OPINION ARTICLE

REVISED The dream of health information for all [version 2; peer review: 3 approved]

Alvaro Proaño¹, Eloy F Ruiz^{1,2}, Ruben Porudominsky¹, Jose Carlos Tapia^{1,2}

¹Facultad de Medicina "Alberto Hurtado", Universidad Peruana Cayetano Heredia, Lima, Peru

²CONEVID, Unidad de Conocimiento y Evidencia, Universidad Peruana Cayetano Heredia, Lima, Peru

V2 First published: 08 Jan 2016, 5:40
<https://doi.org/10.12688/f1000research.6950.1>
 Latest published: 24 May 2016, 5:40
<https://doi.org/10.12688/f1000research.6950.2>

Abstract

In 2004, an influential report in *The Lancet* suggested that open health information for all could be achieved by 2015. Unfortunately, this goal has not yet been accomplished. Despite progress in obtaining quality scientific articles in Latin America, it remains difficult to reliably access new and cutting-edge research. As graduating Peruvian medical students, we have confronted many obstacles in obtaining access to quality and up-to-date information and a constant tension between accessing "what is available" rather than "what we need". As we have learned, these limitations affect not only our own education but also the choices we make in the management of our patients. In the following article, we state our point of view regarding limitations in access to scientific articles in Peru and Latin America.

Keywords

Publishing , Education , Communication , Peru , Medical Students

Open Peer Review

Approval Status

	1	2	3
version 2 (revision) 24 May 2016	 view		
version 1 08 Jan 2016	 view	 view	 view

1. **Lorna Wildgaard**, University of Copenhagen, Copenhagen, Denmark
2. **Alfonso J. Rodriguez-Morales** , Universidad Tecnológica de Pereira, Pereira, Colombia
3. **Geoffrey Williams**, University of Southern Brittany, Lorient, France

Any reports and responses or comments on the article can be found at the end of the article.

Corresponding author: Alvaro Proaño (alvaro.proano.f@upch.pe)

Competing interests: No competing interests were disclosed.

Grant information: The author(s) declared that no grants were involved in supporting this work.

Copyright: © 2016 Proaño A *et al.* This is an open access article distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

How to cite this article: Proaño A, Ruiz EF, Porudominsky R and Tapia JC. **The dream of health information for all [version 2; peer review: 3 approved]** F1000Research 2016, 5:40 <https://doi.org/10.12688/f1000research.6950.2>

First published: 08 Jan 2016, 5:40 <https://doi.org/10.12688/f1000research.6950.1>

REVISED Amendments from Version 1

From our last version to this new one, we have included the comments by each of our 3 reviewers (Williams, Rodriguez-Morales, Wildgaard).

We have added a paragraph discussing the problem of offering waivers based solely on the country's income classification.

We have also included a sentence about the problem with non-centralized archives in Cybertesis initiative in Peru. Moreover, we have shown that Peruvian medical graduate use PubMed much rarely than medical graduates from Canada, UK or USA. Finally, we have made other minor changes and have added two new citations.

See referee reports

Introduction

Since the earliest days of scientific publishing, the dissemination of research has been intended to maximize impact rather than profit¹. Although this philosophy remains with the scientific community to this day, for-profit publishers continue to charge for access. However, with the development of the internet, a new hope was born for open access².

In 2004, Godlee *et al.* proposed in *The Lancet*, that we could achieve health information for all by 2015³; nevertheless, eleven years later this goal has not yet been fulfilled. Instead, the open medical repository is just a fraction of all the information out there. For example, during 2011, only 17% of the 1.66 million articles published and indexed in Scopus were available through open access⁴.

Full access to scholarly articles carries several benefits to researchers, healthcare professionals, policymakers and to society in general^{5,6}. The alternative scenario results in low literacy for medical professionals, affecting the diagnosis and treatment of patients. The scarcity of open literature contributes to an out-of-date medical practice, where health professionals “[believe] that they can go about their job without new information”⁷. This type of practice is unacceptable and should be changed for the well-being of our patients.

