

Dr. Duncan Gordon and *The Journal of Rheumatology*

Dr. Duncan Gordon is Editor of The Journal of Rheumatology since 1979. He is also a rheumatology consultant at the University Health Network-Toronto Western Hospital Site and Professor of Medicine at the University of Toronto.

The Journal of Rheumatology was founded by Dr. Metro Ogryzlo but you were there from the inception. What were the challenges at the beginning of The Journal and later with the untimely passing of Dr. Ogryzlo?

In the early 1970s, Dr. Ogryzlo knew that otolaryngologists, under the Editor Peter Alberti, founded their own medical journal that had been quite successful. He was acquainted with Dr. Alberti which gave him insight into the world of publishing and hope that this could be done for rheumatology. Dr. Ogryzlo's idea was that a journal could stimulate interest in rheumatology and the study of arthritis in Canada. This idea of the journal was quite controversial as, at the time, there were two other major journals: *Arthritis & Rheumatism* and *Annals of the Rheumatic Diseases*. When these other journals discovered that Dr. Ogryzlo wanted to found his own journal, they tried to persuade him otherwise. They promised to be more accommodating and appoint some Canadian editorial board members. But this was not Dr. Ogryzlo's intention. He wanted to have a journal that would stimulate interest and work in Canada.

Looking at the hard facts, there were only 200 rheumatologists in Canada at that time. Therefore this couldn't only be a purely Canadian journal, the market would not have supported it. This had to be a Canadian-based international publication. This would be the only way.

Fifty contributors were invited for the first issue, which was launched during the 1974 PANLAR Congress. The contributors were international and the editorial board comprised worldwide leaders in the field of rheumatology. That mix continues today: Most Canadian rheumatologists receive *The Journal*, while the majority of our subscribers are from elsewhere: The USA, Europe, Australia, Latin America, and as far as Japan, Korea and China.

As for the CRA, back in those early days, they did not understand why *The Journal* was needed seeing as two

other journals were on the market. The idea was that the journal in Canada was not necessary but desirable because it would have a stimulating effect on Canadian rheumatology even though few of the articles were written by Canadian authors. In this fashion, *The Journal* would have an international, national and local impact. Dr. Ogryzlo wanted *The Journal* to be the official journal of the CRA and they turned it down, saying it wasn't the right time.

The challenges at the beginning included establishing *The Journal*, fostering interest in potential contributors, receiving accreditation and recognition from the US National Library of Medicine so that articles would be registered. This accreditation was not automatic. In order to accomplish this, you had to demonstrate that you were worthy of this recognition.

Also, *The Journal* was financed by 30 rheumatologists across Canada who made a small investment to get *The Journal* off the ground. In this way, we had financial backing, advertisers, authors and reviewers. In fact, what happened was our authors became our reviewers, and subscribers became our authors and reviewers. So you end up with a loop of quality participants involved in the work of *The Journal*. So it is not a one-man band, it's a group interested in the academic advancement of rheumatology. Therefore the challenges were to get readers in rheumatology to buy into this concept and for us to come up with a good product.

Would you tell us about the stages of publication over a typical month and how much time you spend with your multiple briefcases in preparing your monthly edition of *The Journal of Rheumatology*?

We've got an office team, we have a Managing Editor and a whole team of editors. After Dr. Ogryzlo's untimely passing, we formed an Editorial Committee that still functions today, not with the same people but following the same idea and process.

We meet every two weeks and look at articles, decide which are worth sending out for review and which reviewers will review specific articles and which articles will be published and when. We call this the “hanging committee,” like the Tate Gallery in London, because we decide, in effect, which “pictures to hang.”

We typically publish half of the articles submitted, not necessarily because some articles aren’t good but because some are merely not appropriate for our journal. The articles chosen are of course always strengthened by our reviewers comments, and our editorial board also comprises rheumatologists with years of experience. So we survived Dr. Ogryzlo’s passing by benefiting from the two years he worked hard to establish *The Journal* and set this system in place.

The Journal of Rheumatology is one of the best-recognized peer-reviewed publications in the field of arthritis. What aspects of The Journal has kept it in the forefront over the last number of decades?

When we started, we were the new kids on the block! There were three or four peer-reviewed journals and now there are twenty something. We were unique in that we were the only rheumatology journal in the world owned by rheumatologists, which is interesting.

