

New Brunswick assailed over “sexist” abortion laws

Dr. Henry Morgentaler, Canada’s outspoken abortion-rights crusader, has filed papers in the New Brunswick Court of Queen’s Bench claiming women are being denied full access to abortion (see *CMAJ* 2002;167[11]:1277).

Although Morgentaler maintains that this is a violation of the Canadian Charter of Rights and Freedoms and the Canada Health Act, Justice Minister Brad Green says he is confident the province’s legal position will stand up in court, and he is prepared to defend it as far as the Supreme Court of Canada.

Under New Brunswick’s Medical Services Payment Act, abortions and physicians’ fees for performing them are covered only if the woman is in the first 12 weeks of pregnancy, if 2 physicians certify that the abortion is medically necessary, and if the abortion is performed in a hospital. Morgentaler, who operates 8 privately operated abor-

tion clinics, says the government should also pay for abortions performed in such clinics. “I accuse the government of New Brunswick of being sexist, male chauvinists [and] of victimizing and oppressing women,” said Morgentaler, 79. “By not paying for abortions, the New Brunswick government has been saving money on the misery of women.”

But Dr. Ed Schollenberg, registrar of the College of Physicians and Surgeons of New Brunswick, says the issue of paying for abortions in private clinics is a double-edged sword because there is a general reluctance to fund private medical services of any kind. “A lot of what is privately offered elsewhere in Canada is not available here, and if it is, those services are not covered [by the provincial insurance program],” he told *CMAJ*.

Schollenberg also notes that abortion remains an emotional issue in the province. “There have been special ap-

proaches developed regarding abortion,” he says. “There has been a history of restricting access.”

In 1985, the provincial government amended its Medical Act so that any doctor who performed an abortion outside a hospital would be guilty of professional misconduct. That provision was deemed unconstitutional by the court in 1994, the same year Henry Morgentaler opened a private clinic in Fredericton.

Access to abortion is an important issue for many women in New Brunswick, particularly those in smaller communities and rural areas. Lack of access in rural areas will be exacerbated by reduced access in urban centres. In 2002, the Moncton Hospital, one of the largest in the Maritimes, announced that it would perform only emergency abortions beginning in 2003. It had been performing more than 300 abortions a year, about half the provincial total. — *Donalee Moulton, CMAJ*

As one journal ends open-access policy, a new one embraces it

As the *British Medical Journal* was announcing in early August that its free online-access policy will end in 2005 (*CMAJ* 2003;169[6]:590), a journal built entirely upon the open-access concept was preparing for launch in the US. The Public Library of Science (PLOS), a nonprofit organization committed to making the world’s scientific and medical literature a free public resource, is launching *PLoS Biology* on Oct. 13; *PLoS Medicine* will follow next year (www.publiclibraryofscience.org/). PLOS Executive Director Vivian Siegel says that although the monthly peer-reviewed journals will provide their online content for free, researchers’ funding organizations will have to pay US\$1500 in order for the work to be published.

Siegel, a former editor of *Cell*, says access to research is an integral part of the publishing process. “Publishing is the last step in your research. It ensures that others can learn and build on what you’ve found, and it is the reason you

were funded in the first place.” She also says there is an ethical duty to make publicly funded research freely accessible to the taxpayers who paid for it. If researchers can’t afford the fee, it may be waived.

She says PLOS has a US\$9-million start-up grant from the Gordon and Betty Moore Foundation that “will allow us to demonstrate this will work.” Advertising may be taken later, but “the fees are a main source of revenue.”

The question is, will they cover costs? *CMAJ*, for example, spends about Can\$5000 (US\$3500) to process and edit each research-based manuscript.

The editor of the *Journal of the American Medical Association* says the open-access model “is not feasible for the average general clinical journal.” Dr. Catherine De Angelis says specialists such as geneticists who publish in narrow-interest specialty journals don’t require the same degree of editing as researchers writing in a general medical journal, which must communicate to a

broader audience. The differences between specialty and general clinical journals are “like the difference between a banana and a cabbage — they have no concept of what clinical medicine is.”

Although *JAMA* is a not-for-profit publication, it needs revenue from advertising to pay for the intensive publishing process, which includes peer review, statistical review, editing, formatting and publication. Its abstracts and lead articles are available free online, and information is provided to journalists. “We are meeting the needs of people,” says De Angelis.

There are about 300 open-access journals worldwide (www.doaj.org). BioMed Central (BMC, www.biomedcentral.com) publishes 58 of them in subject areas ranging from bioinformatics to nursing. BMC articles are peer reviewed, but they are not edited as extensively as papers in most quality print journals. It also charges researchers US\$500 for publication. — *Barbara Sibbald, CMAJ*