Embrogo of the prepublication release of original research articles has been a long-standing tradition for medical journals. Specifically, lay media are usually prohibited from disclosing new research findings until the afternoon prior to the day of publication, even if the information has been provided to them several days earlier. This policy has been implemented primarily to ensure that the new findings are available to physicians at the same time they are revealed to their patients. However, a number of developments have occurred over the last several years, such as rapid Internet publication, which have called into question the relevance of embargoes and how they should be implemented. We recently experienced an incident at JACC that focused attention on this issue and stimulated this Editor’s Page.

The editors recently accepted for publication an article related to health services research. The work failed to find evidence of benefit from a commonly applied policy. The study was reviewed by qualified external consultants and was found to have several limitations, as is true of the vast majority of manuscripts. In addition, we recognized that the paper might engender controversy since it raised questions regarding the value of the policy. Therefore, we invited an outside expert to prepare an Editorial Comment to accompany the manuscript. However, before the paper was published, the lead author provided a detailed account of the study, which was prominently reported in a national newspaper, along with the fact that the article was in press in JACC. Not surprisingly, authorities in the field wrote to both the newspaper and JACC expressing concerns about the probable limitations of a paper they had not had the opportunity to read. Clearly, this was the type of event that prepublication embargo was meant to prevent. It also made us aware that our existing embargo policy was not specifically spelled out in writing for authors—a fact we are now addressing.

The process of dealing with this prepublication release of findings has caused us to review the entire issue of embargo. The primary purpose of the policy is to ensure that physicians have full knowledge of new research findings so that they can interpret the results and provide appropriate advice for their patients. The public has a keen interest in—and an abundant exposure to—medical news, and it is important for physicians to correct any unjustified fears and/or unrealistic expectations that may occur. The need for such contemporaneous access to the data extends to medical experts who may be asked to or feel compelled to respond to the release of new findings in their areas of expertise. The embargo enables an organized release of the new information along with accompanying editorials, rather than a release in dribs and drabs, and helps to blunt any excessive hype regarding the findings. The embargo also permits the release of information before publication so that the media can adequately prepare the story and so that the material is available equally to all.

It must be acknowledged that the embargo policy has received criticism. Some have questioned whether it unfairly withholds information to which the public is entitled—and even if it may violate the principle of free speech. However, virtually all medical journals provide immediate release of information of importance to public health, such as adverse drug effects. The benefit of properly addressing lay fears and/or expectations probably overcomes the risk of withholding information. Some have accused the embargo policy of being self-serving for journals, ensuring that the incentive to read the publication is not diminished by the release of the information in an alternate media. A significant difficulty with the embargo that has just been recognized relates to finances. Specifically, online posting of results before the embargo date for public release conveys information to those with access to the Internet which can be used to advantage for investment purposes. Such a situation is akin to insider information. The resolution of this dilemma is still being discussed.

The whole issue of the embargo policy is in a state of flux due to a variety of factors. Prominent among these is the increasing prevalence of early posting of articles on the Internet before publication in print. The obvious answer to this issue is to terminate the embargo just prior to, or at the same time as, the online posting. JACC will almost certainly adopt this procedure. In addition, the media have become more active in seeking health-related stories as content, presenting a challenge to embargo. Of perhaps greater significance is the emergence of much more aggressive public relations efforts on the part of major meetings, institutions, and even individuals. One need only think of the national heart meetings where huge media programs foster the release of research results in newspapers, on television, and on the Internet within hours of the time they are presented. In addition, virtually every medical institution has a well-oiled public relation apparatus that continuously searches for any new internal discoveries and/or is available to disseminate them to the media.
The comparison of the short-term prepublication embargo of manuscripts accepted for publication to the massive dissemination of data reviewed only in abstract form and presented at national meetings seems incongruous. Physicians certainly do not have greater access to the data given in oral presentations, which are more likely than manuscripts in press to contain limitations and even errors. The very existence of such media efforts seems to argue against the value of embargo. The major difference between the two, as discussed in a previous Editor’s Page, is the process of peer review to which manuscripts accepted for journal publication have been subjected. This peer review conveys a degree of credibility to the manuscripts that far exceeds that of abstract presentations and, to my mind, warrants a continued policy of organized release of new findings to the public.

The existence of an embargo implies a history of information being released to the media by someone. Clearly, embargo does not apply when the findings are provided by a meeting. Material presented in the media before the defined date comes from journals, institutions, or individuals. I believe that most journals are clear on their embargo policies and that most institutions are fully aware of them. Thus, if the policy is reasonable, there should be few breaches at the level of either the journal or the institution. Breaks in policy, therefore, are usually attributable to individual authors, and it is to these that JACC will address its efforts. We will include a clear statement of the embargo policy in every letter of acceptance of a manuscript. We will also remind institutions about our policy and urge them to counsel their investigators. The question of potential sanctions for violating the policy is more difficult. Although it is counterproductive to withhold data of clinical or research interest, such action could be a significant deterrent. Depending upon the circumstances, the Journal will retain the right to decline publication for previously accepted articles in violation of the embargo.

There is no question that I have been annoyed in the past, and sometimes angry, when patients called me about new research findings that were not yet published. Patients often find it hard to understand how doctors are unaware of data important enough to make headlines in the lay media. Therefore, despite the unbridled dissemination of research results from medical meetings, I believe that some form of organized release is still warranted for manuscripts accepted by journals. This is justified in view of the greater credibility the peer-review process conveys upon these studies. The embargo should apply to the day prior to the earliest publication, whether it be online or in print. Individual authors and their institutions should be advised of this policy and informed that breaches can result in sanctions. This policy should ensure that information will be released completely, promptly, and fairly, and will result in the least confusion for patients and the least dyspepsia for physicians.

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