Medical school is a key moment to learn how to read critically the current research and to keep up-to-date with it. If we learn it as students, we will carry this practice throughout our career, but if we do not, it will only become harder later. In this context, after having gone through seven years of medical school, we believe it is important to state our point of view, as medical students, regarding the limitation of access to scientific articles in Peru and Latin America.

Access to research publications in Latin America

Nowadays, without any doubt, the three most visible Latin American efforts to achieve the dream of open access and to catalyze globalized science are the *Literatura Latinoamericana y del Caribe en Ciencias de la Salud* (LILACS), the *Scientific Electronic Library Online* (SciELO), and The RedALyC project (*Red de Revistas Científicas de América Latina y el Caribe, España y Portugal*)^{8–11}. LILACS is a database created by Biblioteca Regional de Medicina (BIREME) and the Pan-American

Health Organization (PAHO)¹¹. Since 1982, it had become a crucial resource for the identification of Latin America's peer-reviewed and “grey” literature on medicine, public health and epidemiology¹¹. SciELO was conceived in 1997 as a pilot program to create a virtual library of Brazilian biomedical journals^{8,9}. This later became an expanding publishing platform for Latin American journals that currently includes 15 countries from Latin America, Europe and Africa⁹. RedALyC, established in 2003, was born out as a need to cover the social sciences and humanities (not initially covered by SciELO) that also widened its original focus to all disciplines⁸. Free-full-text articles in this region have prevailed because most of the journals are not-for-profit enterprises maintained by public academic institutions or scientific societies. In contrast to the usual ‘article publishing charge’ model of open access, Latin American journals follow a ‘fee-less-free’ model providing immediate free access to the electronic edition of the journals without charging the author's institution for submission, processing or publication of the article on behalf of medical societies or associations^{8,9,12}. This enables greater visibility for thousands of articles from Latin America¹⁰.

Latin America has long been active in promoting the visibility of its scientific production⁹. This has been reflected in several initiatives such as the Network of Virtual Libraries of the Latin American Council of Social Sciences (CLACSO), the Alliance of Agricultural Information Services (SIDALC), and LATINDEX, all created before the Budapest Open Access Initiative in 2002¹⁰. Significantly, LATINDEX was one of the first referencing systems for the Ibero-American region, indexing journals related to social and medical sciences⁹. As Vessuri *et al.* stated, “[these are clearly great examples] of a region that was already exploring the possibility of building national collections of full-text electronic journals in open access”⁹. The most recent open access initiative in the region is the Federated Network of Institutional Repositories of Scientific Publications (LA Referencia)¹⁰. The aspiration of this regional network is to become the principal gateway through which Latin America expresses its scientific production to the rest of the world¹³. Since it was established in 2012, this interoperable network of national repository systems (including Argentina, Brazil, Chile, Colombia, Ecuador, El Salvador, México, Peru and Venezuela) has gathered more than 800,000 full-text documents available for all^{10,13}.

Despite the Latin American contribution towards policies in favor of open access, there is still scarce evidence to guarantee the fulfillment of “universal access to essential health-care information”³. In other words, even though information is free in SciELO and RedALyC, most of the journals indexed by these services are outdated. A recent analysis in the field of Dermatology found that 60% of journals in these databases were not recent, had lower impact factors and published fewer issues per year when compared to non-free journals indexed in MEDLINE/Pubmed¹².

Outside of the continent, other international initiatives have also recently been developed. Open science publishing platforms, such as the *Public Library of Science* (PLOS), *BioMed Central* (BMC), *PeerJ* or *F1000Research*^{2,14} allow scientists to publish their work in a high quality platform that also make their content freely

available. Additionally, since 2005, research-funding agencies, such as the Wellcome Trust (UK) and National Institutes of Health (USA), promote a policy that all funded work should be publicly available and provide funds to cover the costs of publishing in open access journals¹⁵. These collaborative strategies are increasingly allowing healthcare professionals from developing countries to gain free access to high quality research.

