page. Online computer searches are provided for a fee, determined by the database and the retrieval.

Library users can receive more specialized services by subscribing on an annual basis. Annual subscription fees are currently \$1,000 for commercial firms, \$500 for nonprofit organizations, and \$300 for individual researchers. In addition, there are specific charges for each service rendered after the subscription is initiated. Subscribers are considered to be part of the library's primary clientele; their privileges include free borrowing of monographs, rush photocopying for requests submitted by telephone, extended reference services, verification of bibliographic citations, and ILL services. Library subscriptions offering different packages of service have been available for over fifty years, with the responsibility for

providing the services distributed among the public services departments. In 1985 a special department, the Bibliographic Services Unit (BSU), was created to coordinate services to subscribers, centralize billing, and undertake marketing activities. BSU is currently headed by the author and includes two nonprofessional staff who process document delivery requests.

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DISRUPTION OF TRADITIONAL SERVICES

Perhaps the most ominous warning raised about fee-based services related to the idea that user fees would upset the prevailing relationship between a library and its user groups, resulting in unintended inequities of service inconsistent with the mission of the library. Traditionally, libraries have served users who belong to a community or institution of which the library is a part: public librarians work with a sense of loyalty and attachment to the members of their geographic community, corporate librarians to the company, medical society librarians to the members of the society, academic librarians to the faculty and students, and so on. Introducing an additional class of users, whose relationship is defined simply by a willingness to pay for information, can be an unsettling event for the unprepared library. It can be especially disorienting for the staff, whose sense of service priorities, motivation, and rapport had been derived previously from a traditional service relationship rather than an economic one. Opponents of fee-based services in public libraries considered the economic relationship so compelling that all other user groups would inevitably suffer in the competition for the library's resources.

Unlike most public libraries, many medical libraries have already designated distinct classes of users who receive levels of service according to commonly known and accepted arrangements. The classes are usually identified formally as primary users, secondary users, etc. Mission statements and service policies outline the amount of staff time and other resources to be accorded each group, along with priorities of service. When a library initiates fee-based services, it has a responsibility to determine whether these fees will adversely affect the quality of the service already provided to traditional users, particularly primary clientele. If there is a negative effect, the important question becomes: Do the benefits of fee-based ser-

vices acceptably balance any erosion of service to traditional users?

It would be ironic if a fee-based services program did contribute to a net loss of service to primary users, since these programs are generally presented in the literature as a method of preserving the highest level of service to primary users when access by external users cannot be restricted. Fees are said to offer both a means for discouraging time-consuming requests from external users and for recovering costs to the library. Despite proclamations of commitment to primary users program proposals and denial of any intent to diminish service to primary users, one must acknowledge a reasonable risk of erosion of service, no matter how well intentioned the plans might be.

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LIBRARY ORGANIZATION: SEPARATE VS. INTEGRATED STAFF AND SERVICES

The form and degree of service erosion depend not only on the resolve of the library to avoid such a consequence, but also on several organizational factors. If the fee-based services are administered as a separate department or by a specially assigned staff, as they are at the NYAM library, the comparative allocation of resources to the special unit and other departments will determine the relative quality of service enjoyed by fee payers. Disparities in the number of staff, the budget, and the availability of equipment and supplies can be seen easily, but less blatant indicators of bias can be found in other factors such as staff talent. On several occasions, the author has been told that new programs would recruit a "super reference librarian," who would be paid a premium salary to provide reference service to fee payers. Reasons given included that corporate clientele expect a high caliber of service, that the librarian would be operating under exceptional pressure, that service involving payment must be above complaint, and that since a great deal of money was being invested in the project, the administration would make a special effort to ensure its success. Obviously, by devoting the best and brightest staff to the information needs of fee payers, the library would be "stacking the deck" against its other users. Along with the allocation of staff talent, the library must also take into account the division of labor among departments; that is, whether the staff handling fee-based services have

comparatively more time to spend on each request, since fee payers usually comprise a much smaller group of library users.

