JCI The Journal of Clinical Investigation

Open access jumps the pond

Stacie Bloom

J Clin Invest. 2005;115(7):1676-1676. https://doi.org/10.1172/JCI25748.

News

The open access movement has fueled debates in the US between advocates of free access to biomedical literature and publishers that depend on subscription revenue for their livelihood. The controversy now travels to the United Kingdom, where funding organizations are working to establish a public-access archive for research articles. London's Wellcome Trust, the UK Medical Research Council, and other UK-based granting agencies are financing the effort to establish a counterpart to the US's PubMed Central, an online repository of journal content managed by the National Center for Biotechnology Information at the NIH. It was launched 5 years ago and now contains reports from about 180 journals that participate voluntarily. The goal of the storehouse is to preserve and provide free, unrestricted access to biomedical literature. The UK version should be similar to PubMed Central, using the same software and archiving comparable content. "The archive aims to provide free, fully searchable access to research papers and data. For the value from research to be maximized, we need to ensure that the knowledge is freely and widely available to those who need to see it. The value of having a central archive is clear," a spokesperson from Wellcome Trust told the JCI. Since May 2, 2005, the NIH has requested that investigators supported by NIH grants submit electronic copies of accepted research […]

Open access jumps the pond

The open access movement has fueled debates in the US between advocates of free access to biomedical literature and publishers that depend on subscription revenue for their livelihood. The controversy now travels to the United Kingdom, where funding organizations are working to establish a public-access archive for research articles.

London's Wellcome Trust, the UK Medical Research Council, and other UK-based granting agencies are financing the effort to establish a counterpart to the US's PubMed Central, an online repository of journal content managed by the National Center for Biotechnology Information at the NIH. It was launched 5 years ago and now contains reports from about 180 journals that participate voluntarily. The goal of the storehouse is to preserve and provide free, unrestricted access to biomedical literature. The UK version should be similar to PubMed Central, using the same software and archiving comparable content.

"The archive aims to provide free, fully searchable access to research papers and data. For the value from research to be maximized, we need to ensure that the knowledge is freely and widely available to those who need to see it. The value of having a central archive is clear," a spokesperson from Wellcome Trust told the *JCI*.

Since May 2, 2005, the NIH has requested that investigators supported by NIH grants submit electronic copies of accepted research articles to PubMed Central within 1 year of publication. PubMed Central then offers free access to such articles. The NIH developed the public-access policy as a result of pressure by Congress and patient organizations advocating free access to biomedical and life science literature supported by taxpayer funds.

Following on the heels of this NIH request, Britain's Wellcome Trust announced on May 19 that after October 1, 2005, all of its grant recipients will be required — not requested, as with the NIH — to deposit any accepted articles arising from their funded research in an open access directory within 6 months of publication.

The group of funding agencies is currently seeking an organization to run the database. According to the Wellcome Trust spokesperson, "The sooner the project can practicably begin, the better. A UK PubMed Central will improve the efficiency and power of research and the sooner that's available, the better it is for researchers."

But some UK scientists are not so easily convinced. "I detect in the UK that scientists still have very mixed feelings about open access," said David Paterson, physiology professor at Oxford University. He pointed out that several charity-based societies, like the Physiological Society, depend upon subscription revenue from their journals to operate and the policy could have a negative effect on them. Just as it has in the US, the UK initiative may vex some journal editors and publishers, who feel that the integrity of their businesses is being questioned.

The Wellcome Trust and other major science funders in the UK are working together to establish their own open access online archive. Photo courtesy of the Wellcome Trust.

Some point to the potential problem of having more than one version of an article in circulation, specifically, the accepted manuscript before copy editing found in the free access repository and the edited article as it appears in its published form. "Where is the definitive article? What gets referenced?" Paterson asked.

Despite the potential pitfalls — the same ones faced in the US by NIH researchers — many UK scientists are in favor of the proposal. Stephen Dunnett, a professor at Cardiff University in Wales and an advocate of open access, said, "The present situation where publicly funded research is kept to restricted access...seem[s] fundamentally wrong."

Stacie Bloom

Stem cell division

When Woo Suk Hwang and his group at Seoul National University announced their creation of human stem cell lines that matched the donors' own DNA, the media craze began. Surely this achievement marked the beginning of eagerly awaited tailor-made therapies for patients with spinal cord injuries, diabetes, Alzheimer disease, and a host of other congenital and acquired disorders. Or did it?

Before patient-specific stem cells, or any other stem cells, can be used for human therapeutics, there are hurdles to overcome. These barriers in the translation of bench experiments to bedside remedies do not just include the obvious ethical, political, and funding problems that are so widely deliberated. The more relevant hurdles that stymie clinical stem cell therapies are the scientific ones — those that are often overlooked in the lay press, which contributes to public unawareness of just how far we still are from using stem cells in a clinically meaningful manner.

Norio Nakatsuji is the director of the Institute for Frontier Medical Sciences at Kyoto University and is the only investigator in Japan whose laboratory creates human embryonic stem cell lines. Nakatsuji notes that before clinical trials can go forward, the production of these stem cell lines must be improved so that they are clinical-grade. The cells should be produced in a highly sterile facility, he says, using