Update on JAMA's Policy on Release of Information to the Public

Phil B. Fontanarosa, MD, MBA
Annette Flanagin, RN, MA
Catherine D. DeAngelis, MD, MPH

The public is intensely interested in medical research discoveries and health information, and responsible dissemination of new scientific research findings by biomedical journals and the news media is of critical importance. Peer-reviewed, primary-source medical journals consider original manuscripts for publication with an understanding that these papers have not been published previously and that the findings from these reports have not been disseminated widely. Thus, conflict sometimes exists among authors, who may wish to release the findings from their studies as soon as possible; reporters and other representatives of news organizations, who are interested in reporting new information on health as quickly as possible; and medical journal editors, who are responsible for ensuring the quality and validity of reports of medical information through rigorous peer review and stringent editorial evaluation. However, all involved want medical information to be as accurate as possible because clinicians and the public rely on medical journal articles to provide accurate, reliable, and credible information that can be used to improve patient care and public health.

Because of technological advances that provide multiple means of information dissemination through various media, as well as continued confusion about prepublication release of scientific information, this editorial provides an update and revision of JAMA's previously published editorials and policies on release of information to the public.\(^1,3\)

Manuscripts submitted for evaluation for publication in JAMA are considered confidential and privileged communications among authors, editors, and peer reviewers. JAMA editorial staff will not release information about the submitted paper to anyone outside the editorial review process without permission of the author. An exception may occur when concerns arise about scientific misconduct or ethical violations that require involvement of oversight authorities, such as institutional officers or research or funding agency representatives as part of the investigative process. Authors should refrain from informing other third parties (such as colleagues, professional organizations, and the news media) that their manuscript is under consideration or has been accepted by JAMA. Moreover, peer reviewers are responsible for maintaining this confidentiality and are required not to divulge any information obtained in the review process or share the manuscript under review with any third party without permission.

JAMA will consider a manuscript for publication only if it (or substantial portions of it) has not been published previously and is not under consideration for publication elsewhere. At the time of manuscript submission, authors are required to indicate whether any material in the manuscript (eg, text, data, tables, figures, or other material) has been published elsewhere, or is under consideration elsewhere. Also, at the time of manuscript submission authors are expected to provide the editors with copies of related or possible duplicative materials (ie, those containing substantially similar content or using the same or similar data) that have been previously published or are under consideration elsewhere.\(^4\) Moreover, once a manuscript is submitted and is under consideration by JAMA, authors as well as their institutions and research sponsors must not participate in news conferences or issue news releases disclosing information in the manuscript or revealing that it has been submitted to JAMA. Evaluation of manuscripts reporting findings that have received detailed and widely disseminated news coverage by virtue of news releases issued or news conferences held prior to the manuscript being submitted to JAMA will include assessment of the importance and novel nature of the information in view of the news media coverage.

Based on these policies, JAMA editors consider scientific and clinical reports (ie, submitted manuscripts) individually, to evaluate the validity and quality of these reports; assess the importance and novelty of the information; decide whether to accept them for publication and when to publish them; and determine the timing of communication of these reports to physicians, other health care professionals, and the public. In the vast majority of cases, this dissemination of information should occur in an orderly fashion and should coincide with publication of the article in JAMA.

There are a few general exceptions to JAMA’s policy that prohibits prepublication release of information: reporting research findings during scientific or clinical meetings, such as at scientific sessions at national or international specialty or subspecialty meetings; communicating informa-

Author Affiliations: Dr Fontanarosa (phil.fontanarosa@jama-archives.org) is Executive Deputy Editor, Ms Flanagin is Managing Deputy Editor, and Dr DeAngelis is Editor in Chief, JAMA.
tion during testimony before government agencies; and release of information with urgent public health importance.

Presentation of research findings during, or publication of an abstract for, a bona fide scientific or clinical meeting does not preclude consideration of the study for publication in JAMA. Authors who present information contained in a manuscript that is under consideration by JAMA during scientific or clinical meetings should not distribute complete reports (ie, copies of manuscripts) or full data presented as tables and figures to conference attendees or journalists. Publication of abstracts in print and online conference proceedings, as well as posting of slides or videos from the scientific presentation on the meeting Web site, is acceptable. However, for manuscripts under consideration by JAMA, publication of full reports in proceedings or online, issuing detailed news releases reporting the results of the study, or participation in formal news conferences will jeopardize chances for publication of the submitted manuscript in JAMA. In contrast, news media reports based on coverage that occurs during the usual course of a standard presentation of a scientific or clinical paper does not preempt a manuscript from consideration for publication. However, authors presenting papers at such meetings are advised to refrain from providing additional information to reporters beyond that covered during the course of their presentation and exchange with meeting attendees.

Testimony before a government agency or institution (such as US congressional hearings or Food and Drug Administration committees) that includes information not yet published will not ordinarily preclude consideration for publication by JAMA. Authors who have submitted manuscripts to JAMA and who are planning to submit related materials for such meeting or testimony should notify the editors in advance of doing so.

There should be no delay in the release of medical research findings to the public in circumstances in which there is an urgent public health need for the information. However, very few medical research findings have such urgency that the results must be released prior to vetting with peer review and editorial evaluation and manuscript revision prior to acceptance for publication. In these circumstances, the appropriate authorities and agencies, such as the US National Institutes of Health (NIH), responsible for public health should be involved in decisions about prepublication release and should be responsible for immediate dissemination of the information to clinicians and the news media (such as with issuing of a clinical alert or a “black box” warning). In such situations, JAMA editors will work with authors and the appropriate authorities to expedite review and publication decisions and coordinate the release of information.

