Open Access – the holy grail for low resource practitioners?

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Introduction

- There is a significant health workforce deficit in low income countries (LICs).
- In addition, professionals and students in LICs have limited options for their continuing medical education and the propagation of their scholarly work.
- Access to the current medical literature offers one opportunity to obtain and maintain professional skills.
- Hardly any individual practitioners, and fewer than 50% of LIC institutions have current subscriptions to international journals because of the cost.
- Making subscriptions or one-time access fees more affordable for LIC practitioners could increase access to continuing education and improve healthcare delivery.
- Some expensive journals offer reduced subscription fees to practitioners in LICs, and there are international organizations facilitating this e.g. Health InterNetwork Access to Research Initiative (HINARI).
- Some LICs have their own journals, most of which are underfunded, do not publish frequently, are not indexed in MEDLINE/PubMed, and have low circulation rates and low impact factors. Publication in these journals is seldom sought by the leaders in their fields.
- As of October 2016:
  - # of peer-reviewed open access (OA) journals = 9,156
  - # of peer-reviewed open access articles = 2,322,691
- Increasing numbers of countries, funding bodies, and institutions are requiring publicly-funded research to be published through OA.
- The OA model could offer a solution to the intellectual isolation of practitioners and students in LICs.

Are OA Journals the holy grail for low resource practitioners?

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<th>Pro</th>
<th>Con</th>
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<tr>
<td>- Free to reader</td>
<td>- Authors often charged article-processing fee (sometimes waived for LICs)</td>
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<td>- Avoid influence of pharmaceutical / biotech industry</td>
<td>- Dubious editorial quality – “pay to play” scams</td>
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<td>- Downloads and views offer alternative impact metrics</td>
<td>- Lack of prestige (traditional impact factor)</td>
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<td>- Authors retain copyright, allowing further dissemination</td>
<td>- Might not be indexed</td>
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<td>- Can address ‘niche’ subjects relevant to LIC practitioners</td>
<td>- Excessive quantity of publications (driven by “publish or perish”)</td>
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<td>- Shorter time to publication</td>
<td>- Predation &amp; journal “hijacking” by unethical publishers</td>
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<td>- Errors easily corrected, avoiding ‘zombie’ literature</td>
<td>- Often in English or just one language</td>
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<td>- More widely read</td>
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<td>- Cited more often (≈19%)</td>
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<td>- Purpose not to undermine expensive journals, but provide accessible alternative.</td>
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References

- Davis PM, Lewenstein BV, Simon DH, Booth JG, Connolly ML: Open access publishing, article downloads, and citations: randomised controlled trial. BMJ 2008; 337:a668–8
- Ottaviani J: The Post-Embargo Open Access Citation Advantage: It Exists (Probably), It’s Modest (Usually), and the Rich Get Richer (of Course). PLoS ONE 2016; 11:e0165166
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- Suber P: Open Access Overview 2004 at <https://legacy.ebarnham.edu/~peters/fos/overview.htm>

Clues suggesting a ‘predatory’ journal.

- Spam solicitations for articles, to be a guest editor, or to be on the editorial board.
- Poor grammar and misspellings.
- Incorrect or fake editorial office addresses.
- Use of a fake impact factor.
- Fake editorial board members.
- Editorial board members you do not recognize even in your area of expertise.
- Indeterminate geographical location of a journal, despite a geographical name (e.g. “American”) in the journal title.
- A promise of a quick turnaround from submission to publication (sometimes 24 hours).
- Vague article-processing charge.
- A plagiarized website (i.e. website almost identical to a legitimate journal’s website).
- Lack of transparency about ownership.

“I propose that society first agree on a simple, guiding principle: all scientific discoveries first constitute a public good and only second are the property of individual scientists, institutions or countries. Agree on this, and it follows that anything that impedes the sharing of discoveries—either by prolonging the time or complicating the process of disseminating scientific outputs—should be eliminated entirely. We should not be satisfied with anything less.”

Aled Edwards [2016]