

Should there be limits to political commentary by medical journals?

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ABSTRACT Within the last three years there has been considerable comment and discussion, especially in electronic online forums, regarding the appropriateness of including political commentary in medical journals. Given the mandates of representative journals, and the direct impact politics can have on the health of populations, it is appropriate that politically related commentaries be included in medical journals. However, these commentaries should adhere to five criteria: the issue should be discussed in terms of its impact on health; any challenges based in ethical principles should use the relevant ethics code; if challenging the actual ethics of a group, the standard should be one that is globally accepted; all defamatory comments should be excluded; and journals should not participate in academic boycotts. Given adherence to these criteria, medical journals can expand their continued impact on health-related topics, without moving beyond their mandates.

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INTRODUCTION

On 13 April 2002, *The Lancet* published an editorial that examined and criticised the activities of Israel in the Middle East conflict.¹ On the listserv of WAME, an international organisation and discussion forum for medical editors, a series of emails criticised the editorial board and the unnamed editor for writing and publishing such an article. The authors of these emails claimed the article was 'unfair' to Israel, 'one-sided', and 'represented journalistic "anti-Semitism"'; they suggested that journals should focus on 'medicine' and 'stay out of politics'. Other respondents, in defence of the article, felt that the editorial fairly represented the issues in the Israeli-Palestinian conflict, and that the author was acting responsibly by questioning practices potentially in conflict with general human rights principles and ethical medical practice. Moreover, some WAME listserv commentators suggested that *The Lancet*, and other high profile medical journals, had not only the option to publish such an article but a duty to do so, as a responsible medical journal.²

A further exchange occurred on the WAME listserv about what was then the impending war with Iraq. Again, both sides of the issue of appropriateness of the topic were represented. Some felt it was fair and appropriate to discuss their opinions on the Iraq situation on the WAME listserv because it was 'health-related' (i.e. war

injuries, public health infrastructure loss, etc.). In contrast were those who felt that such 'political' issues regarding the justification of war should not be the topic of discourse of WAME listserv and medical journals.²

In response to the number of emails and the heated nature of the discourse, the secretary of WAME requested that further discussions on the topic be conducted off-line from the listserv, as it was not within their mandate. That statement and interpretation of the WAME mandate is correct; their website states that they provide 'a forum for discussion of issues in research publication', not in political impacts on healthcare outcomes.³ But the listserv secretary did note, 'The issue does, however, raise broader, interesting and relevant editorial questions: Should editors of health science journals become involved in political issues? Issues of what sort? To what extent?'²

These are not new questions and controversies, within the world of medical publishing. Some years ago, there were similar discussions about whether medical journals should include issues of public policy as part of their mandate, and if terms such as 'healthcare' (rather than 'medical care') were undermining our correct focus as physicians. Some practitioners recoiled at the concept of multi-disciplinary care being considered worthy of study because that, too, undermined the strictly medical focus of medical journalism.

THESIS

Within the purview of contemporary medical journalism, are there issues beyond those of classical 'medical' information and knowledge that deserve to be addressed at least by general interest medical journals and perhaps by sub-speciality journals? When certain 'political' topics appear to have a major impact on health care and directly related issues, is it appropriate for editors to include reflective commentary in medical journals?

THE MANDATE OF THE MEDICAL JOURNAL

At this point most contemporary physicians who work in systems of organised medical services accept the necessity and validity of including healthcare, public policy and social issues as appropriate topics for medical journal.⁴⁻⁷ Most practitioners in western countries understand the interplay among these various factors and the effects that they have on the health status of their patients, and on the ability of physicians to provide timely and appropriate medical care.

Similarly, there should be a place for medical journals to explore and comment on political situations. Situations where, for example, physicians may be called upon, by political action or public policy, to act in a way that may be anathema to medical practice or underlying principles of medical ethics.⁸⁻¹⁴ What if the generally accepted code of ethics of a nation's medical profession, its core foundational principles, came into conflict with a nation's political policy? It should be valid and acceptable, for example, to discuss legislation and its ramifications for medical professionals. Physicians require a forum to provide meaningful and constructive criticism about important issues related to health, regardless of the nature of the causal factor. Commentary on the legislation, on the philosophy and ethics of the profession, and on the congruence, or lack of, would surely meet the mandates of many journals.