Some of the things we’ve done since we started, of course, have been copied which is always the case with good ideas. We’ve always tried to bring controversy to our editorial pages, I think being provocative is important. We want to get people thinking and to say what they mean and mean what they say. We often run cross editorials where we showcase different view points. We also had our letter section which often included reader complaints or opinions, so we often get a crossfire going there as well. At the time we launched, this was new and different and gave us recognition. We’re also very user friendly and we do our best to be fair.

While I think we have a high-quality and innovative publication, we always knew we would never have the same impact as *Arthritis & Rheumatism* or the *Annals of the Rheumatic Diseases*. These journals publish criteria for various diseases, articles which get much cited. Our ambition was to become an Avis not a Hertz!

With the arrival of the Internet era, there have been tremendous changes in all areas of publication. How has the Internet affected peer-reviewed scientific publications? How has this affected The Journal of Rheumatology?

There’s a ying and yang effect with electronic communication. The good thing is that it provides instant gratification. In the early days, we would send our reviewers a package by the mail, which included a letter inviting them to review this article. And so when you receive this in the mail you typically take some time to think about it. You don’t just put it in the trashcan. With web-based review systems, you can quickly respond that you are not interested and put it out of your mind. So the result is that our submissions have gone up 30% in the last five years as everything seems to get done faster with the Internet but by the same token our reviewers are inclined to decline reviewing material as everyone is busy. So in that sense instant gratification means instant rejection!

No doubt the Internet has led to our growth and our creative growth but it is also much less personalized. But the Internet is not going away, it is here to stay so we have to work within it.

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Changes have occurred in some scientific grants with new requirements to publish publicly in a timely fashion. How will this affect The Journal of Rheumatology and other publications?

Yes, what you are referring to is the concept of open access (OA). There is pressure from some parts of the planet to have all medical articles “open.” For example, the United States Congress argues that it pays for research at the National Institutes of Health (NIH) and asks why one should pay to have access to this information. When Harold Varmus, the Noble Laureate, was head of NIH, he promoted the idea of open access. He presented the idea that instead of *The Journal* being supported by subscribers and advertisers in the conventional way, it should be supported by authors and research funders. The author would have to pay to have his article published which would be borne by the researcher. Certain

research bodies, such as The Wellcome Trust, stated that they would not allow the researcher to publish a paper in a journal unless it was instantly and openly available. *The Journal of Rheumatology* remains a subscriber-based publication, but our editorials and correspondence are freely available to all website visitors. An author-pays option is being contemplated. Now I'm noticing with rheumatic diseases that some pharmaceutical companies are paying big bucks to have open-access articles published. It is definitely controversial. When the Editor of the *Annals of the Rheumatic Diseases*, which is the best-known journal in Internal Medicine, canvassed subscribers and asked if they would still subscribe to the journal if it was open access, the response was a resounding "no."

Scientific publications have a responsibility to ensure that what is published serves our patients and society.

The other role player is the advertiser. The advertiser is invested in the print version as they don't know how to measure the impact of online advertising yet. Some journals give away their content for free and have suffered financially due to it. *The Journal of the American Medical Association* was doing this for a long time and lost a ton of money and have since stopped. The *Canadian Medical Association Journal*, an open and free-access publication, is heavily subsidized by advertising. If you look at a copy of that journal, a large proportion of pages are advertisements. The leading medical journals like *The Lancet* don't buy into this idea, but I do believe *The New England Journal of Medicine* will be making their articles accessible within six months of publication.

So how this will affect *The Journal of Rheumatology* is a work in progress. We don't know the answer quite yet.

Will there be a change in the role of peer-reviewed scientific publications in the next decade?

As research advances, the need for better understanding will require a wider scope. There are all kinds of areas of

study and so I think the role will not change but increase. It will be more of the same I think. I think *The Journal of Rheumatology*, and other medical journals like it, have an important role to play in what we call the medical discovery cycle. Scientific publications have a responsibility to ensure that what is published serves our patients and society. Because our society is becoming more reliant on technology, we need to be especially transparent in the conduct, sponsorship and publication of scientific advances. The trust we establish with our readership must be earned and maintained through such actions.

The idea of the peer-review process affects every level of scientific publishing: the decision to fund a grant, maintaining accountability, having submitted materials reviewed and receiving and publishing Letters to the Editor.

