

Access to Medical Journals in Malaysia

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Dear Sir,

We would like to draw the attention of your readers to the issue of access to research by health care practitioners. In this letter, we highlight the importance of research access and outline steps to achieve access to health information for all in Malaysia.

Evidence-based practice (EBP) is the use of the best available research evidence to improve the quality of medical judgments and clinical care¹. Every year, the Julius Centre, University of Malaya organises workshops on EBP. During these workshops, we teach participants EBP skills. Despite being equipped with these skills, the participants continue to face the challenge of accessing databases and full-text articles. Most databases require payment, a barrier for those trying to access clinical evidence.

It has been stated that —the 15th challenge is to ensure that everyone in the world can have access to clean, clear, knowledge — a basic human right, and a public health need as important as access to clean, clear, water, and much more easily achievable². This was also a key message of the World Health Organisation 2004 report³ on Knowledge for Better Health.

Many medical practices accepted as part of routine clinical care today were rejected or ignored in the recent past. For example, from 1943 to 1988, health care practitioners advised parents to lay their babies in the prone sleeping position. This was despite evidence from the 1970s that the position increased the risk of crib death⁴. Another example is the use of anti-arrhythmic drugs (e.g. quinidine, disopyramide) to stop premature ventricular beats. Despite convincing evidence from the Cardiac Arrhythmia Suppression trial (CAST) in 1989 which showed that these drugs were pro-arrhythmic and killing patients, many doctors ignored the findings and continued to prescribed them for their patients⁵. These two examples point to one conclusion: doctors' clinical judgment is not infallible and clinical practice needs to be informed by good research evidence.

In Malaysia, access to subscription-based medical journals is limited. The Ministry of Higher Education provides funding for database access in universities. Each public university receives its own funding and the databases are not shared. Those not affiliated to the academic institutions are not allowed to access these databases.

Currently, the Ministry of Health is trying to increase access to health information for all via the Telehealth project. The Continuing Medical Education (CME) arm of the project was meant to provide up-to-date information to health care providers⁶. It initially provided access to 58 full text journals, 36 textbooks and the Cochrane Database⁷. However, the CME portal is currently disabled. At the present time, all doctors working under the Ministry of Health are able to access 22 full text medical journals, and a limited number of e-textbooks and clinical practice guidelines from the MD Consult and Ovid database through an alternative portal, the Portal Virtual Library (<http://vlib.moh.gov.my/cms/index.jsp>) but the expiry date on the website is stated as 31 August 2011.

To achieve research access for all health care practitioners, we must:

1. be aware and demand for the latest research information
2. undergo training on health information retrieval, appraisal and implementation
3. have access to health information in the provision of funding for library databases.

Health care practitioners should demand better access. In Australia and the United Kingdom, the Cochrane Database is provided free for every citizen through government funding. Malaysia is disqualified from free access to Cochrane Library because of her relatively high gross national product⁸. The building blocks for EBP are already in place; the university and virtual libraries provide access to databases, albeit a limited one; EBP has been incorporated into most undergraduate and postgraduate programmes; organizations, such as Julius Centre, are conducting regular EBP workshops. (<http://spm.um.edu.my/events/>) However, the financial strain that the libraries are under threatens the continuing provision of health information to the healthcare practitioners.

The inequity of access to medical literature is the driving force behind the open access movement. Many open access journal have a high impact factor and researchers should consider publishing their results in these journals. However, answers to clinical questions may at times only be found in subscription-based journals. Moreover, open access journals may charge authors creating publication bias.

We, the users, have to show that there is a demand for access to medical literature. Doctors can do so by actively accessing the databases and providing feedback when the links are inactive or a wanted journal is not subscribed. Organisations,

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particularly the Academy of Medicine, Academy of Family Physicians of Malaysia and Malaysian Medical Association, must lobby for the provision of free health research access to all health care practitioners, including those in the private sector. A central fund combining the budget from the different ministries and non-governmental organisations may provide a more feasible and efficient way to manage health research access. The provision of up-to-date knowledge for health care providers to improve quality of health care for Malaysians must surely be a priority for our nation. It must not be allowed to fail. We hoped to achieve awareness on the need for access with this letter. Advocacy for the provision of full access to health information in the form of online medical databases is urgently needed in Malaysia.

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Editor's Reply

The Medical Journal of Malaysia (MJM) is delighted to publish your letter and echo your clarion call. The Malaysian Medical Association (MMA) is doing its small part by making the MJM an open access journal, but we realise that there is much more that needs to be done.

The goal however must not just be to make access to information available, but also to get that information into the lives of doctors and all those who deliver health care. I am please to learn of the work of the Julius Centre and think it is praiseworthy.

These twin goals cannot be divorced. However, if I had to choose which of the two were a more pressing need, I would have to say it was to make Malaysian doctors feel the need for good information. The MMA has made access to the BMJ learning module available to its members since 2009, yet not many take up the offer.

The MJM welcomes the opportunity to collaborate with other groups seeking to promote both more access to medical journals as well as to get doctors to develop the habit of regularly accessing good information, and thinking critically about applying knowledge. This space is open in the MJM to a forum for this discussion.

Sincerely,
Dr Lim Kean Ghee
 Editor-in-chief
 Medical Journal of Malaysia