Public Access to Scientific Research Findings—A New Policy for the JAMA Network

Kirsten Bibbins-Domingo, PhD, MD, MAS; Brian Shields, MBA; John Z. Ayanian, MD, MPP; Robert O. Bonow, MD, MS; Neil M. Bressler, MD; Dimitri Christakis, MD, MPH; Mary L. Disis, MD; S. Andrew Josephson, MD; Melina R. Kibbe, MD; Dost Öngür, MD, PhD; Jay F. Piccirillo, MD; Robert O. Bonow, MD, MS; Neil M. Bressler, MD; Dimitri Christakis, MD, MPH; Mary L. Disis, MD; S. Andrew Josephson, MD; Melina R. Kibbe, MD; Dost Öngür, MD, PhD; Jay F. Piccirillo, MD; Kirsten Bibbins-Domingo, PhD, MD, MAS; Brian Shields, MBA; John Z. Ayanian, MD, MPP; Robert O. Bonow, MD, MS; Neil M. Bressler, MD; Dimitri Christakis, MD, MPH; Mary L. Disis, MD; S. Andrew Josephson, MD; Melina R. Kibbe, MD; Dost Öngür, MD, PhD; Jay F. Piccirillo, MD; Robert O. Bonow, MD, MS; Neil M. Bressler, MD; Dimitri Christakis, MD, MPH; Mary L. Disis, MD; S. Andrew Josephson, MD; Melina R. Kibbe, MD; Dost Öngür, MD, PhD; Jay F. Piccirillo, MD; Rita F. Redberg, MD, MPH; Frederick P. Rivara, MD, MPH; Kanade Shinkai, MD, PhD; Thomas J. Easley

**Timely access** to scientific research findings for the broadest possible audience is a principle on which sound science is based. Access to new findings helps other scientists adjust their hypotheses and open new lines of inquiry, thereby supporting and accelerating further discovery and innovation. For those who rely on newly generated evidence to develop policies and define practices that improve medicine and public health, rapid and equitable access is critical. The principle of broad access is a cornerstone of transparency, reinforces rigor and reproducibility, and ultimately, is critical to all stakeholders’ trust in science.

The biomedical ecosystem is complex—including scientists, research institutions, authors, journals, libraries, educators, general readers, clinicians, patients, regulators, policy makers, and funders. And while we likely agree on the importance of the ultimate outcome of public accessibility, in the debates about open access, data sharing, funder mandates, and the business models for publishing, it is easy to become untethered from these foundational principles.

**A New Policy for JAMA and the JAMA Network Journals**

Beginning in 2023, JAMA and all of the journals in the JAMA Network will adopt a new policy that permits authors of original research investigations to deposit their accepted manuscript in a public repository of their choosing immediately on the day that the manuscript is published by the JAMA Network. The “accepted manuscript” is the fully peer-reviewed version of the manuscript that has been revised in response to review and is judged acceptable for publication; additional edits, refinements, and enhancements will still appear in the version of record that is published in the JAMA Network and to which the accepted manuscript that is deposited will link. This policy extends current JAMA Network policies that allow for repository deposition of manuscripts only after a period of embargo.

We adopt this new policy, consistent with our approach to other policies, because it supports the principles of sound science. The policy applies to all original research manuscripts regardless of funder and enables author compliance with existing funder mandates for open access. Our data sharing policy also helps authors state their intentions to share research data, in alignment with new National Institutes of Health requirements.1 We have always endeavored to adopt equitable, accessible publishing policies that allow authors to select the best publishing route for their research. We have 2 fully open access journals in the JAMA Network (JAMA Network Open and JAMA Health Forum) and all of our specialty JAMA Network journals have an open access option with fee waiver and discount policies. The guiding principle for all of our decisions turns on what is best for science and for the application of science to medicine and public health.

**Broadening the Discussion**

Our responsibility as journal editors and publishers is to strive toward the polestar of sound science. We recognize that not all journals have the option to adopt similar strategies and anticipate that our policies may be criticized by some for going too far and by others for not going far enough. We look forward to working in partnership with other stakeholders in the biomedical ecosystem to advance the principles to which we all aspire. In doing so, we hope to provide space to discuss and address several critical issues that are often lost in debates about open access, including the following.