These are not the only challenges we face. Reviewers sometimes try to protect their "turf" by delaying the publication of an article and will sit on the information. There is also misconduct by authors who can fake data or have duplicate publications.

Taking all this into consideration, peer-reviewed scientific publications have to maintain a steadfast role in the face of these challenges.

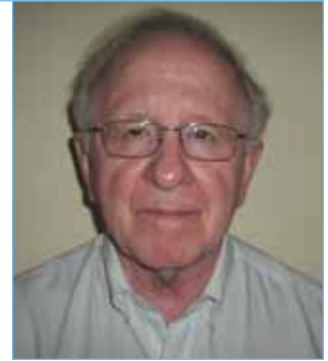
Will there be a change in the way that scientific journals are published? Do you foresee a day when all journals are electronic and that the "hard copy" edition is a thing of the past?

Advertisers have a big role to play in equation as they are currently unwilling to support the electronic medium. Recently Elsevier has been trying to garner favor by guaranteeing open access to certain researchers but that is very experimental. People like to read on paper, they like print. I don't know what will come of this...journal ipods? I don't see this happening in the near future and I don't see leading journals giving up their ownership. For example, the Massachusetts Medical Society owns *The New England Journal of Medicine* and it has been a great money maker for them. A lot of the journals are owned by medical societies so in that sense the profits role back to the organization to do good work.

Unless advertisers can measure the impact of online advertising vs. their print version, this will not happen.

*The CRA membership wish to express our sympathy and condolences to our colleague and friend
Duncan Gordon on the recent tragic loss of his son.*

Dr. Barry Koehler: Founding *The Journal of the Canadian Rheumatology Association*



Dr. Barry Koehler, the founding Editor of The Journal of the Canadian Rheumatology Association (CRAJ), is a staff rheumatologist at The Richmond Hospital and Clinical Professor Emeritus of Medicine at the University of British Columbia.

You were the founding Editor of the *CRAJ* in 1992. Why did the Canadian Rheumatology Association (CRA) feel that a publication was necessary at that time? Were there any obstacles to starting the journal?

I don't think there were a lot of obstacles. The concept arose from the fertile mind of Dr. Paul Davis, President of the CRA at the time. Given that we were in the process of separating our annual meeting from that of the Royal College, it seemed timely to raise the profile of the organization. We had a lot of support and published the journal through STA HealthCare Communications Inc. with the help of Paul Brand. I think it actually developed quite smoothly.

Was there a time when the *CRAJ* nearly ceased its operation? What were the challenges in the early days of the publication?

Again, the development of the journal occurred in an easy fashion, probably easier than we deserved! Everything developed quite effortlessly; people were happy to contribute material and there was a lot of enthusiasm from the CRA board. From my recollection this was a smooth event. Fortunately, there were no big problems during my tenure.

The CRA separated from the Royal College in 1994 with the first Annual Meeting at Mont Tremblant in February 1995. Did the establishment of an in-house publication have in some small way a role in the spirit of independence that led to the development of the "new CRA?"

I don't think many rheumatologists related strongly to the CRA as a professional association. While most rheumatologists belonged to the CRA and attended meetings, it was not regarded as a very important organization. I think, in fact, that most rheumatologists saw The Arthritis Society as serving their needs and taking on the role of an advocate for rheumatology. For a number of reasons I think this shifted and, compared to the 1960s, 70s and even early 80s, rheumatologists didn't feel as well

represented by The Arthritis Society. Add to that the fact that we were now breaking away to form an independent new scientific journal, I think the journal played an important role within the membership and in the creation of a new version of the CRA.

The *CRAJ* continues to publish quarterly in a hardcopy format. It is available through the CRA website in an electronic version. Will there continue to be a role for a printed version of the *CRAJ*? Do you see the time when the publication is strictly electronic?

I think it is going to follow the path of most other journals. My suspicion is that it may well become a solely electronic medium just because of cost and efficiency. It hasn't happened yet but maybe in 10 years it will. I think younger readers will be very comfortable using an electronic medium. When they get to my age they'll probably be expecting that because it's convenient. You start to wonder why we are using all this paper, it's expensive and so on. For the most part, I think people are going to be ready to use electronic versions. It also makes sense in terms of storage. If you want to refer to an article written two years ago, the likelihood is that you won't have that journal lying around. You look it up online! I think accessing this publication online makes sense.

