

Unvarnished viewpoints and scientific scrutiny

Resources

Ressources

Ms. Brown is an editor of *CMAJ*.

Can Med Assoc J 1997;157:792-4

On peut obtenir la version française de cet article sous forme de tiré à part (communiquer avec Janis Murrey, tél 613 731-8610, x2110; fax 613 523-0937; murrej@cma.ca) ou encore le télécharger au site *AMC En direct* (www.cma.ca).

Letters to the editor provide a forum for readers and help make a journal accountable to the medical community

Carolyn Joyce Brown, BJ, DPA

Reader surveys conducted for *CMAJ* consistently show that the letters to the editor constitute one of the most widely read sections of the journal. What many readers may not realize is that, in addition to being a “good read,” the letters are an important presence in an independent, peer-reviewed journal.

As former editor-in-chief Bruce P. Squires¹ wrote in a previous article, letters to the editor fulfil 2 functions. First, they open up the pages to the readers. The letters column is where the readers are also the writers, expressing their views and arguments freely. The sometimes fractious interplay of views makes the journal lively, informative and entertaining. To encourage this exchange, the editors accept almost all letters submitted (rejecting some mainly on the grounds of repetitiveness) and try not to interfere with the authors’ voices in editing. The strong opinions that appear are in the best tradition of freedom of the press. As John Milton wrote on the need for free expression, “I cannot praise a fugitive and cloistered virtue, unexercised and unbreathed, that never sallies out and sees her adversary, but slinks out of the race, where that immortal garland is to be run for, not without dust and heat.”²

Second, letters are a hallmark of peer-reviewed journals, distinguishing them from less credible publications. This is because letters constitute part of the peer-review process. Through the letters, scientific articles published in a peer-reviewed journal are subject to continuing scrutiny. Competing theories and duelling references are given space, and the reader may make his or her judgment after a full airing of the opinions and evidence. Correspondence is part of what makes a peer-reviewed journal accountable to the scientific community. That is why a correspondence column is mandated by the International Committee of Medical Journal Editors.³ Most of the publications that are seen to be credible and authoritative have space for letters to the editor. By contrast, publications that are not independent or do not present peer-reviewed, authoritative information rarely accept correspondence.

Considering and selecting letters

CMAJ readers are the lifeblood of the letters column. I once overheard a CMA member saying proudly to a colleague that he had dashed off his ideas in a letter to the editor of *CMAJ* and that the editors had thought it so good that they had published it! In fact, a reader’s chances of having a letter published are quite good. I estimate that 85% of letters are accepted. Because the criteria for letters are entirely different from those for manuscripts, the time lag in publication and revisions associated with manuscripts are usually unnecessary. Authors of letters are, however, required to provide references to substantiate facts and figures

cited. Readers should keep in mind, though, that arguments made in letters have not undergone peer review.

There are many misconceptions about what happens to a letter when it arrives at *CMAJ*. I outline here the steps *CMAJ* follows in considering letters submitted. Although this process is similar to that at most other journals, it has some differences, which I will highlight.

CMAJ receives from 3 to 12 letters to the editor each week, the number depending on the season and on the topics that have recently appeared in the journal. Letters are examined by 1 or 2 editors. Although there is some room for judgement in selecting letters, there are also some general guidelines. Letters are generally acceptable if they are brief, timely, clear and well written. The reasons for rejection are given in Table 1. As mentioned earlier, one of the main reasons is that the letter is repetitive of other letters received on the same topic or of previous letters or articles by the same author.

Special mention should be made of case reports and preliminary results. Some journals publish brief reports and research results in the form of letters; *CMAJ* does not. Authors should submit such reports as articles. They will be subject to the usual screening and peer review. The instructions for authors⁴ and articles on how to prepare case reports⁵ or other types of research reports⁶⁻¹⁵ are helpful in this regard. (These articles are available from the manuscript coordinator at *CMAJ*: tel 800 663-7336 x2130; fax 613 523-0937; pubs@cma.ca)

The opinions expressed in letters do not affect their acceptance, unless some of the guidelines in Table 1 come into play. The editors try to put aside their own views in

deciding which letters to publish. As a result, letters containing controversial or inflammatory opinions are often found in the correspondence section.

Strong opinions and criticism are not the same as libel. A libel is a false statement about a person to his or her discredit.¹⁶ True statements or statements that consist of "fair comment" (legitimate concern or criticism) about a matter of public interest are not libellous. However, even if a statement is true, its truth must be provable, because libel is the only area in law where a defendant is guilty until he or she can prove otherwise. Most libel involves statements or implications that a person is incompetent, dishonest or engaged in criminal activity — accusations that could affect the person's reputation. However, people occupying certain positions in our society can be subjected to greater criticism of their public performance than other people. According to Kesterton,¹⁷ "A man who runs for public office, an author who publishes a book, an artist who paints a picture, an actress who goes on the stage are usually fair game for a kind of criticism which could not with legal safety be levelled against a private person."

When writing letters on contentious topics in the heat of the moment, authors may make libellous statements. It is a good idea to wait a few days to "cool off" before sending the letter to the editor. I once received a call from an author who had reconsidered his comments about a public figure in a scathing and witty letter and was worried about being sued. (Since the subject was a public figure, the comments were not libellous in this case.) Although it seemed a shame, and he was unlikely to be sued, I toned down some of the author's rhetoric at his request. The editors

Submitting letters

Letters must be submitted by mail, courier or email, not by fax. They must be signed by all authors and limited to 300 words in length. Letters that refer to articles must be received within 2 months of the publication of the article. *CMAJ* corresponds only with the authors of accepted letters. Letters are subject to editing and abridgement.

