BMJ response to Dr Gupta

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Abstract

We sent a questionnaire survey to a random sample of 125 correspondents to the BMJ who had previously sent a letter which had been rejected. The objective was to evaluate the policy of sending on some unpublished letters to the authors of the articles to which they referred. There were 94 replies, a response rate of 75%. The key finding was that although most respondents agreed with the policy, a third thought it unconstructive. A quarter of the respondents said that the BMJ policy would discourage them from sending a letter to the journal for publication. This survey has led to a change of policy at the BMJ. Letters which are not published are not now sent on to the authors of the original articles.

Journal editors agree that letters form an important part of the peer review process and the *British Medical Journal (BMJ)* reserves its letters pages almost exclusively for comment on published material.¹ Some research generates more comment than others, but overall the journal receives far more letters than we can publish. The *BMJ* received 3,751 letters in 1994, an average of 72 a week from a circulation of 110,000. Only 1,684 letters were published (32 a week), leaving 2,067 (55%) which were not. In 1995, we received more letters: an average of 81 a week, but accepted fewer (30 a week), so the percentage which were rejected rose to 64%.

The rejection rate for letters has had to rise because we cannot increase the number of pages devoted to letters. We are therefore having to reject many letters that a few years ago we would have published, and we are rejecting many letters that make cogent and useful points about material that we have published. We thus thought that it might sometimes be useful to forward to the authors' letters that we were not able to publish, and we introduced this practice for a few letters. Our thinking was that this practice would be acceptable so long as we made it public: if potential correspondents did not agree with

the practice then they could refrain from sending us letters for publication. Our guidance to authors said in 1995: "Unpublished letters may be sent to the authors of the articles to which they refer."² About five of every 100 letters were forwarded to authors.

When the *Journal of Medical Ethics* sent us Dr Gupta's paper for response we decided to evaluate the policy of sending on some unpublished letters. We performed a questionnaire survey of a random sample of 125 correspondents, each of whom had sent a letter which had been rejected. We had 94 replies, a response rate of 75%. One questionnaire was returned unopened. The non-respondents did not differ in any way from the rest of the sample (see table).

Most respondents agreed with the policy, thought it was fair, and constructive for scientific debate, although a third disagreed with it and thought it was unconstructive. One respondent wrote that "sending rejected letters to the authors of the original article informs them of others working in the same field, or articles they may not be aware of and of concepts they may not have considered". However, another respondent pointed out that had the correspondent wanted to discuss the issue with the authors of the original article it would have been possible to write directly to them rather than via the *BMJ*.

A letter is subject to copyright law, but not the ideas contained in it. When a correspondent writes a letter for publication, the journal has "implied exclusive rights" to the letter. This means that although the journal has not formally asked the correspondent to transfer copyright of the letter to the journal, the letter is intended for publication and by implication the journal can publish it. Whether the letter is published or not, the ideas within it cannot be copyrighted. They can of course be plagiarised and one-third of respondents to our survey were concerned that their ideas might be stolen. Others were less worried. One wrote: "I am not unhappy for ideas to be 'stolen' as long as someone develops or promotes them". Two-thirds of all respondents said the policy did not discourage them from sending a critical letter to the *BMJ*.

Suggestions for how to improve the system included making it mandatory for authors to

Key words

Ethics; copyright violation; forwarding of rejected letters; scientific letter writing; scientific review; letters.

Table 1 Responses to survey of 125 correspondents whose letters were rejected for publication, about BMJ's policy to send on some of the letters to authors of original article. Values are numbers (percentages) of respondents.

	Strongly agree	Agree	No opinion	Disagree	Strongly disagree	No opinion given
General agreement with policy	16 (17)	38 (41)	4 (4)	22 (24)	11 (12)	2 (2)
Concern that ideas might be stolen	8 (9)	21 (23)	19 (20)	32 (34)	11 (12)	2 (2)
Policy is acceptable to letter writers	9 (10)	40 (43)	9 (10)	23 (25)	9 (10)	3 (3)
Policy is constructive for scientific debate	10 (11)	42 (45)	10 (11)	25 (27)	5 (5)	1 (1)
Policy is fair to letter writers	11 (12)	33 (35)	13 (14)	25 (27)	10 (11)	1 (1)
Policy discourages respondent from sending critical letter to BMJ	10 (11)	13 (14)	7 (7)	46 (49)	16 (17)	1 (1)

acknowledge receipt of such letters, through the *BMJ*. Several people thought that the *BMJ* should not send a letter on without the correspondent's permission, which is the policy at the *Lancet*, while others thought that we should not stop at sending on one or two letters – why not send all of them on. It could be argued that because the journal has implied exclusive rights to publish the letter to 110,000 people, there is no need to obtain consent to publish the letter to one person. The opposite also applies, that the implied consent is for publication in the journal and not for any other use. Correspondents who held this view thought that any letters that are going to be sent on should be published, to encourage an open debate even if it means making the letters section longer. Another suggestion was to invite the letter writers themselves to send their letters to the original article authors if the letter is not published. One correspondent was worried that in the present political climate and relative insecurity of employment the current policy might be harmful to some letter writers.

The *BMJ* views its letters pages as a forum for scientific criticism. As Tonks and Bhopal wrote: "Only after publication can a piece of research be exposed to the sort of critical review, by journal readers, that can either establish its place or consign

it to the dustbin."³ Critical letters are therefore integral to research. The survey, prompted by Dr Gupta's paper, suggests that although the majority of letter writers would not let the current *BMJ* policy affect their decision to send a critical letter for publication, a quarter would. This result has prompted the *BMJ* to debate the issue and we have decided that in future, letters that are not published will not be sent on to the authors of the original articles and the instructions to authors have been altered accordingly.

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References

1 International Committee of Medical Editors. Statements from the Vancouver Group. *British Medical Journal* 1989; **299**: 1394–5.
2 Instructions to authors. *British Medical Journal* 1995; **310**: 50–3.
3 Tonks A, Bhopal R. The role of letters in reviewing research. *British Medical Journal* 1994; **308**: 1583–4.