The mission statements of some of the larger journals, *BMJ* and *JAMA*, can be used as a representative sample. *The Lancet* is 'an international general medical journal that will consider any original contribution that advances or illuminates medical science or practice, or that educates or entertains the journal's readers.'¹⁵ This certainly allows for a wide range of discussion topics.

The world report section of *The Lancet* has a more specific purpose that is in line with discussing political and policy issues:

'*The Lancet* has a function as an international newspaper covering news about science, medicine, policy issues, and people. Most of the writers are professional journalists, but a significant event in your country that might be of wider interest can be brought to the attention of our news desk.'¹⁶

The mission statement for the *BMJ* is as follows:

'To publish rigorous, accessible, and entertaining material that will help doctors and medical students in their daily practice, lifelong learning, and career development. In addition, to be at the forefront of the international debate on health.'¹⁷

While this mandate does not specifically include reference to political and policy issues related to the health of populations, it is general enough to include almost anything that is 'at the forefront of the international debate on health.'¹⁸

Finally, *JAMA* states that its key objective is 'to promote the science and art of medicine and the betterment of the public health', with the following critical objectives:

- To maintain the highest standards of editorial integrity independent of any special interests;
- To publish original, important, well-documented, peer-reviewed articles on a diverse range of medical topics;
- To provide physicians with continuing education in basic and clinical science to support informed clinical decisions;
- To enable physicians to remain informed in multiple areas of medicine, including developments in fields other than their own'¹⁹

JAMA also does not specifically allow or disallow discourse on political or policy-related topics, however, it does include an important element: 'highest standards of editorial integrity independent of special interests.'²⁰ Discussions of policy and politics have a place in medical journals, but, as will now be outlined, these discussions must relate to health in some way, and must maintain an editorial integrity to report facts and events truthfully, and to present issues in a balanced manner.

CRITERIA FOR COMMENT

If a journal editor chooses to enter the arena of commentary on international political activities, what criteria might be used to govern the range of subjects and commentaries? There are five criteria that can be readily identified, to assist medical journal editors in the selection of submissions.

First and foremost, the commentary should discuss the issue from the perspective of impact on individual or population health. Without this criteria, articles of almost any topic could be included, not just commentaries on the justification of war, or the morality of capital punishment, but also on the intricacies of economic policy, or the appropriateness of the structure of the governments themselves. The author must clearly frame the commentary, and develop their argument for (or against) the specific policy or government decision as it impacts

on the health of those people it affects. It is expected that the author will define the issues at stake, and the possible implications for medical standards, and ethical and legal issues, and provide a potential resolution of the matter for a better health outcome.

Secondly, if the article specifically attacks or defends a decision or policy on an ethical basis, the challenge should be based on the applicable ethical code. For example, the American Medical Association code of ethics includes as its first principle the statement, 'A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights'.²¹ If the author chooses to challenge physician participation in capital punishment in the United States, he or she must base the argument on the recognition of the locally applicable professional code of ethics. However, what if it is the actual code of ethics that the author is choosing to criticise?

The third criterion is: when an author challenges the ethics of a particular group of physicians, he or she must apply the same standard globally across the profession. So that one group of physicians or one country's practices are not held, when it comes to criticism, to a standard different from what one would expect from other countries. If physicians in the medical core of an army are not providing appropriate care to prisoners of war, which is in violation of the Geneva convention, it should be acknowledged, if known to be the case, that such events occur in the armies of many countries in time of war, and should be universally acknowledged and condemned.

Fourthly, critics should eschew defamatory comments as part of their desire to expose or criticise particular practices. In the Israeli-Palestinian conflict, for example, when commenting on the issue of alleged unnecessary delays in movement of ambulances during conflict, editorialists deliberately used terms such as 'fascist' or 'racist' to describe actions or policies. As these terms were not correctly or appropriately applied, they became defamatory and reactionary in the context. It is expected that the author will limit the commentary to a well-reasoned discussion that excludes hyperbole. This not only allows for a more powerful argument, it limits distraction for the reader.

Finally, submissions from authors should not be declined based on the politics of the country where the author resides. Medical journals should, on principle, not participate in academic boycotts. This suggestion was made by the editors of the *BMJ*, and followed by many rapid response letters either supporting academic boycotts or opposing them.²²⁻²⁵ The WAME listserve went through an exchange in 2004 in which it became clear that

some medical journals would not publish scientifically meritorious articles from authors of countries with which there were adversarial political relationships.

