

Has *American Heart Journal* gone to the blogs?

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One does not need to look very far these days to find evidence that change is a fact of life. When the world is stable and orderly, a little change seems manageable, perhaps even fun. When the world becomes much more unpredictable, as it has recently, old institutions that seemed quite stable are sometimes swallowed up in a sort of Darwinian struggle for existence. That sort of change can be much more threatening.

The world of medical publishing is one of those older institutions that seem quite stable. With roots that reach back into the 19th century and even earlier, the pillars of the scientific and medical publishing industry still appear relatively untroubled by the tumult that has upended the newspaper and trade publishing industries. The *New England Journal of Medicine*, *Journal of the American Medical Association*, and other high-impact medical journals remain the major places to look for and to publish the most important and interesting clinical research. Despite the obvious flaws of the peer-review system, for many of us, it is still hard to conceive of anything that would better accomplish the tasks needed.

However, medical research publication and dissemination are not immune to the forces for change in the larger information world. The Internet in particular makes it possible for clinicians and researchers to access the information they need in new and different ways. For example, in cardiology, the clinicaltrialresults.org and theheart.org Web sites provide many clinicians with a preferred method of keeping current. The online textbook UpToDate has supplanted Harrison's and Beeson's textbook, the 2 giants of the internal medicine textbook world in my student days, as the preferred source of getting up to speed on a clinical question for many trainees and even established practitioners. In addition, open source journals are attempting to undermine the business model of the medical journal publishing industry (funded by subscriptions and advertisements) by providing free access to their content online.

Most clinicians I have spoken with no longer read the print journals that stack up on their office shelves and floors, and no one I know still tears paper articles that might some day be of use and attempts to file them for future reference, as I did in my residency and fellowship.

Instead, we all access articles online at the time of need, often via general portals such as PubMed rather than journal-specific Web sites. PDF files may be stored on our computers for later reference, but since the filing system in Windows is not much better than having the old metal filing cabinets that lined our offices, when we need an article again, it is often easiest to go back online and download it, again.

In short, this is a good time to be questioning whether the old ways, which served well in the past, still serve us well now and whether new approaches deserve a place at the table.

At the last *American Heart Journal* (AHJ) editorial board meeting in November 2008, possible ways for the Journal to innovate within the context of its mission and technological framework were discussed at length. We offered our editorial board members an open mind if not open arms for novel proposals on how to convey important and interesting clinical information to our audience. Like other cardiovascular journals, we are still in one sense a print journal and therefore tied, it would seem, to the past. However, like other cardiovascular journals, our online activities are now the central aspect of the Journal's life. Prospective authors submit online, we do all our reviews online, and accepted papers can be made available on our Web site months before they actually appear in a paper journal. We recently did our first simultaneous publication of a Late-Breaking Clinical Trial result that was being presented in March 2009 at the American College of Cardiology meeting in Orlando, FL. One interesting aspect of this experience was the demonstration that the AHJ, a monthly publication, could get the entire assessment, review, and paper production process resulting in a final online paper done just as quickly as the *New England Journal of Medicine* and *Journal of the American Medical Association*, which both publish weekly and have put a great deal of effort into attracting such publications. In this one aspect, at least, the Internet seems to level the playing field among journals in a way that would not have been possible in the print-only era.

We have had and expect to continue to have interesting responses to our challenge to innovate within the AHJ. In this issue of the Journal, we are publishing the first. The article by Gheorghide et al p. 957 is an essentially unedited e-mail exchange of ideas among experts from academia and the Food and Drug Administration over the best end points to use in assessing novel drugs targeted at acute heart failure. Although we could have converted the document into a more traditional review on the

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subject, we decided that the ability of readers to see some of the back-and-forth among working group members who are individually identified with their comments gave the document a unique window into the thought process of these experts that a traditional review paper would never reveal. Although the document is not technically a

“blog” (which is usually defined as a personal online journal), it has a number of blog-like features and there seems no other name for it at present that suits it better.

We would be interested to hear from readers what they think of this initial foray into alternative structures to present important concepts in cardiovascular medicine.