Editorial Independence—
What Did We Learn From the Journal of the American Medical Association?

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The recent firing (January 15) of Dr. George D. Lundberg as Editor of the Journal of the American Medical Association (JAMA) has caused a storm of controversy. Over his 17-year tenure, Dr. Lundberg dramatically improved the quality of JAMA, raising it toward the level of the most prestigious general medical journal, the New England Journal of Medicine. The abruptness of the dismissal, without any apparent due process, was apparently triggered by the publication of an article in JAMA from the Kinsey Institute that demonstrated the widely divergent views of Americans on what activities constitute “having sex.” The AMA Executive Vice President, E. Ratcliffe Anderson, Jr., M.D., said, “Dr. Lundberg, through his recent actions, has threatened the historic tradition and integrity of JAMA by inappropriately and inexcusably interjecting JAMA into a major political debate (Clinton’s impeachment trial) that has nothing to do with science or medicine” (1). An AIDS researcher here at the University of California-San Francisco told me that the results of the study were very helpful in clarifying the kinds of questions that should be addressed with patients if one is attempting to assess the risk of sexually transmitted disease.

I belong to an Internet group known as WAME (World Association of Medical Editors). Since the firing, scores of daily e-mail messages have criticized Dr. Anderson for his precipitous action. Apparently, most physicians who replied directly to the AMA also condemned his actions (1). Because a search committee has been appointed to find a new Editor, it is unlikely that this unfortunate event will be reversed. What, if anything, did we learn about the issue of editorial independence from this JAMA fiasco?

1. The fact that the other Editors of JAMA and the AMA Archives Journal strongly disagreed with the decision to dismiss Dr. Lundberg (2), indicates the lack of editorial independence allowed by Dr. Anderson and the AMA. One of the 10 critical objectives of JAMA is: “To report American Medical Association policy, as appropriate, while maintaining editorial independence, objectivity, and responsibility” (2). It appears that the new Editor of JAMA should clarify what is meant by “editorial independence” before accepting the job. Both my predecessor, Dr. Simon Dack, and I have greatly benefited as Editors from the independence granted by the American College of Cardiology (ACC). In light of this incident, I reviewed my own written agreement with the ACC dated March 13, 1992. Included in the agreement is the following:

“The Editor-in-Chief shall have responsibility for all material that appears in the Journal, including reviews, advertising, letters and editorials, in addition to the regular scientific material. Final authority for the content of the Journal will be the responsibility of the Editor-in-Chief.”

2. Of course, it is possible that an Editor might do something egregious. Furthermore, it might be necessary to dismiss the Editor. In the case of the College, this matter would presumably be referred to the Publications Committee (to whom I report), giving me the opportunity to have full and complete discussion of the circumstances. The matter could then be considered by the Executive Committee and Board of Trustees for further discussion. This due process, with discussion among a large number of seasoned members of the College, would greatly help to avoid precipitous mistakes. This due process and careful review were completely absent in the JAMA affair, allowing one individual in authority to make a hasty, and what most would deem ill-advised, decision. The new Editor of JAMA must certainly clarify what “due process” means relative to his/her own employment.

3. The study in question (3) that precipitated Dr. Lundberg’s dismissal was not solicited by JAMA. It was conducted by leading researchers and underwent appropriate peer review and editorial review. The fact that it was published ahead of other accepted articles reflects a general pattern of all medical journal editors (1). On occasion, I have arranged to have an article published earlier to make it more timely or to pair it with similar accepted articles. Thus, it is difficult to fault Dr. Lundberg for improper procedures in running the journal.

Overall, this episode reflects very badly on Dr. Anderson and the AMA. The assurances of editorial independence in the future ring hollow. The only way that a scientific journal can remain unbiased is to have editorial independence from
its parent organization. I am grateful to the ACC for allowing me that freedom.


REFERENCES