The value of peer review, editorial review, and postpublication enhancements, particularly for those who seek to translate scientific knowledge to practice and policy. The JAMA Network core audience includes scientists who seek timely access to scientific findings to further clinical research, but also clinicians and patients, health policy makers and health system leaders, and the general public, seeking scientific information to better their own health and the health of others. Our editorial process is focused on helping authors and this broad audience not simply with reportage, but also with the interpretation of a scientific finding in the context of other scientific evidence and current clinical and public health practice. This is a dynamic process, continuing right to the final publication of the version of record (and occasionally beyond publication if corrections or clarifications warrant).2 Articulating appropriate conclusions, creating clear visual displays of findings, synthesizing key points across multiple modalities, ensuring that the published version is discoverable, and striving to present the safest, most accurate and effective interpretation of the findings—these are the many ways we best serve this broad audience seeking to use scientific evidence to improve health.

**Equitable access to publishing.** Equity is often invoked in the context of accessibility for all potential readers of scientific content. Less attention has been paid to issues of eq-
uity in ensuring that publication of scientific content is available to all scientists. Equitable access for readers that is built on the back of prohibitive article processing charges, placing publishing out of reach for early career scientists, those in less well-funded disciplines, or in less well-resourced countries or institutions, is not equitable and is damaging to science.

Paying for the things we value. Ultimately, as stakeholders, we must be willing to pay for the things we value in building and supporting a robust scientific ecosystem now and in the future. If we value timely public access to scientific information, equitable access to publishing scientific content for all researchers, and editorial and publishing processes that help scientists and the broader audiences interpret and use scientific findings, then all stakeholders must invest, as appropriate, to make this possible.

With these and future policies, JAMA and the JAMA Network look forward to working collaboratively with scientists, research institutions, policy makers, funders, and other journals to lean in on first principles that support a thriving, robust scientific enterprise. Stakeholders have a shared responsibility to craft solutions that balance equity, accessibility, and sustainability. Together, we will continue to collegially debate and advance the steps to safeguard and evolve the growth and health of our ecosystem, which manifestly includes timely public access to biomedical research.

ARTICLE INFORMATION

Author Affiliations: Editor in Chief, JAMA and the JAMA Network (Bibbins-Domingo); Publisher, JAMA Network (Shields); Editor, JAMA Health Forum (Ayanian); Institute for Healthcare Policy and Innovation, University of Michigan, Ann Arbor (Ayanian); Editor, JAMA Cardiology (Bonow); Division of Cardiology, Northwestern University Feinberg School of Medicine, Chicago, Illinois (Bonow); Editor, JAMA Ophthalmology (Bressler); Wilmer Eye Institute, Johns Hopkins University School of Medicine, Baltimore, Maryland (Bressler); Editor, JAMA Pediatrics (Christakis); Center for Child Health, Behavior, and Development, Seattle Children’s Research Institute, Seattle, Washington (Christakis); Editor, JAMA Oncology (Disis); Fred Hutchinson Cancer Research Center, University of Washington, Seattle (Disis); Editor, JAMA Neurology (Josephson); Weill Institute for Neurosciences, Department of Neurology, University of California, San Francisco (Josephson); Editor, JAMA Surgery (Kibbe); Department of Surgery, University of Virginia, Charlottesville (Kibbe); Editor, JAMA Psychiatry (Öngür); McLean Hospital, Harvard Medical School, Belmont, Massachusetts (Öngür); Editor, JAMA Otolaryngology–Head & Neck Surgery (Piccirillo); Department of Otolaryngology–Head and Neck Surgery, Washington University School of Medicine, St Louis, Missouri (Piccirillo); Editor, JAMA Internal Medicine (Redberg); Department of Medicine, University of California, San Francisco (Redberg); Editor, JAMA Network Open (Rivara); Department of Pediatrics, University of Washington, Seattle (Rivara); Editor, JAMA Dermatology (Shinkai); Department of Dermatology, University of California, San Francisco (Shinkai), Executive Publisher, JAMA Network (Easley).

Corresponding Author: Kirsten Bibbins-Domingo, MD, PhD, MAS, JAMA and the JAMA Network (Kirsten.Bibbins-Domingo@jamanetwork.org).

Published Online: December 14, 2022. doi:10.1001/jamasurg.2022.7677

Conflict of Interest Disclosures: None reported.

Additional Information: This Editorial is being published simultaneously in JAMA and all JAMA Network journals.

REFERENCES