The NYAM library strives to prevent a disproportionate allocation of resources to its subscribers through frank discussions of service philosophy, leading to policy statements when necessary. Although subscription services are administered separately in the BSU, much of the daily work is accomplished by other public service departments, so interdepartmental communication is constant. During first two years of setting up the BSU, lengthy discussions took place with library administrators and department heads concerning the priorities of service appropriate for each user group, along with the requisite procedures for maintaining these priorities. In some cases, the discussions led to very specific service policies. Currently, one policy requires that the photoduplication staff process requests for NYAM fellows before all others, then lists the order of priority assigned to requests from other user groups. For the most part, the department heads follow the established service priorities and do not lobby for one user group's advantage at the expense of others. Consequently, the tradition of "drop everything" service for fellows remains intact, and the levels of service for other user groups have been maintained. Another effective safeguard has been to carefully manage the growth of services to subscribers, so as not to strain the resources of the library. For the time being, the program is being allowed to expand gradually through word-of-mouth publicity in order to monitor its impact on the rest of the library.

If the services to fee payers are provided by the general library staff and incorporated into the regular workflow, a deterioration of service to traditional users would be more difficult to detect. It may suffice to ask the following types of questions: Are online searchers more willing to check an extra database for a fee payer just to be more confident of the result? Is the reference assistance provided for fee payers more comprehensive or more precise than for other primary users simply because the librarians are uncomfortable accepting payment unless they have exhausted all possibilities?

A more conclusive method for gauging the erosion of services to traditional users would be to measure the library's relative performance in delivering key services to these users once fee-based services are operating. Determine if a faculty member's chances of finding an item on the shelf have declined since circulation privileges have been extended to external users. Determine how much longer it takes to fill requests for journal article photocopies once a document delivery service for deadline-obsessed companies is operating. Determine how much less time can be spent preparing for online searches once

searches are also being provided to external users. Because most libraries must initiate fee-based services with limited, if any, additional staff, a measurable reduction in the attention given to traditional users is to be expected. The critical issue is whether the magnitude of change, measured against the benefits of the service, is acceptable given the goals of the program and the mission of the library.

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SERVICE DEVELOPMENT

Opponents of fee-based services in public libraries argued that libraries soon would tailor services to the needs of fee payers and increasingly neglect the needs of other users. A distinction must be made between a deliberate focusing of attention on the needs of fee payers in order to increase income and an unplanned drawing of attention to fee payers, considered by many to be an inescapable outcome of user fees. In the first case, the shift by a library to an emphasis on services with income-generating potential constitutes a major policy decision; such decisions should be made only after deliberation on all consequences.

With regard to the second case, a less obvious, but ultimately more troublesome problem arises from a waning ability to offer new library services that do not require the return of revenue. An inadvertent development of services to the chief benefit of fee payers, not from a conscious form of favoritism, but as a natural outgrowth of the economic advantage held by fee payers. It is difficult to imagine an important new library service that would not require a substantial investment in equipment, materials, or labor. Many libraries have concluded that, given the constraints of a tight budget, all new services must be offered for a fee. Even when a library manages to hold down fees for a service so that individual users are not denied access completely, the service will still be more attractive to commercial users who can more easily afford the expense. Unless countervailing measures are taken, fee payers can be expected to consume a growing share of the library's resources and to enjoy easier access to the more sophisticated, more powerful information services.

Mitigating the natural advantage of fee payers can be achieved through discriminatory pricing, whereby separate fee schedules are designed for different categories of users. Prices are set, not only to achieve income goals, but also to promote the widest avail-

ability of services and discourage the monopolization of library resources. This strategic approach to pricing has helped maintain the desired level of access to services at the NYAM library; fellows are currently charged one-half the rate applied to other users for an online search, their photocopying fee is much lower than the amount charged to others, and they do not pay any special surcharge for rush service.

In conjunction with discriminatory pricing, or as an alternative, libraries can develop and manage services in ways that more evenly distribute the benefits, enhancing an effect sometimes referred to as the spillover of benefits of fee-based services. A spillover benefit can take the form of simply offering a service to a user group whose infrequent use would not be sufficient to support the service. The opportunity to market a service to fee-paying users, whose fees help subsidize the service, has encouraged the introduction of services that benefit all users of medical libraries. The expensive start-up and operating costs associated with online searching and telefacsimile systems might have prevented certain libraries from acquiring them if additional funds from external fee-paying users had not been available.