For other major studies that have important public health or treatment implications, JAMA will expedite the peer-review and publication process via JAMA-EXPRESS. After peer review, appropriate revision, and acceptance, reports of studies that have immediate implications for public health or clinical practice will be posted on the JAMA Web site prior to print publication. For instance, for major research reports (ie, usually clinical trials) that are submitted to JAMA before presentation at major scientific meetings, JAMA will attempt to expedite the review and evaluation process so that the full article can be released online at the time of the presentation of the findings at the scientific meeting.

For articles accepted for publication in JAMA, the information is embargoed and will not be released until the time of publication. This embargo is an agreement between the authors and the journal editors and between the journal editors and the news media that the information contained in a manuscript that has been accepted but not yet published will not be released by the news media in any format (print, television, radio, or via the Internet), until a specified date and time. The JAMA embargo is lifted at 3 PM central time the day before the cover date of publication for a specific issue.

Credentialed reporters can register for access to the JAMA and Archives Journals For the Media Web site, where they can access upcoming articles and news releases that have been prepared by science writers and approved by JAMA editors, with these confidential materials available several days before the publication date. Reporters are granted access to this information if and only if they agree to abide by the journal embargo policy. Allowing reporters access to this information along with the news embargo policy are intended to provide journalists from various competitive news media equal access to news stories. Authors of accepted papers are encouraged to cooperate with reporters for interviews or to discuss other information related to the study during the week before publication but only on the condition that the journalist agrees to abide by the journal embargo policy. Authors should resist pressure from their institutions, sponsors, the news media, or others to release information before the embargo.

In the majority of cases, reporters and other members of the news media respect the embargo, perhaps at least in part out of respect for their journalist colleagues. Moreover, the implicit agreement among journalists to honor the embargo results in coordinated release of media reports at the time the embargo is lifted and thereby helps reduce the confusion that might otherwise occur with sporadic, haphazard reports about the same study. However, we take breaches of the embargo policy very seriously, evaluate them on a case-by-case basis, and institute sanctions as appropriate. For instance, for egregious and intentional embargo breaks, the offending reporters are denied access to the advance information available on the For the Media site.

JAMA will continue to provide physicians and other health professionals with clinically important research studies that advance medical science and patient care and also will continue to provide reporters with timely access to articles published in JAMA so they can help inform the public about important developments in medicine. We hope this approach helps contribute to accurate and orderly reporting about po-
tentially complex medical research articles. Authors, their institutional representatives, sponsors, and the news media who have questions about JAMA's policies regarding release of information should contact the editorial office.

Editor's Note: This editorial provides an update and revision of editorials on JAMA's policy on release of information to the public and the journal embargo.

Financial Disclosures: None reported.

Acknowledgment: We thank Jann Ingmire, Director of JAMA/Archives Media Relations, for her thoughtful comments and suggestions.

Psychodynamic Psychotherapy and Research Evidence

Bambi Survives Godzilla?

Richard M. Glass, MD

In a now classic 1982 article, Parloff surveyed the results of psychotherapy research evidence and its relevance for policy makers and treatment reimbursement decisions, characterizing that encounter as “Bambi meets Godzilla.” He concluded that although research evidence in psychotherapy outcome at that time was “extensive and positive,” it was not responsive to the policy makers’ central question, “What kinds of psychotherapy are most effective for what kinds of problems?”

Since that time, there has been a substantial increase in evidence for the efficacy of specific forms of psychotherapy for specific psychiatric disorders. In particular, the development of cognitive behavioral therapy (CBT), a usually short-term psychotherapy focused on identifying and correcting cognitive patterns that underlie emotional and behavioral symptoms; interpersonal psychotherapy (IPT), a time-limited individual therapy developed for treatment of major depression; and dialectical behavioral therapy (DBT), a focused therapy developed for treatment of borderline personality disorder, have been characterized by empirical testing for efficacy in controlled trials. In recognition of this, Beck, the main developer of CBT, was honored with the Lasker Award for Medical Research in 2006.

However, concern has often been expressed about evidence for the efficacy of long-term psychodynamic (also called psychoanalytic) psychotherapy (LTPP), a treatment with origins in uncontrolled clinical experience and with subsequent developments often influenced by theories rather than empirical testing. The former is certainly not uncommon in medicine, but the latter has been a matter of concern, particularly in the era of evidence-based medicine. In this issue of JAMA, Leichsenring and Rabung present the results of a meta-analysis that speaks directly to this concern.

The continuing interest in and attraction of psychodynamic psychotherapy are likely due to the considerable intuitive appeal of the underlying concept that facilitated self-understanding can lead to improvement of mental disorders. Despite that appeal, the issue of empirical demonstration of efficacy is of central importance to clinicians, patients, and policy makers; thus, Leichsenring and Rabung have performed a valuable service by collating and analyzing the available evidence on that issue. As these authors point out, there is evidence and abundant clinical experience indicating that despite the desire for brief, cost-effective interventions, patients with complex mental disorders, which they reasonably define as personality disorders, chronic disorders (duration of at least a year), and patients with multiple comorbid disorders, are often unlikely to respond to short-term treatments.

The authors used a definition of psychodynamic psychotherapy from Gunderson and Gabbard: “A therapy that involves careful attention to the therapist-patient interaction, with carefully timed interpretation of transference and resistance embedded in a sophisticated appreciation of the therapist’s contribution to the two-person field.” Identification and interpretation of transference and resistance are distinctive features of psychoanalytic psychotherapies that are commonly misunderstood. Transference is defined as, “those perceptions of, and responses to, a person in the here and now that more appropriately reflect past feelings about,

See also p 1551.

©2008 American Medical Association. All rights reserved.

REFERENCES