

LETTERS TO THE MJM**BEING A MEDICAL SCIENTIST:
IT TAKES LOVE AND DEDICATION TO
RESEARCH, NOT A TITLE**

Dear *MJM*:

In addition to the ideas of a liberal slant that crowd my mind as I passively listen to the clatter from the nurses' strike filtering through my office window, I cannot help but be reminded of a fundamental fact in a scientist's life: that we do not have professional unions. Nurses, architects, physicians, engineers, and dentists, to name a few, are all professions based on the acquisition of advanced knowledge and skills that are highly valued by society. Through professional accreditation, our modern world guarantees that our ills will be treated by nurses, doctors, and other health professionals, and that our buildings will be safe because they will be designed by architects and built by engineers. We also know that the Boeing 737 serving in the Montreal-Toronto shuttle route will be flown by an accredited pilot, who can only keep his license if he or she follows strict rules concerning time spent practicing on flight simulators and studying new safety procedures. Be it because of a salary dispute, a disagreement on working conditions, or any other reason that is deemed strong enough — however noble or mundane — unionized professionals can go on strike to convey a simple message: "make it our way or our service will not be provided to the community." There is a powerful hidden clause following this message: "by us or anybody else." If the nurses are in the picket lines we know that it will not be me or an architect who will be replacing them; the same way that a family doctor will not be allowed to fly the Toronto shuttle if the pilot is on sick leave waiting to be seen by a nurse in an understaffed hospital.

And this is a good thing. We want the best professionals to practice their trade. We do not want amateurs or inappropriately or insufficiently trained people to be carrying out activities that are so important to society, such as curing our diseases, building our homes and places of work, or flying our airplanes. The aforementioned acquisition of knowledge and skills that goes into the forming of each of these highly trained professionals is a process that stems from unhindered scientific progress. Western society enjoys lower cancer mortality rates and safer air travel today than it did only a couple of decades ago because the knowledge and skills that our nurses, doctors, and pilots acquire are constantly improving along with the technological advances that come to assist them in their work.

At the core of these professions is scientific progress, which comes from meticulous and complex research work. Such work is carried out by scientists, who communicate their results by publishing them in scientific journals. And how do we know that we have the best scientists undertaking this research work that has so much impact in our lives? Do we ask them to be accredited by scientists' unions, governmental bodies, or societies? No, we do not. We simply trust that scientific journals will publish the best and most pertinent research because of peer review, the process whereby one's work is judged by the best among his or her scientific colleagues. A journal editor does not ask for the credentials of a given author to decide on the merit for publishing his article. What matters is the information that is to be published, not the string of titles that follows the author's name.

It is in this world of "publish or perish" rules that scientists operate. A student and a full professor are equals in this world. We often hear that amateur astronomers without doctorates from Ivy League schools or even university degrees make remarkable contributions in furthering our knowledge about the universe. Ditto for amateur zoologists and botanists; with so many species in nature named after them. Francis Crick was a Ph.D. student when he published the work that led him, Watson, and Wilkins to be awarded the Nobel prize in Physiology or Medicine in 1962. Georges Köhler was a post-doctoral fellow in Milstein's laboratory in England in 1975 when he published the paper introducing the hybridoma technology to the world. For this work both were awarded the Nobel prize in 1984.

The *McGill Journal of Medicine* is peerless in this peer-review world of scientists. It is a journal by students for students and graduated medical scientists. It has matured into a vehicle for new scientific knowledge in medicine that has received international recognition by sister publications. It is befitting that the *MJM* was created by students in the same university where William Osler began his revolution of medical teaching by introducing science to the curriculum in 1874.

Many of the *MJM* authors will no doubt go on to successful research careers in medicine and biology; careers that will be built by solid publication track records in a variety of medical journals. My fervent wish for all the authors of papers in the *MJM* is that you carry for life in your hearts the flame of love for science. May this flame be present in the technical prose with which you describe all the scientific results to be attained in a lifetime of dedication to medical research. You will always remember that this is the

very flame that lit up Osler's passion for medical teaching at McGill more than 120 years ago.