Spillover benefits also can be realized through active design, such as the practice of financing free, ready-reference online searching with revenue derived from fee-based online services. Regardless of the specific measures taken, the strategy remains the same: identify the potential for unfair advantage by fee payers, then develop and manage services to counteract the unwanted bias.

COLLECTION DEVELOPMENT

A related issue concerns how susceptible libraries would be to collection development influence from fee-paying users. A narrow scope of collection and a homogeneous clientele enable medical libraries to acquire items with less chance of depriving users than do public libraries, which must satisfy a wider range of interests competing for resources. Nonetheless, the potential for bias still exists. Would the library add specific titles or begin collecting in new subject areas popular with fee payers? Even if a library would not acquire materials to meet the demands of fee payers, what happens when the budget is tight and the prices of journal subscriptions are rising? How would it choose between canceling a title that is heavily used by fee payers and one that is of more general interest? The result of the influence depends on the formality and sanctity of a collection development policy, and, as always, a written policy will be most effective.

Through repeated requests for certain materials, the NYAM library has been under indirect pressure from subscribers to collect more heavily in areas such as nursing, health economics, veterinary medicine,

and dentistry. Fortunately, the author of the collection development policy still oversees acquisitions, therefore ordering out-of-scope materials on a frequent or large-scale basis is not possible. Rather than view all influence by fee payers as corrupting, unfilled requests are examined and recommendations for purchase are considered, but any influence that might contradict the mission of the library is resisted. An optimal management strategy would be to channel fee payers' demands for materials into a more thorough collection development effort benefiting all library users. The experience at the NYAM library has shown that commercial subscribers can alert the library to new titles in subject areas within the scope of the collection and to individual fugitive items that escaped the acquisitions program.

INTERLIBRARY COOPERATION

The possible impact of fee-based services on existing interlibrary commitments deserves some attention due to the strong tradition of networking among medical libraries. The literature is replete with references to the careful yet controversial process of introducing fees for ILL service, but the articles do not focus on consequences within a network when an active member begins to provide document delivery service to external users. The model interlibrary loan policy endorsed by the ALA does state that "any member of the borrowing library's clientele should be eligible for interlibrary loan" [5]. The shared understanding among medical libraries seems to be that requests for material may be initiated to support the work-related needs of the requesting library's primary clientele [6]. However, fee-based services have altered the concepts of a primary user and library affiliation. Current interlibrary agreements may require revisions addressing the selective participation of network members in supplying materials to clients of fee-based services, extra compensation for supplying such materials, and other emerging issues. Some networks have already adopted procedures requiring the requesting library to indicate whether the material is destined for a commercial user, so that a special charge can be added by the supplier; generally, the issue of ILL service within a fee-based program is ignored in network ILL policy manuals.

Despite the lack of attention thus far, the topic should be confronted to promote understanding among network members. Fee-based services are not likely to pose a serious problem unless they upset the pattern of reciprocity among members or represent an activity contrary to the mission of the network. Network members also should be given the opportunity to express feelings about becoming involved in sensitive activities not otherwise faced in their own libraries; these activities might include assisting the

manufacturers of products considered to be health risks and providing materials to competitors or to law firms engaged in malpractice litigation against members of their own institutions.

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Another area of concern involves whether fees will act as a disincentive for recommending non-income-generating alternatives to users. In this case, a fee-based service could represent a conflict of interest; it is only through strict adherence to clear internal policies that the conflict is avoided. For the NYAM library, an example would be the RML program. Frequently the library is contacted by new members of the medical library profession in the corporate sector; these librarians are interested in document delivery, reference service, online searching, and other basic services. Instead of simply selling the subscription service, library staff are responsible for informing the requester of the benefits of participation in the RML network and other consortia, as well as other services available in the New York metropolitan area. Only after the requester has had sufficient time to weigh the costs and benefits of these options will the staff seriously discuss a subscription to the library, since a subscription is meant to provide a special level of service beyond routine channels.