Moreover, there are other global alliances that have also aimed to diminish the gap between what exists and what is available. HINARI¹⁶, for example, is one of the four programs from Research4Life, a public-private partnership of the World Health Organization, whose main goal is to provide “free or low cost access to academic and professional peer-reviewed content online”¹⁷. HINARI has provided access to more than 13,000 journals to developing countries since it was launched in 2002 and has opened the door to a world of relevant and latest medical information^{5,17}. However, many top-notch journals are not always accessible through HINARI, which in turn creates a major setback for medical students¹⁸.

Access to research publications in Peru

In Peru, the main sources of scientific information available for students and healthcare professionals are journals indexed in the Latin American databases mentioned above. The access to other international journals, such as those indexed in MEDLINE, is limited by the agreements of each institute. Still, there are two Peruvian journals indexed in MEDLINE and both are characterized by providing articles online free of cost. These journals are the *Revista Peruana de Medicina Experimental y Salud Publica* (<http://bit.do/rpmesp>), and the *Revista de Gastroenterología del Perú* (<http://bit.do/revgastrope>). All articles from these journals follow a ‘fee-less-free’ model and are deposited in their respective SciELO library, enabling flow of information and greater visibility¹⁹.

In addition, Peruvian universities have developed strategies to keep their scientific production visible, available online and free of cost. We will mention three examples of these initiatives. Some universities require students to finish their career with a thesis that is then stored online in the online *CyberTesis* repository. This project was created to allow all theses to stay available online; however, this project is run independently by each school. This is a problem because its not a centralized archive but instead independent local ones. Researchers like to look for information in centralized databases, or at least use a meta-searcher. Local universities should join initiatives to centralize and share their repositories making it easier for researchers to read and cite them. Universities also possess their own independent journals and offer online repositories for the publications found therein. University-run journals can also upload their publications to SciELO repositories, like the *Revista Medica Herediana* (<http://bit.do/revmedhered>) from the Universidad Peruana Cayetano Heredia. Finally, as in other parts of the world²⁰, Open Access Week is celebrated locally by some Universities such as Pontificia Universidad Católica del Perú²¹ and Universidad de Lima²².

The government of Peru also promotes open access. Under the Peruvian Law N° 30035, there must be a national open-access repository managed by the National Council of Science and Technology and Technological Innovation (CONCYTEC)²³. This repository provides access to scientific productions developed in our country (<http://alicia.concytec.gob.pe/vufind/>) and also grants access to scientific databases such as ScienceDirect, EBSCO and ProQuest through its virtual library (<http://proyectos.concytec.gob.pe/access/>). However, this initiative is not well known among students and entails several registration requirements that are difficult for students to fulfill.

Our perspective

We have completed seven years of medical education in Peru, and as we have passed through each stage of basic science, pre-clinical and clinical work, our need for updated knowledge has increased. This process has a huge impact on our training because medical school is the period during which we are expected to learn to critically read and to keep up-to-date with current clinical research. Our ability to master this skill then reflects on our clinical decision making and ultimately, affects our patients. Therefore, access to information is not only an intellectual exercise, but also an ethical obligation of our profession. If we ever expect to improve the lives of our patients, we need “up-to-date, easy, fast, reliable, and affordable accesses to scientific information”²⁴.

In 2007, Villafuerte-Gálvez *et al.* suggested that students in low-income countries have a difficult time maintaining and advancing their knowledge and skills due to the limited access to pay-per-view journals¹⁸. This could become a threat to the student’s education since most of these journals require readers to pay a fee at an unattainable cost (USD20–USD45) for the majority of medical students in developing countries¹⁸, making access to research a “pay-wall” to overcome²⁰.

Regardless of the efforts aforementioned, we believe that access should have more promotion by local governments and journals. Governments should keep allocating money to help pay open access initiatives and, on the other hand, journals should offer waivers to authors that cannot pay. Some journals already do this, however many do it depending on the country’s income. This becomes a problem when a country changes its classification (eg. from low income country to middle income country), but its researchers are still lacking the resources. This is the case of Peru. Hence, we do not think that waivers should be based solely on the author’s country affiliation, but instead on a case-by-case basis.

