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CONTENTS

Editorial
Denying open access to published health-care research: WHO has the password?
Rajiv Sarin ........................................................................................................................................................133

Original Articles
Methods of intervention in reducing the psychosocial impact while dealing with cancer as a disease: A clinician’s point of view
S Trivedi, J Petera, S Fillip, Z Hrstka ..................................................................................................................135

On the transit dose from motorized wedge treatment in Equinox-80 telecobalt unit
Rajesh A Kinhikar, Sachin Patkar, Chandrashekhar M Tambe, Deepak D Deshpande ................................................140

Salvage abdominal irradiation for refractory non-Hodgkin’s lymphoma
Riad Akoum, Emile Brihi, Michel Saade, Therese Hanna, Georges Chahine ..........................................................143

Treatment outcome and cost-effectiveness analysis of two chemotherapeutic regimens (BEP vs. VIP) for poor-prognosis metastatic germ cell tumors
Venkata Satya, Suresh Attili, Rama C Chandra, G Anupama, Loknath D, PP Bapsy, Hemant K Dadhich, Govind K Babu ........................................................................................................................................................................150

Case Report
Synchronous dual malignancy: Successfully treated cases
Rashi Agrawal ........................................................................................................................................................153

Review Article
Brain metastases from breast cancer: Management approach
Tabassum Wadasadawala, Sudeep Gupta, Vaishali Bagul, Namrata Patil ......................................................................157

Brief Communications
Can pomegranate prevent prostate cancer?
Melisa Pereira ........................................................................................................................................................166

Serum total glutathione-s-transferase levels in oral cancer
Krishnananda Prabhu, Gopalakrishna P Bhat .........................................................................................................167

Transient asymptomatic bradycardia in patients on infusional 5-fluorouracil
K Talapatra, I Rajesh, B Rajesh, B Selvamani, J Subhashini .....................................................................................169

Synchronous malignancies of breast and thyroid gland: A case report and review of literature
Dwarka P Agarwal, Tej P Soni, Om P Sharma, Shantanu Sharma ...........................................................................172

Book Review ..........................................................................................................................................................174

Scientific Abstracts ................................................................................................................................................175

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Denying open access to published health-care research: WHO has the password?

Health-care professionals in the developing world are being increasingly expected to provide acceptable levels of contemporary clinical care despite resource constraints and to develop cost-effective and evidence-based solutions suited for their health-care setup. This unenviable task is greatly hampered by their limited access to relevant published biomedical research conducted within and outside the developing world. PubMed provides an invaluable service by providing free access to abstracts of scientific articles published in peer-reviewed indexed journals. However, in order to practice robust evidence-based medicine, access to full-text articles becomes necessary to examine the methodology of research, its limitations and applicability in the practice setting of developing countries. The most significant initiatives for providing free full-text articles to the developing world have been the ‘open access’ movement and the WHO-sponsored Health Inter-Network Access to Research Initiative (HINARI). A meeting of leading proponents of open access, held under the auspices of Open Society Institute in 2001 in Budapest, came out with the Budapest Open Access Initiative (BOAI), which defines ‘open access’ as free availability of scientific and scholarly literature on the public internet, permitting any user to read, download, copy, distribute, print, search or link to the full texts of these articles, crawl them for indexing, pass them as data to software or use them for any other lawful purpose, without financial, legal or technical barriers other than those inseparable from gaining access to the internet itself. The Bethesda statement and the Berlin Declaration followed with renewed call for open access and to which the Indian and Chinese National Academies of Science are signatories. The recent Salvador Declaration also gives the perspective of the developing world on open access (www.icml9.org).

