

## Editorial

# ***Critical Care*: a good scientific citizen just got better**

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In April 2003, *Critical Care* made two important changes: firstly, only the abstracts of research articles now appear in print while the full text is open access (freely and universally accessible online); and secondly, all articles over two years old are free to access online – including commentaries, reviews and reports. All this is part of the journal's ongoing quest to be a good scientific citizen, and the publisher's ongoing drive to use the Internet to provide novel solutions to meet the information needs of the biomedical community.

The move to have only the abstracts of research articles in the print journal with open access to full text online was logical. Publishing research articles online as soon as they are ready means they are likely to be picked up by the most interested parties via searching well before they would have been available in print. Those that browse the print journal are unlikely to read every research article word-for-word on publication [1]. Instead, most readers tend to browse titles, abstracts or conclusions, preferring to read in detail only after searching databases like PubMed. When such a search leads to an article in *Critical Care* [2], the journal's online functionality will assist further – you can search PubMed for other articles by authors, email articles to colleagues, post and read comments, download references or read the abstracts in PubMed, and even link to the full text of a reference (if it's made available by its publisher). Presenting research articles as abstracts in the print journal and providing open access, full text versions online, then, satisfies both types of users – the print browsers and the online searchers.

Our new way of publishing research articles will have a new citation system. Previously, research articles published online were cited as "in press" until they were included in the print journal, at which point the allotted page numbers were incorporated to make the final citation. In the new system the

research articles will be paginated as soon as they are published online and separately from other types of articles. Their page numbers will have the prefix "R". The abstracts of these research articles will appear subsequently and sequentially in the print journal according to the page numbers. This system has been accepted by databases such as PubMed, and the ISI Web of Knowledge, the company that calculates impact factors.

Making articles over two years old free to access online was also logical. Subscribers – whether they be personal or institutional – pay to receive the latest information. So once again, it is the aforementioned online searchers who will benefit most from being able to access archived material without having to pay. However, given that it is now commonly asserted that textbooks are largely out of date by the time they are printed [3], does this mean that archived material is of limited use? No. Not all branches of medicine or science move that fast – an educational article about the physiological principles underlying pH measurements may be as relevant today as it was two years ago [4]. Furthermore, given that medical science is as prone to recycling fashionable trends as any other part of society, an "old" idea is quite likely to become tomorrow's big talking point – or at least, just as contentious as it was two years ago [5].

These two important changes compliment *Critical Care's* ongoing quest to be a good scientific citizen, at the core of which is our commitment to provide open access to research articles [6]. A discussion of the benefits of open access is beyond the scope of this editorial but there is growing acceptance of it as the best way to publish research, with our publisher, BioMed Central [7], having close to 100 open access journals, and with more and more institutes and funding bodies lending support. Meanwhile the Public Library

of Science (PLoS) initiative [8], which largely failed to produce the much vaunted boycott by authors and referees of subscription based journals, has elected to start its own open access journals [9]. One of their core principles is that research should be open access to allow “unrestricted use, distribution and reproduction”. *Critical Care* supports this aim – all research should be open access, including the recent paper on sepsis definitions [10].

As well as open access, there are other ways in which *Critical Care* has endeavoured to be a better scientific citizen. The journal can be accessed through the Health InterNetwork [11], the United Nations’ and World Health Organisation’s initiative to bridge the digital divide between rich and poor countries. We have also tried to provide continuous educational material for clinicians, including pro/con debates [12], detailed commentaries on pivotal research published elsewhere, a short, bimonthly review of recently published papers [13], authoritative reviews of all aspects of care from basic science [14, 15] to clinical practice [16], as well as prompt and thorough peer review of research articles (on average, the first decision is given within eight weeks) and fast publication after acceptance (on average within three weeks). Recently we also consolidated our link to the International Symposium on Intensive Care and Emergency Medicine (ISICEM, Brussels) so that all attendees at the 2003 symposium received an online subscription to the journal as part of their registration fee [17]. Since 1997 we have been publishing the abstracts of the posters presented at the symposium, all of which – as with all our supplements – are free to access online.

In the pipeline is an online manuscript submission and tracking system, online tools for referees, a section reviewing technology in clinical practice, a new article incorporating online voting on clinical scenarios, as well as added website functionality such as being able to store your searches and rerun them automatically, the results of which can be delivered straight to your inbox. We hope having open access to research, as well as unlimited access to all material two years old, will encourage readers to become familiar with what *Critical Care* has to offer, both online and in print.

## Competing interests

None declared.

## References

1. Smith R: **The BMJ: moving on.** *BMJ* 2002, **324**:5-6.
2. PubMed Journals database: Critical care (London, England) [[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=journals&list\\_uids=21886&dopt=full](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=journals&list_uids=21886&dopt=full)]
3. Mohr JP: **Lifeline.** *The Lancet* 2003, **361**: 710.
4. Kellum JA: **Determinants of blood pH in health and disease.** *Crit Care* 2000, **4**:6-14.
5. Alvarez G, Hebert PC, Szick S: **Debate: transfusing to normal haemoglobin levels will not improve outcome.** *Crit Care* 2001, **5**:56-63.
6. BioMed Central Open Access Charter [<http://www.biomedcentral.com/info/about/charter>]
7. BioMed Central [<http://www.biomedcentral.com>]
8. Public Library of Science [<http://www.publiclibraryofscience.org>]
9. New open-access journals [<http://www.biomedcentral.com/news/20021220/06/>]
10. Levy MM, Fink MP, Marshall JC, Abraham E, Angus D, Cook D, Cohen J, Opal SM, Vincent J-L, Ramsay G for the International Sepsis Definitions Conference: **2001 SCCM/ESICM/ACCP/ATS/SIS International Sepsis Definitions Conference.** *Crit Care Med* 2003, **31**(4):1250-1256.
11. Health InterNetwork [<http://www.healthinternetwork.org/>]
12. Ramsay G, Breedveld P, Blackbourne LH, Cohn SM: **Pro/con clinical debate: Antibiotics are important in the management of patients with pancreatitis with evidence of pancreatic necrosis.** *Crit Care* 2003, **7**:in press [<http://ccforum.com/content/cc2165>]
13. Forni LG: **Recently published papers: changing practices in the modern intensive care unit.** *Crit Care* 2003, **7**:111-113.
14. Dorscheid DR, Walley KR: **Introducing Critical Care’s ongoing reviews of science.** *Crit Care* 2002, **6**:461.
15. Riewald M, Ruf W: **Science review: Role of coagulation proteases in sepsis.** *Crit Care* 2002, **7**:123-129.
16. Venkataraman R, Subramanian S, Kellum JA: **Clinical review: Extracorporeal blood purification in sepsis.** *Crit Care* 2003, **7**: 139-145.
17. Information for ISICEM 2003 attendees [<http://ccforum.com/info/isicem.asp>]