It has been shown that at least one in three (33%) recent Peruvian medical graduates use MEDLINE/PubMed to search for scientific articles²⁵ which is much lower than that reported in physicians from USA (81%), Canada (76%) or UK (77%)²⁶. However, we found no data on how many of these queries achieve access to full-text articles. In our experience, “only through removing the barriers to access to global research that health improvements can be accelerated”²⁷. The problem we hope to tackle some day is the

one related to the “the ‘last mile’ of the process which actually delivers the document or other source that has been searched for”²⁸.

In order to obtain the best medical knowledge, as medical students from a developing country, we must overcome two main obstacles: access and language. Even if barriers to access can be overcome, the language barrier may remain. English is considered the language of biomedical science. However, not all scientists know it, especially in rural and developing areas. It is a shame when researchers studying the health problems of a rural area only report their findings in English. How will the healthcare personnel from that area learn and apply this knowledge? Some Latin American journals (ie. Medwave) have aimed to lessen this gap by providing the same article, with the same digital object identifier (DOI), in more than one language. This is obviously extra work for both the publisher and the authors, but if the information cannot be understood, then it will not be applied.

As The Finch Group Report suggests, strategies that aim to achieve the dream of “*Health information for all*” should be guided by four principles: access, usability, quality, and cost and sustainability²⁹. First, research should be freely accessible to individuals and organizations all around the globe. As mentioned earlier, the key issue about this criterion is the availability of free full-text, ideally in the native language where the research was done. Second, usability implies being able to access the full range of the latest tools to organize, analyze and manipulate the content relevant to their work. Third, the rigorous peer-review process must be maintained without affecting the previous principles. The openness and transparency of academic publishers (not-for-profit) guarantee the quality and development of publications supported by peer-review. Finally, citing The Finch Report, “the main point of cost and sustainability

is that no form of publishing is cost-free, and the key requirement is therefore that publishers, whether commercial or not-for-profit, should be able to generate revenues to meet the cost of services they provide”²⁹.

Eleven years have passed and despite some initiatives, the goal of open access has not been achieved. We have not lost hope that universal access to essential health-care information will occur, but maybe it is time to change our individual approach and for governments, universities and academic societies to develop a unified strategy by which open access can be achieved, while still fulfilling the aforementioned four principles.

Until then, will we keep dealing with the dilemma of accessing “what is available” rather than “what we need”?

Author contributions

AP, EFR, RP and JCT conceived the study and prepared the first draft of the manuscript. All authors were involved in the revision of the draft manuscript and have agreed to the final content.

Competing interests

No competing interests were disclosed.

Grant information

The author(s) declared that no grants were involved in supporting this work.

Acknowledgments

We would like to thank Dr. Gwenyth Lee and Gaby Caro for their comments and suggestions.