Do you have any thoughts on the future direction of the *CRAJ*?

I think Dr. Glen Thomson has really moved this publication along very nicely. He has organized it very well with some political content, some history and some science. I think the CRA is focused on the science more now with their work on guidelines and research. I think the journal content includes a nice balance. I doubt that anyone would want to see the journal become a purely political vehicle so balancing this is good. It's a successful format. I continue to pick it up and read it. I suspect most members feel this way; it's not regarded as a throw-away journal.

Dr. Steve Edworthy: The Canadian Rheumatology Association Website

Dr. Edworthy is a staff rheumatologist at Foothills Medical Centre and Associate Professor of Medicine at the University of Calgary.

There are few organizations today that do not have a presence on the Internet, yet when you launched the first Canadian Rheumatology Association (CRA) website this was very novel. Would you tell us what led the CRA to launch the website when it did? What obstacles did you face?

You are correct in noting that when the CRA was developing its website in the mid-1990s, there weren't many examples to follow of not-for-profit medical organizations developing their own website. Our biggest challenge was raising the website concept to a priority level in the face of many other competing ideas. Fortunately, the executive recognized the need to establish a good electronic environment from which to publish CRA information to members.

We were restricted by the types of software and hardware we could use, which meant a greater technical expertise was required to manage our site at that time. Another obstacle was that the CRA leadership had questions about the value this would have for its members. For example, would members want to go to the Internet when they could get their information via mail? Also, there were some fears that the information might be in some way misconstrued or cause unforeseen repercussions within the medical community as it became available outside our group. There were also some uncertainties about using a new technology. Once we had decided to go ahead with it, we were very fortunate to have Elisia Teixeira take on the role of "webmistress," which she continues to perform today.



The sheer novelty of websites and the Internet has faded somewhat. How must websites evolve to be better sources of educational material and information?

The Internet is now "business as usual!" Through the CRA website, we've got a great opportunity for users to share their practice knowledge through audits of practices, treatment of patients and presentation of challenging cases. Those types of interactive activities can now be managed very effectively with online tools such as Elluminate®. We are now in a position to present the type of content that is required

on the web to attract attention: solid medical information for patients, primary-care practices and rheumatology colleagues. The work involved in providing this information is substantial, particularly having to be presented in an electronic format rather than print.

Another step is ensuring that there is a more direct-to-the-consumer approach...the consumer being the individual rheumatologists, others interested in rheumatology, patients and even other associations which are engaged with the CRA.

A major challenge for all websites is being known on the worldwide web. One has to keep on top of being visible on search engines like Google™ or you just don't get found.

Another challenging new Internet direction for physicians is the use of personal health records online. This is a concern for physicians because they feel it is outside their realm of practice. But this is definitely a consumer-driven trend that will be hard for established medicine to avoid. I'm anticipating that websites such as the CRA will become interlinked and perhaps become a part of the personal health record. That's the direction some of us in the informatics arena are exploring, with various technology firms.

In your view, how should established journals embrace the new electronic technology? Do established scientific journals ignore the Internet as their peril?

Any journal that cannot provide an electronic source to their readership is definitely in peril. At this point, all the students that I work with at the University level rely totally on the electronic form of articles and I doubt they ever use paper sources. When they can't get access to a journal online, they merely ignore that one.

There are many problems with competing in the electronic journal world. It's not a trivial task: there's a lot of time and money that needs to be invested, a change in style and likely a different business model for the production of the electronic journal. However, if you take an established journal with a good track record and do a good job of moving it into the electronic format, they have a much better chance of competing in the market.

Organizations like the CRA have limited resources and are increasingly dependent upon advertising to enable and promote education and information. This appears to be the long-standing trend on the Internet in general. Is this the way that communication in rheumatology and medicine in general should evolve? Are there any alternatives to their "business model?"

It's true that the CRA has limited resources and that advertising is a mechanism to obtain necessary funds. That model works but its downside is that it is annoying to the reader to have that kind of information in their face. It may be somewhat dangerous also in the sense that advertising may serve as a conflict of interest with the educational content being presented, which may discuss a product or certain classes of drugs.

Many people are looking for an alternative to that business model. I can't say what would work better for the CRA. Some websites operate on a subscription basis and charge for membership. There can also be a limit to the amount of advertising exposure for corporations which have other values.