As a result, they issued a policy statement that included the following:

'Editorial decisions should not be affected by the origins of the manuscript, including the nationality, ethnicity, political beliefs, race, or religion of the authors. Decisions to edit and publish should not be determined by the policies of governments or other agencies outside of the journal itself.'²⁶

In keeping with the highest standards of medical journalism, academic boycotts do a disservice to the scientific community as a whole, and undermine the ultimate goals of medical ethics and professionalism. The medical journalism community should categorically eschew it.

Given adherence to these five criteria, medical journals can expand their continued impact on health-related topics, without moving beyond their mandate. By including the opportunity for physicians to provide reasoned and considered criticism of political systems and policy decisions, as they affect the world of medical practice and general healthcare, journals can contribute to improving the health of those suffering the result of political conflict and incongruence. Discussion of controversial issues is a key element in resolving conflict, and physicians can do well to model effective and productive commentary.

CONCLUSION

Reputable medical journals have an obligation to examine and report on issues outside the limited range of traditional 'medical' issues that usually comprise the diagnosis, prognosis and treatment of disease. Clearly, this now includes public policy activities such as the political and economic factors that affect the population, and the ability of physicians to effectively practise medicine within their professional code of ethics. International political actions or policies are also subjects worthy of reporting when population healthcare, professional standards and commitments, and human rights issues are at stake. But these commentaries must be governed by criteria in order to ensure that criticisms are levelled fairly and constructively. An important part of this initiative will be the willingness and receptivity to criticism from the readership, and the good will and commitment to the best values in medical practice that motivate the journal to explore often very complex and highly controversial issues.

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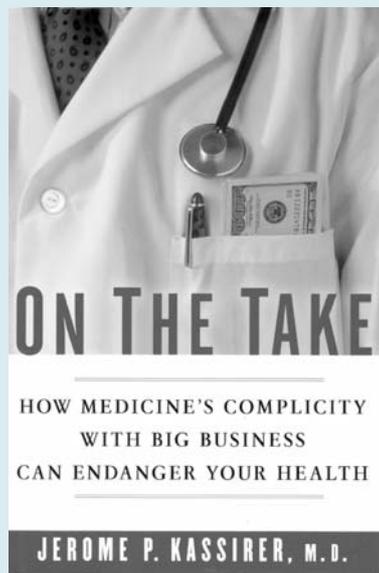
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ON THE TAKE

JP Kassirer MD; ISBN 0-19-517684-7; Oxford University Press; \$28.00/£16.99

On the take documents the myriad of ways in which the medical profession has allowed the commercial interests of industry to permeate modern clinical practice in return for financial gain, resulting in distorted medical information and patient care, and, in some cases, compromising patient safety.

Through a combination of documented evidence, interviews and personal correspondence, Kassirer (a former editor of the *New England Journal of Medicine*) paints a picture of an unaccountable and financially compromised profession which has lost sight of its Hippocratic values and is now seen simply as another special interest group. Kassirer highlights the major financial conflicts of interest of many 'opinion leaders', institutions, professional associations and regulatory agencies, and provides evidence to challenge the belief of many doctors that accepting modest gifts or choosing to accept funding



from a number of companies does not compromise their objectivity – for this reason alone, this book may be controversial.

Kassirer places medical conflicts of interest in their social and economic context and highlights how the profession's reluctance to reveal the extent of its financial ties with industry publicly, coupled with increasing public awareness, has led to a breakdown in the trust underpinning the doctor–patient relationship.

In addition to documenting the underbelly of the profession's links with industry and commercial healthcare providers, Kassirer proposes change focusing, in the main, on financial disentanglement from industry and full, meaningful, disclosure. He concedes that such endeavours will be meaningless if the profession cannot develop a standard approach to this issue – suggesting the need for medical institutions with sufficient moral authority to assume a leadership role and effect such change. While *On the take* focuses on the US, the themes and practices transcend international boundaries and should be of widespread cross-specialty interest.

Kassirer leaves readers with the salient reminder that professional autonomy is a societal gift and recognises that government intervention may be required if the profession is unwilling or unable to change its ways.

It remains to be seen how the profession will respond.

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