MANAGEMENT STYLE

It was noted that opponents of fee-based services feared that fees could radically transform the traditional relationship between librarian and library user. Introducing a group of users whose service relationship with the library is fundamentally a commercial one could lead librarians to redefine their relationships with other users in similar terms. Over the last decade, there has been a growing trend to incorporate more principles of business management in the operation of libraries. As one might expect, organizations with this type of business orientation are fertile ground for the introduction of library user fees; but in return, user fees contribute to the promotion of a business-style environment. When cost recovery or profit making are serious goals of a fee-based service, it is essential to analyze fully the direct and indirect expenses involved with providing a service. Services cannot be justified solely by demand or need; they must demonstrate economic viability. The experience at the NYAM library shows that when one library

program or department is held tightly accountable for expenses, then there will be greater pressure to apply the same standard of accountability to other programs and departments. Within the library organization, fee-based services popularize an approach to service along with its accompanying vocabulary. As a result, operating a fee-based service may predispose the library to apply similar management strategies to other situations.

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After careful consideration one year ago of how staff time was spent handling reference work for fellows, a policy was instituted whereby fellows annually receive two hours of free, in-depth reference service. When a fellow's two-hour allotment is expended, the fellow is then charged fifty dollars per hour for in-depth reference service. Although the results of the policy have been positive, it is doubtful that this particular solution would have been formulated without the library's prior experience with fee-based services. It is reasonable to assume some degree of influence from fee-based services on an overall management style, and librarians should monitor this influence. Libraries certainly would not suffer from a more rigorous examination of service costs and benefits. Librarians must be careful, however, to avoid reaching the point where critical decisions involving the future of their libraries are determined primarily by market considerations, a condition described recently as the substitution of professionalism with commercialism [7].

CONCLUSION

Even though the great debate over fee-based services no longer occupies the center of attention in the library profession, the concerns about fees raised by librarians should be kept in mind. Librarians must not believe that medical libraries or privately funded libraries are immune to any unintended or adverse consequences of fee-based services. Librarians are relatively inexperienced in dealing with library users as paying consumers; the long-term impact on the profession is not yet evident. At the same time, it should be realized that no particular consequence, such as an erosion of service to traditional users, is inevitable as long as fee-based services are recognized for what they are. They are neither a cure-all for financial woes nor a reckless abandonment of prin-

ciples. Fees do represent a tremendous challenge to librarians' management skills. In addition to revenue, fee-based services offer new opportunities to broaden the understanding of how medical information is used, sharpen reference skills, and measure the efficiency of library operations; however, there is always the danger that the same services will influence libraries in ways not originally intended. Each library must decide what changes in services and philosophy will be acceptable, then measure the success of fee-based services against these criteria to the same degree that libraries rely on the criterion of cost recovery. The ability to deliver the greatest benefit from fee-based services to all library users will depend on how well librarians understand the mission of their libraries and how committed they are to fulfilling that mission.

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FROM THE *BULLETIN*—75 YEARS AGO

Our two classes of medical libraries, and their various relations

By William Browning, M.D., Brooklyn, New York

The fear however is sometimes expressed that if a medical library is conducted as an open and free institution, many non-members will avail themselves of it (dead heads), and the library thus be deprived of potential support. Practically and in the long run, it works out just the other way. If an occasional young or struggling practitioner does make use of it nobody is harmed, and good even is accomplished. On the other hand, if those able to pay make such free use of it, it is not long before they gladly come in and do their share. Medical men it appears are not prone to shirk so strong a claim. This policy has proven exceedingly advantageous from even the narrowest point of view. It is the accepted policy of most if not all of the larger medical libraries of the country, and as such likewise should appeal as a common principle.

There need be little fear that a library of this kind will be used for obscene or lascivious purposes. For that matter, if such a contingency should arise, a little diplomacy can readily correct the situation. Children and unattended youth need of course not be supplied with this class of literature. And it is very rare that any check is necessary. I recall a request once by a lawyer who was trying to work up a case against one of our supporting members; this seemed a suitable occasion for a little tact—and amusement at the visitor's cheek.

Bull Med Libr Assoc 1915 Jan;4(3):54