References

- Albert KM: **Open access: implications for scholarly publishing and medical libraries.** *J Med Libr Assoc.* 2006; **94**(3): 253–262.
[PubMed Abstract](#) | [Free Full Text](#)
- Björk BC: **Have the “mega-journals” reached the limits to growth?** *PeerJ.* 2015; **3**: e981.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Godlee F, Pakenham-Walsh N, Ncayiyana D, et al.: **Can we achieve health information for all by 2015?** *Lancet.* 2004; **364**(9430): 295–300.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Laakso M, Björk BC: **Anatomy of open access publishing: a study of longitudinal development and internal structure.** *BMC Med.* 2012; **10**: 124.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Aronson B: **Improving online access to medical information for low-income countries.** *N Engl J Med.* 2004; **350**(10): 966–8.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Pakenham-Walsh N, Priestley C, Smith R: **Meeting the information needs of health workers in developing countries.** *BMJ.* 1997; **314**(7074): 90.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Kale R: **Health information for the developing world.** *BMJ.* 1994; **309**(6959): 939–42.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Aguado-López E, Garduño-Oropeza GA, Rogel-Salazar R, et al.: **The need and viability of a mediation index in Latin American scientific production and publication: The case of the Redalyc System of Scientific Information.** *Aslib Proc.* 2012; **64**(1): 8–31.
[Publisher Full Text](#)
- Vessuri H, Guédon J, Cetto AM: **Excellence or quality? Impact of the current competition regime on science and scientific publishing in Latin America and its implications for development.** *Curr Sociol.* 2014; **62**(5): 647–665.
[Publisher Full Text](#)
- Babini D, Machin-Mastromatteo JD: **Latin American science is meant to be open access: Initiatives and current challenges.** *Inf Development.* 2015; **31**(5): 477–481.
[Publisher Full Text](#)
- Williams JR, Bórquez A, Basáñez MG: **Hispanic Latin America, Spain and the Spanish-speaking Caribbean: a rich source of reference material for public health, epidemiology and tropical medicine.** *Emerg Themes Epidemiol.* 2008; **5**: 17.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Tapia JC, Díaz LA, Bravo F: **Dermatological journals available to Latin American dermatologists.** *Int J Dermatol.* 2015; **54**(11): 1333–7.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Red Federada de Repositorios Institucionales de Publicaciones Científicas (LA Referencia): **América Latina pasa la primera página en Acceso Abierto.** Red Clara & Banco Interamericano de Desarrollo. [Last accessed on 2015 Dec 12].
[Reference Source](#)
- White E: **New Journals that are changing the way we publish.** [Last accessed on 2015 Dec 12].
[Reference Source](#)
- Van Noorden R: **Funders punish open-access dodgers.** *Nature.* 2014;

- 508(7495): 161.
[PubMed Abstract](#) | [Publisher Full Text](#)
16. **Research4Life**. [Last accessed on 2015 Dec 12].
[Reference Source](#)
 17. **HINARI**. [Last accessed on 2015 Dec 12].
[Reference Source](#)
 18. Villafuerte-Gálvez J, Curioso WH, Gayoso O: **Biomedical journals and global poverty: is HINARI a step backwards?** *PLoS Med*. 2007; **4**(6): e220.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
 19. Huamaní C, Pacheco-Romero J: **[Visibility and productivity of the biomedical Peruvian journals]**. *Rev Gastroenterol Peru*. 2009; **29**(2): 132–9.
[PubMed Abstract](#)
 20. Matheka DM, Nderitu J, Mutonga D, *et al.*: **Open access: academic publishing and its implications for knowledge equity in Kenya**. *Global Health*. 2014; **10**: 26.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
 21. Open Access Perú: **Acceso Abierto a la Información Académica y Científica en el Perú**. Pontificia Universidad Católica del Perú. [Last accessed on 2015 Dec 12].
[Reference Source](#)
 22. Universidad de Lima: **Semana Internacional del Open Access**. 2014. [Last accessed on 2015 Dec 12].
[Reference Source](#)
 23. CONCYTEC: **Ley que regula el repositorio nacional digital de ciencia, tecnología e innovación de acceso abierto**. [Last accessed on 2015 Dec 12].
[Reference Source](#)
 24. Lindberg DA, Humphreys BL: **Rising expectations: access to biomedical information**. *Yearb Med Inform*. 2008; **3**(1): 165–72.
[PubMed Abstract](#) | [Free Full Text](#)
 25. Mejía CR, Cáceres OJ, Vera CA, *et al.*: **[Use of information sources by recently graduated physicians of Lima]**. *Rev Peru Med Exp Salud Publica*. 2014; **31**(4): 716–20.
[PubMed Abstract](#)
 26. Davies KS: **Physicians and their use of information: a survey comparison between the United States, Canada, and the United Kingdom**. *J Med Libr Assoc*. 2011; **99**(1): 88–91.
[PubMed Abstract](#) | [Free Full Text](#)
 27. Chan L, Arunachalam S, Kirsop B: **Open access: a giant leap towards bridging health inequities**. *Bull World Health Organ*. 2009; **87**(8): 631–5.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
 28. **Research Information Network. Overcoming barriers: access to research information content**. UK, 2009; [Last accessed on 2015 Dec 12].
[Reference Source](#)
 29. Finch DJ: **Accessibility, sustainability, excellence: how to expand access to research publications**. Report of the Working Group on Expanding Access to Published Research Findings, 2012; [Last accessed on 2015 Dec 12].
[Reference Source](#)

