


# Call on the academic publishing industry to provide equitable access to their journals

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Surgical practice is sound if it is based on available evidence, the most current of which can be found in peer-reviewed publications. Having access to the evidence is crucial, but so is contributing to the body of evidence by publishing findings from one's own research.

The academic publishing industry is reported to have a large financial turnover.<sup>1</sup> Academic journals do not pay for content creation (academic research). Compensation of academic editorial teams for their numerous services is merely symbolic, and peer reviewers, who screen articles for scientific rigor and suitability for publication, do so voluntarily. The only remaining actual costs would be for article graphic design and providing largely digital access to the articles. Meanwhile, a single article from a leading surgery journal costs \$40, whereas annual individual and institutional subscription costs are \$431 and \$1409, respectively.<sup>2</sup> These costs are prohibitive to most surgeons working in low-income and middle-income countries (LMICs), which constitute 84% of the world's population.<sup>3</sup>

Open access is indeed necessary for society to fully benefit from research findings and UNESCO considers equal access to scientific output to be important for achieving the Sustainable Development Goals.<sup>4</sup> However, the costs of processing of submissions and publication in open-access journals are now shifted from readers to researchers wishing to publish.<sup>5</sup> Again, this is unaffordable for LMIC researchers who cannot afford to pay these charges directly because their institutions rarely cover article processing fees. The payments for one article, for example, could fund three master's students in Nigeria.<sup>6</sup> Although there are opportunities for waivers for open-access publications, particularly for LMIC researchers, the waiver process is at best complicated.

Wojick *et al*'s systematic review of trauma and surgical literature costs across resource settings is pertinent in this context, as it presents the current level of access to evidence-based care.<sup>7</sup> Their findings show that initiatives to support LMIC researchers have been woefully inadequate, and that these researchers, and their counterparts in

high-income countries not affiliated with large institutions, face significant barriers to publishing in or accessing the majority of surgical journals. The time has come for academic publishers to direct a portion of their enormous earnings toward equitable access to their journals for researchers from less privileged institutions so that society can realize the full benefit of research from countries of all income levels.

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