

ticularly the Breast and Cervical Screening Programmes. In many ways, the Breast Screening Programme has been a model with additional resources allocated to it at the start in 1988 and with quality assurance built into, rather than bolted onto, the programme. The Cervical Screening Programme has always been the poorer, if older, relation of Breast Screening. However, there is much to learn from there too about working effectively with primary care staff and dealing sensitively with women invited for screening.

The two pilot sites are currently being selected on the basis of initial bids, and then visits to, and presentations from the five sites which got through the initial scrutiny of bids. The pilot sites have to be up and running by the end of 1999. The millennium promises to be an interesting and busy time for primary care, health promoters, public health professionals, GI surgeons, gastroenterologists, pathologists, radiologists, nursing staff, and administrative staff in both sites. The rest of the NHS will await their verdicts with, if not bated breath, then certainly with anticipation. I will keep you posted.

REFERENCES

- 1 Austoker J. Screening for colorectal cancer. *BMJ* 1994;**309**:382-6.
- 2 Dunlop MG. Colorectal cancer: Clinical review. *BMJ* 1997;**314**:1882-5.
- 3 Scottish Office Department of Health. *Screening for colorectal cancer*. NHS MEL (1998) 62.
- 4 Department of Health. *First report of the National Screening Committee*. London:Department of Health, 1998.
- 5 Mandel JS, Bard JH, Church TR, Snover DC, Bradley GM, Schuman LM, et al. Reducing mortality from colorectal cancer by screening for faecal occult blood. Minnesota Colon Cancer Control Study. *N Engl J Med* 1993;**328**:1365-71.
- 6 Kronborg O, Fenger C, Olsen J, Jorgensen OD, Sandergaard O. Randomised study of screening for colorectal cancer with faecal occult blood test. *Lancet* 1996;**348**:1467-71.
- 7 Hardcastle JD, Chamberlain JO, Robinson MH, Moss SM, Amar SS, Balfour TW, et al. Randomised controlled trial of faecal occult blood screening for colorectal cancer. *Lancet* 1996;**348**:1472-7.
- 8 Wilson JMG, Jungner G. *Principles and practice of screening for disease*. Geneva:World Health Organization, 1968.
- 9 Holland WW, Stewart S. *Screening in health care*. London:Nuffield Provincial Hospitals Trust, 1990.
- 10 Medical Research Council Ad Hoc Group on Screening. *Report to the Health Services and Public Health Research Board*. London:Medical Research Council, 1992.

H. S. KOHLI

Letter from North America

THE POLITICS OF MEDICAL PUBLISHING

The Clinton scandal has had far-reaching and damaging effects in all spheres of American lives. Indeed, far enough into the hallowed halls of medical publishing.

The *Journal of the American Association (JAMA)*, the flagship publication of the American Medical Association (AMA), has entered 115 years of continuous publication. The *JAMA* has had 17 years of success under the leadership of George D. Lundberg. Yet suddenly, on 15 January 1999, E. Ratcliffe Anderson, Executive Vice President of AMA summarily fired Lundberg saying: '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] that has nothing to do with science and medicine.'

'There is no question that over many of the past several years Dr Lundberg and his fine staff—always working with complete editorial independence—have advanced the stature of *JAMA*', said Anderson who took office in June 1998. 'Over time, however, I have lost confidence and trust in Dr Lundberg's ability to preserve that high level of credibility and integrity.'

The reason that precipitated Dr Lundberg's dismissal was the early publication¹ of an already accepted article, unsolicited by the *JAMA*, which had passed peer review and editorial scrutiny, that reported a spectrum of opinions as to what constitutes sexual relations. A survey of 599 students in 1991 sought to determine which interactions individuals would consider as having 'had sex'. The conclusions: 'The findings support the view that Americans hold widely divergent opinions about what behaviors do and do not constitute having sex.'

The quality of the article was judged widely as 'rather pedantic' and in the words of an editor of a prestigious journal, 'too

trivial for a major medical journal'. The widespread hue and cry that followed questioned the departure from the tradition of medical publishing remaining independent of political interests. Hundreds of e-mail and other messages poured into the AMA, most criticizing Anderson's actions. Several fellow editors praised Lundberg's accomplishments and wrote editorials highly critical of this action. 'I believe that medical editors have an obligation to publish not only articles that are well reasoned, informative, and carefully reviewed, but also ones that are sufficiently timely to contribute to the development of public policy. Expediting a review and advancing the date of publication of a study or opinion piece is often justified. Firing an editor for doing so is an irrational decision and an ominous precedent,' wrote Jerome P. Kassirer, in the *New England Journal of Medicine*.² In addition to finding a new editor for *JAMA*, an independent search committee has been formed to ensure the publication's integrity.

In a joint statement released early in February, the AMA and Dr Lundberg give Dr Lundberg credit for building *JAMA* and the related archives journals into the 'finest and most well-respected scientific medical journals in the world'. The statement makes no mention of Dr Lundberg being fired, instead it uses terms such as departure, parting ways, separation and retirement. It does not speak of Dr Lundberg's previous contention that he was considering all options, 'including litigation', in response to his abrupt dismissal. Neither side would comment on whether severance had been paid. The world of organized medicine and medical publication is closely watching for further developments.

REFERENCES

- 1 Horton R. The sacking of JAMA editor. *Lancet* 1999;**353**:252-3.
- 2 Kassirer JP. Should medical journals try to influence political debate? *N Engl J Med* 1999;**340**:466.

YVAN J. DAS DORES SILVA