



Open access journals and a case of phytophotodermatitis

Anyone involved in research has probably faced the frustration of not being able to access certain journal articles, whose particular subscription is not held by one's institution. For example, university libraries need to perform a *triage* and only subscribe to a limited number of publications as permitted by their financial resources.

Following the exponential increase in internet use, access to research literature has now become considerably easier. An increasing number of organisations and academics support the notion that research information should be freely available to all,¹⁻³ especially 'open access' to scholarly articles. According to the Budapest Open Access Initiative:¹

By "open access" to this literature, we mean its free availability on the public internet, permitting any users to read, download, copy, distribute, print, search, or link to the full texts of these articles, crawl them for indexing, pass them as data to software, or use them for any other lawful purpose, without financial, legal, or technical barriers other than those inseparable from gaining access to the internet itself. The only constraint on reproduction and distribution, and the only role for copyright in this domain, should be to give authors control over the integrity of their work and the right to be properly acknowledged and cited.

Note that, according to the above (and widely accepted) definition, even when articles are immediately available for free download to all, a journal would not qualify as open access if it holds copyright for all material published.

Considerable controversy and debate remains on the pros and cons of open access.⁴⁻⁸ Some of the arguments against the open access model revolve around the long-term financial feasibility of the system. Recent initiatives such as the Open Journals Systems have been able to overcome such monetary limitations,⁹ making it possible for a scholarly journal to be published with virtually no resources needed to support it.¹⁰

Barbour & Patterson from the Public Library of Science (PLoS) opened their article with a 19th Century quote from Sir Antonio Panizzi (Principal Librarian of the British Museum):⁵

I want a poor student to have the same means of indulging his learned curiosity, of following his rational pursuits, of consulting the same authorities, of fathoming the most intricate inquiry as the richest man in the kingdom.

This quote is somewhat appropriate in a world with many inequalities. As a South American, I understand the financial difficulties faced by many (if not most) universities and research institutions in the developing world.

Stokes & Pandey highlighted that open access publishing is a valuable resource for the synthesis and distribution of essential health care information,¹¹ particularly in low and middle income countries. John Willinsky's book in particular (*The Access Principle: The Case for Open Access to Research and Scholarship*) makes a compelling case for open access,¹² leaving little doubt in the reader's mind that this approach provides valuable access to information in poorer countries, otherwise not

possible under the traditional 'user pays' system. Furthermore free online access to journals seems to significantly increase research usage and impact.⁷

Some journals have adopted a compromise in the absence of open access and, while they still hold copyright for the published material, they offer free download after an embargo period. One such case is the *New Zealand Medical Journal (NZMJ)*, which adopts a 6-month embargo. Although not ideal, this is a considerable improvement on the 3-year embargo period adopted by other journals in this country, such as those published by the Royal Society of New Zealand.

This letter hopes to raise awareness and emphasise the usefulness of open access to the general public. Marius Rademaker and I published a case report regarding human exposure to a fig tree (*Ficus carica*) in the *NZMJ* in August 2007, which illustrated that cases of phytophotodermatitis resulting from contact with this tree can be severe.¹³

I was recently contacted via email by a 45-year-old man from Southern California (USA). He described that he moved a young fig tree within his property, and a day or two later he noticed some red 'scratches' on the shoulder where he cradled the tree during transport. Some hours later, the two larger 'skin marks' began to blister, which led him to carry out a Google search for "fig tree blister". This search returned our *NZMJ* article,¹³ which was already freely available since this had been published more than 6 months prior. After reading the content, he immediately sought medical attention, taking a printed copy of the article to the attending physician at the hospital. This early intervention, with supporting information, meant that timely mitigating action had some effect, preventing further aggravation of the symptoms.

I have no doubt that this person's experience is just the tip of the iceberg regarding the potential impact of online free access to scholarly information. I hope that the *NZMJ* will make an even greater contribution, and eventually move to immediate free access to all of their articles. This may be possible through the adoption of the Open Journal Systems interface.⁹

While I consider the debate on the whether the *NZMJ* should continue to hold copyright for all material published is yet to be resolved, I have no doubt that it should become a free-to-all publication.

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NZMA response

The *New Zealand Medical Journal* is already largely a free-to-all publication. All items more than 6 months old are freely available to anyone in the world who has internet access. It is only the most recent 6 months that is password-protected, and for two important reasons:

Firstly, the *Journal* of the New Zealand Medical Association is a member benefit for those doctors who chose to belong to their professional association. Most societies and associations have their own publications, and it is due to the high quality of the *NZMJ* that many non-members are also keen to read it. The *NZMJ* is largely funded by the annual membership subscriptions paid by doctors to belong to the NZMA.

The second reason is also financial. Six years ago the NZMA Board made the difficult decision to cease paper publication of the *NZMJ* and move to complete online publication. Due to increasing overheads, the *NZMJ* was costing the Association hundreds of thousands of dollars annually which was not being offset fully by advertising or subscription income. The decision to go online was not welcomed by all, but was made in order to secure the future of the *NZMJ*. The NZMA continues to earn substantial income from subscribers, particularly large institutions (such as universities) both in New Zealand and overseas. If the publication was free-to-all, there would be no reason for them to subscribe, with a subsequent loss of income.

While the idea of being free-to-all is an altruistic one, the reality is not so simple. Many other journals have similar practices. The online *BMJ*, for example, is password-protected for the first year of publication. There is no stopping any eligible person from either subscribing to the *NZMJ* or joining the NZMA.

A 1-month subscription costs only \$NZ30 (for a New Zealand subscriber), which is around the same price many prestigious overseas journals charge per item. If a person contacts us wanting only one item, we will usually give it to them at no charge.

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