Several publishers and journals have now embraced open access, the most notable among them being the Public Library of Science (PloS) and BioMed Central. Jan Velterop, the Publisher and Director of BioMed Central Limited, a commercial open access publisher, in his open letter to Elias Zerhouni, Director of NIH, USA, (http://www.biomedcentral.com/openaccess/miscell/?issue=20) puts forth an eloquent argument in defence of the sustainability of the open access business model and the importance of the NIH support for the open access movement. The PLoS journals (www.plos.org), as flag bearers of the ‘open access’ movement, have shown the scientific merit and viability of this model and have achieved double-digit impact factors within few years of launch. However, the response of most of the entrenched and profit-making big publishers from North America and Europe to full open access has been lukewarm and conditional. In contrast, most journals and publishers from the developing countries in Latin America, Africa and Asia have openly embraced open access. Vast majority of the journals in the developing world are official journals of professional bodies. These professional bodies have adopted open access not just as a ploy for sustaining themselves but from a conviction that free open access is for the overall good of science and society all around the world. We believe that medical and scientific journals are not only for academic and professional growth and glorification of the authors, editors and professional bodies; but they also play an important role in improving human health. To get a real sense of what open access truly means to clinicians and researchers in the community and academic settings in developing countries, one should read the outpouring of anguish and passionate pleas from clinicians working in India and other developing countries, when British Medical Journal denied open access to several developing countries in 2004 (http://www.bmj.com/cgi/content/full/329/7478/DC1).

The World Health Organization (WHO) has demonstrated exemplary foresight in highlighting that access to biomedical journals is a critical issue in developing countries and one of the many obstacles to improving health. In the year 2002, WHO initiated a unique program, HINARI, with the support of several major publishers. HINARI is presently providing open access to over 3,750 journals.
journal titles to institutions in 113 developing countries. Institutions in countries with GNI per capita (World Bank figures, 2006) below $1,000 are eligible for free access and those in countries with GNI per capita between $1,000 and $3,000 can gain access by paying a very reasonable fee of $1,000 per year / institution. However, clinicians and researchers in some very populous developing countries like India have been greatly disappointed that they are not considered eligible for HINARI. The GNI per capita as per the World Bank 2006 figures for some of the countries that have been excluded by HINARI, range from $770 for Pakistan, $820 for India, $1420 for Indonesia and $2010 for China. The HINARI website acknowledges that some developing countries with per capita GNP of less than US$3,000 have been denied open access through HINARI as ‘the publishers participating in HINARI have not, for the time being, extended their offer to countries where they have significant levels of existing subscriptions and, in some cases, local sales staff.’ It is unfortunate that business interests of western publishers has taken away the gloss from HINARI by denying open access to clinicians catering to the health needs of half of the world population. While the long list of 113 countries covered under HINARI looks very impressive, most of these are very small countries, with the combined population of countries in Band 1 being 1.2 billion; and in Band 2 as 0.3 billion. In contrast, the total population of China, India, Indonesia and Pakistan, the 4 most populous countries with a per capita GNI of less than $3000 but excluded from HINARI is 3 billion.

The publishers no doubt are lured by the present and future business opportunities in India and other populous emerging economies provided by some large government-funded apex medical institutions, research centers and central universities. However, the World Health Organization is surely aware of the very limited access to biomedical literature in vast majority of medical schools, smaller research centres, state-funded universities and unaided institutions in developing countries excluded from HINARI. Left with little option, large government-funded academic and research institutes in developing countries are forced to commit a significant proportion of their research and health-care budget to purchase journal subscription.

While profit-making organizations are generally expected to be opportunistic, their concerted move to exclude most of the populous developing countries from HINARI is for all of us to judge. In my opinion it is not only unfair but it severely dilutes the ethos of this otherwise highly laudable initiative from WHO. I suspect that the ongoing tussle between the profit making major publishers and open access purists may take a while to resolve in favour of open access for all global citizens. In the interim, we hope that all responsible global citizens and agencies would rally behind WHO for them to get the password of the HINARI gateway for half of the world’s population living in the 4 most populous developing countries of India, China, Indonesia and Pakistan. All those who support or oppose this call and those who have suggestions about how to go about it or expand the inclusion may send their electronic response to this editorial on the website of our open access journal.