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The Future of National Medical Journals

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THE FUTURE OF NATIONAL MEDICAL JOURNALS

Predictions of the demise of national medical journals have been overestimated — and what better evidence than the birth of Pakistan's first journal to cover everything to do with the brain, the Pakistan Journal of Neurological Sciences. Let's be clear, the unfathomable workings of our most succulent organ have driven scientists to distraction, if not madness, for thousands of years. This fascination remains to this day and is equal in measure amongst the lay public, which loves to ponder the destruction of our mental faculties and the mechanics of mood.

There is a considerable business in pop neurology and ham psychiatry. Indeed, Scientific American has attempted to unite science and sophistry in its new publication *Mind*.¹ The future for brainologists looks bright. Longer life expectancy, which should eventually become healthier, will increase the burden of chronic diseases and diseases of the brain, as we arrive at our cartoon future of talking heads in jars.²

A more prosaic future for medical journals is that they will become extinct, too expensive and too irrelevant to the needs of clinicians to remain viable. The drivers towards this future are many.³ Governments and society are demanding that research that they have funded and participated in should be available immediately for free on publication, a movement that has gathered its troops under the banner of "open access."⁴

Meanwhile readers and researchers are weary of the Balkanisation of the scientific literature which means that finding information on any particular topic has become a matter of scouring many different websites, many different print journals, and asking many different authors. Both of these are barriers to the exchange of information, and any such barrier is against the spirit of scientific exchange, a dialogue that propels the advance of civilisations.

One solution to this confrontation is that research articles will be gathered together in a huge electronic database, like PubMed Central.⁵ Such databases will require highly sophisticated search engines to scan the millions of articles that they contain. Another solution is that authors will increasingly post their articles on their own or their institutional websites, again so that they can be accessed without charge.⁶ This approach will also require sophisticated search engines, but this time ones that can scan the whole web. We already have such a search engine, Google Scholar.⁷ Whichever solution emerges as the dominant one, and it is likely that the future will be a mixture of the two, medical journals face a challenge over their identity, revenue streams, and very existence.⁸

This analysis might spell doom for national medical journals, especially fledgling ones, but there are many ways that death can be cheated. The primary instinct for survival requires that a publication serves the needs of a community. No kingdom is too small, as the saying goes, for a doctor to want to rule it. But the bigger the kingdom, the more loyal the subjects, and the more relevant the kingdom to the life of those subjects the greater chance of survival. International journals are using the globalisation of medicine as a selling point but

the more international a publication becomes the further it drifts from its natural reader base.

Take the BMJ, for example, a journal once known as the British Medical Journal but a journal that now considers articles from British authors like those from any other country. This approach certainly increases the reach of the BMJ outside Britain but leaves many British doctors dissatisfied that it is no longer relevant to their daily practice. With The Lancet similarly — and perhaps even further-advanced in its international ambitions, there is a yawning gap in the market for my current journal, the Journal of the Royal Society of Medicine, to exploit, and that opportunity is to become the national medical journal of the United Kingdom.⁹

That role, however, has to be future proof. One consequence of the future I have sketched out here is that publishing original research will prove to be unattractive for journals, certainly in countries where there is a glut of published research. But in countries like Pakistan the effect may be modified by the fact that the evolutionary stage of research is such that raising the profile of original research and the level of scientific discourse becomes an important role for a national medical journal.

Either way, publishing original research will not be enough. We live in an attention economy, where a reader's time spent with a journal competes with Hollywood movies, cricket matches, and internet dalliances. Time is precious and readers want entertainment. More importantly, doctors have little time to search for the information. They have too much information available to them but cannot find the information they need when they want it—the information paradox.¹⁰ Doctors require and welcome publications that “add value” by summarising the latest research findings, bringing them up to date with the latest recommendations and debates within their specialty and beyond, helping their professional development, and stimulating their thinking.¹¹

Above all, readers want to derive pleasure from reading a journal. The days of judging the importance of a journal by the inscrutability of its text are dead and gone. The journals that publish high-quality editorials, reviews, and debate pieces will be the ones that flourish. The ones that also entertain through the quality of the writing and the quality of the thinking that produces each issue will be the ones that excel.

The trick for a national journal is to develop a sense of community through what it publishes, and this mission will be assisted by recruiting popular authors and collaborating with national institutions that share the values of the journal. The next trick is for the journal to elbow its way into the national conversation, and this objective will be assisted by publishing articles that challenge — even provoke — readers, strike at the heart of the current debate on any particular topic, and demonstrate leadership in the exchange of scientific ideas.

Finally, successful journals will require editors with passion, a spark, and a glint in their eyes. Editors who value debate, brook all shades of opinion, and take risks, editors who care more for the public good and the place of science in their communities, than they do for

their own place in history. And above all, editors who realise journals are for readers and not for authors, and understand the problems of the information paradox and the demands of the information economy. The national medical journal, as we knew it, is dead, long live the national medical journal of the 21st Century.¹² Can PJNS journal be part of the revolution?

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REFERENCES

1. <http://www.sciammind.com>. Last accessed 22 September 2006.
2. http://www.gotfuturama.com/Information/Encyc-96-Head_in_a/. Last accessed 22 September 2006.
3. Smith R. The highly profitable but unethical business of publishing medical research. *J R Soc Med* 2006; **99**:452-456.
4. Abbasi K. Open access for the JRSM. *J R Soc Med* 2006; **99**:101.
5. Wolpert M, Kiley R. Open access, UK PubMed Central and the Wellcome Trust. *J R Soc Med* 2006; **99**:438-439.
6. The Lancet 2004: design, contents, and access. *The Lancet* 2004; **364**:2.
7. <http://scholar.google.com>. Last accessed 22 September 2006.
8. Abbasi K, Butterfield M et al. Four futures of scientific and medical publishing. *BMJ* 2002; **325**:1472-1475.
9. Abbasi K. A subtle change of spots. *J R Soc Med* 2005; **98**:439.
10. Muir Gray JA. Where's the chief knowledge officer? *BMJ* 1998; **317**:832-840.
11. Delamothe T, Smith R. PubMed Central: creating an Aladdin's cave of ideas. *BMJ* 2001; **322**:1-2.
12. Abbasi K. Simplicity and complexity in health care: what medicine can learn from Google and iPod. *J R Soc Med* 2005;**98**:389