Note to email users

Email should be addressed to **pubs@cma.ca** and should indicate "Letter to the editor of *CMAJ*" in the subject line. A signed copy must be sent subsequently by fax or regular mail. Accepted letters sent by email appear in the Readers' Forum of *CMA Online* immediately, as well as being published in a subsequent issue of the journal.

Table 1: Reasons for rejection of letters to the editor submitted to *CMAJ*

Go outside the scope of <i>CMAJ</i> (unrelated to contemporary medicine or to any subjects dealt with in the journal)
Are too late (submitted more than 2 months after the article appeared in the journal)
Are too long (well over the limit of 300 words; in such cases, the author is usually asked to revise the letter so that it meets the limit)
Are generally libellous or contain many libellous statements
Address topic of which discussion has been curtailed by the editors because, in their judgement, all of the views have been aired and further letters serve no useful purpose
Are repetitive of other letters received on the same topic or of previous letters and articles by the same author
Contain unpublished case reports or study results
Concern an article in another peer-reviewed journal that publishes a correspondence column (in such cases, the author should write the journal in question)
Promote an organization, event or product (in such cases, the organization involved should buy an advertisement or ask for a pro bono public service announcement)

usually remove potentially libellous comments. However, if the main message of a letter is libellous, or the letter is full of libellous statements, it cannot be published. Readers who write letters to the editor improve their chances of acceptance if they do not make such statements.

Once a letter is accepted, the editors determine whether the author of the original article should be asked to reply. If the letter is critical of a previous article or letter, the author is usually given a chance to make a rebuttal. When a critical letter is published with no reply, it is often because the author has declined the opportunity to respond. One reader pointed out to me that the author always "gets the last word." This is true; I cannot think of any way to avoid this bias in favour of the author.

The letter and its reply are then edited before publication. Since we receive so many letters and wish to include as many views as possible, letters are rigorously edited for length. As mentioned earlier, the editors try not to interfere with the voice and message of the author during editing. Authors can assist the editors by ensuring that their letters are short, to the point, clear and grammatically correct.

Future trends

CMAJ has recently launched an experiment in rapid electronic publication of letters to the editor. Letters received via email are expedited in the selection and editing process. They appear in *CMAJ* Readers' Forum, part of *CMA Online* (www.cma.ca), as soon as possible, before appearing in print. The idea behind Readers' Forum was to create a faster feedback process than printed letters to the editor can allow, leading to a lively exchange on the Internet. Readers can thus follow the original article and all of the subsequent discussions on the Web site. This makes Readers' Forum similar to the interactive discussion "threads" now found on many Web sites and Internet discussion groups. Readers' Forum is also a first foray into prepress electronic publication, a development that is being vigorously debated in the scientific community.

Conclusion

CMAJ welcomes letters to the editor on articles in the journal or subjects of interest to the medical community. Brief, thoughtful comments contribute to the public discussion of issues of the day and continue the scientific debate that is crucial to a peer-reviewed journal.

References

1. Squires BP. Letters to the editor: What editors expect from authors. *Can Med Assoc J* 1990;142:713-4.

2. Milton J. *Areopagitica and of education*. Northbrook (IL): AHM Publishing; 1951. p. 18.
3. International Committee of Medical Journal Editors. Additional statements from the International Committee of Medical Journal Editors. *Can Med Assoc J* 1997;156:571-4.
4. Instructions for authors. *Can Med Assoc J* 1997;157:78-80.
5. Huston P, Squires BP. Case reports: information for authors and peer reviewers. *Can Med Assoc J* 1996;154:43-4.
6. Squires BP. Biomedical manuscripts: What editors want from authors and peer reviewers. *Can Med Assoc J* 1989;141:17-9.
7. Squires BP. Program descriptions: information for authors and peer reviewers. *Can Med Assoc J* 1996;155:1069-71.
8. Squires BP. Reports of randomized controlled trials: What editors want from authors and peer reviewers. *Can Med Assoc J* 1990;143:381-2.
9. Huston P, Hoey J. *CMAJ* endorses the CONSORT statement. *Can Med Assoc J* 1996;155:1277-9.
10. Squires BP, Elmslie TJ. Reports of case-control studies: What editors want from authors and peer reviewers. *Can Med Assoc J* 1990;143:17-8.
11. Squires BP, Elmslie TJ. Reports of case series: What editors expect from authors and peer reviewers. *Can Med Assoc J* 1990;142:1205-6.
12. Squires BP, Elmslie TJ. Cohort studies: What editors want from authors and peer reviewers. *Can Med Assoc J* 1990;143:179-80.
13. Squires BP. Biomedical review articles: What editors want from authors and peer reviewers. *Can Med Assoc J* 1989;141:195-7.
14. Huston P. Reporting on surveys: information for authors and peer reviewers. *Can Med Assoc J* 1996;154:1695-8.
15. Huston P, Naylor CD. Health services research: reporting on studies using secondary data sources. *Can Med Assoc J* 1996;155:1697-702.
16. Kesterton WH. *The law and the press in Canada*. Toronto: McClelland and Stewart; 1976. p. 42,48-56.
17. Kesterton WH. *The law and the press in Canada*. Toronto: McClelland and Stewart; 1976. p. 55.

Change of address

We require 6 to 8 weeks' notice to ensure uninterrupted service. Please send your current mailing label, new address and the effective date of change to:

Subscription Administrator
Canadian Medical Association

1867 Alta Vista Dr.
Ottawa ON K1G 3Y6

800 663-7336 or
613 731-8610 x2028
Fax: 613 731-9102

ASSOCIATION
MÉDICALE
CANADIENNE



CANADIAN
MEDICAL
ASSOCIATION