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**Open Access – the future of medical publishing**

Welcome to the third Edition of *Clinical Ophthalmology* of 2007. In this issue, we offer our usual wide range of original research papers covering clinical and basic sciences.

We have a number of papers on surgical ophthalmology such as Agarwal and colleagues (2007), who describe the use of the very small incision *Microphakonit* in cataract surgery. Clinical papers include the pooled results of two randomized trials comparing fixed versus loose combinations of travaprost and timolol (Gross et al 2007) and the use of eye movement measurements in multiple sclerosis. There are some excellent review articles including tips on the diagnosis and management of primary intraocular lymphoma (Jahnke et al 2007). Basic laboratory sciences are represented and readers will enjoy the results from Mizuki and colleagues, who look at the genetics of myopia (Sasaki et al 2007; Yamane et al 2007).

It is particularly enjoyable to publish articles that contain an element of speculation. For example, the possible use of oral acetazolamide as a treatment option for blepharochalasis (Lazaridou et al 2007) and a potential role for angiotensin-converting enzyme inhibitors in the treatment of glaucoma (Hirooka et al 2007). It is often a younger journal such as *Clinical Ophthalmology* that is more willing to publish these more speculative articles. In a world where new research is increasingly difficult to do due to red tape, financing, and sheer lack of time, publishing this type of research seems to be increasingly important. It is something we will continue trying to do as the years go by and the journal become more established.

More generally, the days when clinical specialties are dominated by a few long-established journals are fading. It is an increasing demand of practitioners that they need access to high-quality up to date information. This has come not only from increased patient pressure for the 'best' treatment but the realisation that the means to rapidly disseminate cutting edge research now exists. What has now become the obstacle to accessing this research is finance. Most large publishers make their profits from library subscriptions or pay per view downloads by individuals. Increasingly funding bodies, including governments, have become unhappy with this situation as much research is publicly funded but is then published in journals that make a profit by limiting access to both other researchers and the public. This situation has led to the Open Access (OA) movement that aims to make research freely accessible to anyone with internet access. The financial model is that the author (or their institution or funder) pays a publication fee that allows free access to their entire paper in perpetuity.

What are the advantages of this? To the reader it is obvious, and the advantages are also obvious for University libraries. Research funding bodies can clearly demonstrate the end results of their often significant investments. Perhaps the advantages to the authors are less obvious—after all, any money spent on publication is money potentially taken away from funding future research. This is a short-term view as having your latest paper immediately available is a good way to let the world know what you are doing. Arguably, OA research will be more frequently cited (as fellow researchers are able to access the complete paper) and thus OA-published research is more likely to have an impact (and perhaps meaning funding applications are more likely to succeed). Researchers from developing countries are not disadvantaged as they can apply to the publisher for a waiving of publication fees. In this way,

OA can actually encourage the publication of articles from developing countries, which have historically been under-represented in the medical literature despite a greater burden of disease (Mandal et al 2005).

Dove Medical Press (publishers of *Clinical Ophthalmology*) is producing an increased number of OA journals in an attempt to make research findings more widely available. *Clinical Ophthalmology* is fortunate to be one of the journals that will increasingly be OA. You can follow this process either by looking to the *Clinical Ophthalmology* site (see [http://www.dovepress.com/articles.php?journal\\_id=64](http://www.dovepress.com/articles.php?journal_id=64)) or by going to the new Dove Open Access site where you will see the other OA journals available (see <http://www.doveoa.com/>).

There are fierce advocates for both open and closed access publishing systems and it may be that medical publishing will end up with a mix of methods. I think most of us (as well as our patients) will hope the days when we unable to

get hold of an important article because our library does not subscribe to it are nearing an end.

## References

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