There may be a chance for collaboration with other organizations willing to fund the website or participate in other activities that do not show on the website but are of value to the website and the CRA. There are ways to utilize the Internet that do not draw on advertising dollars. For example, we are beginning to see clinical trials operating via the Internet. Performing these trials can be of tremendous value to companies and to society. A well-established

website, with a good track record, could conceivably offer a service that wouldn't require advertising but could facilitate a more efficient clinical-trial methodology.

There is also potential for an interesting collaboration with the Canadian Medical Association (CMA). The CMA has tremendous expertise in a variety of internet-based

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services including the provision of patient information, an "online store" with electronic products that doctors can purchase. They demonstrate a real interest in helping doctors' practices become more efficient. The possibility of a partnership with such an association for the CRA

The Internet is now "business as usual!" Through the CRA website, we've got a great opportunity for users to share their practice knowledge through audits of practices, treatment of patients and presentation of challenging cases.

would be a tremendous business opportunity. To link forces with the CMA, which has a much bigger market and some drivers the CRA doesn't have, is the best business opportunity I see for the CRA's future.

In what direction would you like to take the CRA website in the next five to ten years?

In addition to the great work it is involved with today, under the leadership of Dr. Andy Thompson, I would like the CRA to become more integrated with our medical practices. I would like the CRA website to facilitate the secure exchange of communication and medical information between caregivers.

Update on the Future of the CRA Website

By Andy Thompson, MD, FRCPC, and Elisia Teixeira



The CRA website continues to function effectively with more than 40 visitors a day and more than 15 of our members logging in each day. We hope to further improve these statistics with some upcoming changes and developments.

A new look: We will introduce a slightly-revised page layout. We are doing this in reaction to the needs of our members and to allow for more flexible sponsorship opportunities.

Easier-to-find important content: Our members stated that they were having some difficulty finding important information such as meeting dates and new highlights and programs. To accommodate this we will have a content section on the main landing page and get rid of the “ticker tape” running across the top of the page.

More prominent links: Our other committees wanted more prominent access to their programs. As such, we will have areas on the home page with direct links to other important CRA resources such as *The Journal of Rheumatology!*

Changing sponsorship model: Our sponsorship model is changing for the better. We are now allowing our sponsors to post their continuing medical education (CME)

programs on our server. You’ll notice a clearly identified “sponsorship section” on the right

hand side of the website. By “clicking” on this section our members will be able to view CME programs provided by our sponsors. Realizing that some of these programs may contain an inherent bias, all programs in the sponsorship section will be clearly identified. The CRA executive feels that this transparent sponsorship model will be mutually beneficial for the CRA, our membership, and our sponsors.

This is an exciting time for the CRA website as we move into our next phase of development with the commitment of promoting the pursuit of excellence in arthritis care, education and research.

Dr. Andy Thompson & Elisia Teixeira

Dr. Andy Thompson is Chair of the CRA’s Website Committee and Elisia Teixeira is the CRA’s Website Webmistress.

The 2007 ACR Meeting in Boston



Doctor Video: A Guide to Electronic Medical Specialists



By Ian T.D. Thomson

What do our children learn about medicine from their omnipresent video games? It is necessary for parents and physicians to communicate with these young minds so that they understand these video characters in the context of what doctors do in the real world.

1. Dr. Mario

Game/System: Dr. Mario (Nintendo Entertainment System)

Skill: Treats only those afflicted with blue, red and yellow viruses

Real-world specialty: Infectious Disease specialist who must be tenured in a University Hospital to have such a narrow scope of practice and still make a living.

2. The Professor

Game/System: The Legend of Zelda: Ocarina of Time (Nintendo 64)

Skill: Uses only potions and herbal remedies

Real-world specialty: Practicing medicine without a license as part of the “alternative medicine” movement

3. Dr. Stiles

Game/System: Trauma Centre: Under the Knife (Nintendo DS)

Skill: Slows down time to perform surgery

Real-world specialty: Canadian surgeon, the slowing down time may be the reason we have such long waiting lists for operations

4. Dr. Robotnik:

Game/System: Sonic the Hedgehog (Sega Genesis)

Skill: Obsesses about a talking hedgehog and plans endless failed revenges on his foes.

Real-world specialty: Medical administrator on another delusional quest

This quick search for video doctors failed to reveal any practicing rheumatology. When will this obvious omission be corrected?

