

# Who pays the piper...

## The advance of open-access publishing

The world's largest sponsor of medical research has brought open access one step closer by setting time limits for research it funds to be published online.

For around a decade, a group of campaigners has been arguing that the public should not have to pay to read the results of the scientific research which it has, through its taxes, financed. Feelings about the issue are particularly high when it comes to government-funded medical research. Patients' rights groups argue vociferously that it is ethically wrong to charge for access to the latest medical discoveries.

Needless to say, most existing publishers of such information, who make a good business out of selling it to what is more or less a captive academic audience, are not too keen on the idea of 'open access' – i.e. publication free to anyone. But open access seems to be on its way.

On February 3rd, America's National Institutes of Health (NIH), the world's biggest sponsor of medical research, announced that from May it will expect the research work which it has helped to finance to be made available online, to all comers, and free, within a year of that research having been published in a

journal. The NIH also plans to make it easy for researchers to do its bidding by spending \$2m–4m a year supporting an electronic archive into which these papers can be deposited. This will be managed by America's National Library of Medicine. The NIH's decision represents a big change. The \$30 billion that it spends on research each year leads to the publication of around 60,000 papers annually – some 11% of the total published in the medical field. Indeed, the organisation says that its actual impact is much higher, with 30–50% of the most important papers (the ones that get cited extensively by other researchers) having had NIH sponsorship. And although its new policy does not actually oblige its scientific dependants to make their work available this way, when a big paymaster asks its researchers to jump, in most cases the response is going to be "how high?"

A victory, then, for the open-access campaigners. But only a partial one. The NIH's announcement is actually

a retreat from the proposal originally circulated last year, which was for open access within six months of first publication. The NIH appears to have backed down under pressure from commercial publishers, as well as from professional societies that fund their activities by publishing journals. Elias Zerhouni, the NIH's director, acknowledged that the step back was an attempt to "preserve the role" of these groups.

Nevertheless, in the publishing arena the NIH is something of a bull in a china shop. Even if it tries to tiptoe around, it is hard to see how there will not be some breakage. Dr Zerhouni himself touted the new policy as one that would "transform" and "change the landscape" of biomedical publishing. Publishers are going to have to find a way of adapting to those changes. The NIH is saying, in effect, that they could have as much as 12 months to make a profit. And while this may not please them, if any of the medical journals were to decide not to accept the new terms under which NIH

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COURTESY NIH

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researchers must publish they would have to be prepared to lose a large proportion of their best research papers.

Another reason the NIH decision is important is that it could establish a standard for other organisations that fund research. The Wellcome Trust,

a large charitable research foundation based in Britain, is also a strong supporter of open access. It is currently discussing with the National Library of Medicine the possibility of a joint, global archive of papers. Though by no means as powerful as the NIH, the Wellcome

Trust helps to finance research that leads to the publication of around 3,600 papers a year. Ultimately the trust wants that research available free within six months of publication in a journal. For commercial scientific publishers the days of wine and roses may be numbered.