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**WHEN POLITICS AND MEDICINE CLASH:
JAMA'S EDITORIAL DECISIONS
AND THE AMA**

Dear *MJM*:

Forget Bettie Currie and Monica Lewinsky. Add another name to the growing list of casualties resulting from the relentless saga unfolding in Washington DC: Dr. George D. Lundberg. The recent firing by the American Medical Association (AMA) of Dr. Lundberg from the position of Editor of *JAMA* just goes to show how politically dangerous oral sex can be, even as a topic of medical research!

The political war being waged in the Republic to the south, which ultimately revolves around sexual impropriety, has now spilled over to the world of medical scholarship. And no one is safe, not even a highly-respected medical professional and scholar such as Dr. Lundberg, a man who has been credited as having "put a small society that no one took seriously [*JAMA*] on the map" (1) by none other than Dr. Marcia Angell, editor of *JAMA*'s arch-rival, the *New England Journal of Medicine*. So what went so drastically wrong?

According to the man responsible for the firing, AMA executive vice president, Dr. E. Ratcliffe Anderson, it wasn't so much the content of the article as the questionable timing of its publication. In fact, the main conclusions of the study, which surveyed college students on their sexual habits and beliefs in 1991, had been published previously, but the data on oral sex was somehow leftover. The fact that Dr. Lundberg decided to publish the findings on whether oral sex constituted "having sex" in the minds of these college students at the precise moment when President Clinton's impeachment trial before the Senate would be in full swing was, for Dr. Anderson, inexcusable. "I happen to believe that Dr. Lundberg was focused on sensationalism here, not science," said Dr. Andersen. "It grieves me greatly that that magnificent journal that should be about science and medicine has been used to extract political leverage"(1).

The irony here is that it is precisely Dr. Lundberg's highly controversial, and yes, sometimes questionable editorial choices at *JAMA* over the past seventeen years that have made it such a "magnificent journal", to use Dr. Anderson's words, and put it "on the map", as Dr. Angell so aptly put it. Recent examples include an article on the apparent benefits of alternative medicine and another on the practically untouchable issue of mercy killing.

Although a medical journal should certainly be about "science and medicine", as Dr. Andersen has argued, it should also be about raising the medically-related questions and issues that interest and perplex society, even when they happen to be distasteful, controversial, or politically-charged. In fact, it is often those precise medical issues which have the greatest need for scientific treatment and discussion so as to demystify public perceptions, or at the very least, to encourage reasoned and reasonable debate.

Furthermore, who is to say that Dr. Lundberg's decision was so obviously political and partisan? Although the inference Dr. Andersen drew from the timing of the article's publication may seem justified at first glance, on a closer look at the facts, it falls apart. Indeed it seems quite a stretch to argue that Dr. Lundberg's choice was motivated by the need to "extract political leverage" for Bill Clinton: the fact that 59% of a sample comprising a few hundred college students answered no to the question "Is oral sex 'having sex'?" is simply not going to save the President (assuming he is in any realistic danger of being removed from office, and needs saving, in the first place), because this question was never asked of Mr. Clinton in that context. As a result, the conclusions of the study are all but irrelevant to Mr. Clinton.

On the other hand, even if one concedes that this study adds little to the scientific understanding of sex strictly speaking, the fact remains that Dr. Lundberg has succeeded, once again, in stirring the pot. And isn't that also an important goal for any good medical journal? Indeed, just like all aspects of human life and activity, medicine possesses a social and political aspect, and it is the duty of any superior medical journal to acknowledge that reality and to contribute to an informed debate over the issues that have captured society's interest. That is precisely what Dr. Lundberg has tried to do with *JAMA*: push the envelope by mixing politics and medicine, by highlighting the socio-political implications of certain types of medical issues, such as, in this particular case, the way in which people conceptualize their sexuality. That is clearly a medically-relevant issue, and one worthy of scientific research and discussion, particularly at this juncture in time, precisely because of the Clinton-Lewinsky