Open Peer Review

Current Peer Review Status:

Version 2

Reviewer Report 29 June 2016

<https://doi.org/10.5256/f1000research.9235.r14690>

© 2016 Wildgaard L. This is an open access peer review report distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Lorna Wildgaard

Royal School of Library and Information Science(RSLIS), Faculty of Humanities, University of Copenhagen, Copenhagen, Denmark

I have no further comments to this paper (V2). The authors have fully addressed the comments I made to version one and thoroughly revised the article. It is a very nice paper, that I am sure will create a lot of discussion about access to the best evidence.

Competing Interests: No competing interests were disclosed.

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.

Version 1

Reviewer Report 29 March 2016

<https://doi.org/10.5256/f1000research.7485.r12343>

© 2016 Williams G. This is an open access peer review report distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Geoffrey Williams

Department of Document Management, University of Southern Brittany, Lorient, France

This is about dreams, and dreams do not always come true, even open access ones.

This is an interesting opinion text, and not a researched article. It therefore aims to stimulate

discussion about the key issue of open access, particularly in the medical world. It raises the interesting, and often overlooked, issue as to access to research for medical practitioners and not just researchers.

There are a number of issues. One is the control of the big publishers who have no intention to release archived texts. Whilst new production may come out as gold open access, there is still a wealth of hidden data. As they say, citing the Finch report, there is a question of cost as publishing one has a cost that the researcher must pay. Another issue is one of language, and that is related to evaluation criteria and indicators. As long as international is seen as a proxy for quality, and as long as the English language will be seen as international, there will be a problem. In years to come, their dream will come increasingly true, but to hasten it a change of mindset on language is vital, especially as Spanish is far from a minority language. The big question will remain archives as the publishers are sitting on a gold mine, and they know it.

Competing Interests: No competing interests were disclosed.

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.

Reviewer Report 29 March 2016

<https://doi.org/10.5256/f1000research.7485.r11881>

© 2016 Rodriguez-Morales A. This is an open access peer review report distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Alfonso J. Rodriguez-Morales

Faculty of Health Sciences, Universidad Tecnológica de Pereira, Pereira, Colombia

This is a very interesting article facing a challenge for developing countries, costs of publications. Whilst Open Access is excellent in this setting because allows wide access for everybody, also implies costs for authors in most journals, which is also difficult. Particularly this should be considered more in this discussion. Governments and institutions should be more responsible covering those costs. But also journals should be responsible and consider extreme cases of inability to pay, then offering waivers, and particularly giving different costs for authors from developing countries, regardless of the classification of the World Bank, which is not fair. For example, the HINARI initiative has fallen short for this reason. Many countries there, included Colombia and Peru, were considered according to the WB as countries with an income not classifiable to have access. Then, this is unfair. Anyway, I would like to see more of this discussion in the paper.

Competing Interests: No competing interests were disclosed.

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.

Reviewer Report 01 February 2016

<https://doi.org/10.5256/f1000research.7485.r12114>

© 2016 Wildgaard L. This is an open access peer review report distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Lorna Wildgaard

Royal School of Library and Information Science(RSLIS), Faculty of Humanities, University of Copenhagen, Copenhagen, Denmark

Proaño *et al.* present an interesting opinion paper about the availability of health information for health practitioners in Latin America. The title gains in irony after one reads the article, which concludes that health information for all remains a dream and not an accomplishable goal. The abstract clearly contextualizes the article to the opinions of the authors and adequately encapsulates the depth of the subject matter. The arguments presented in the article are clearly stated as opinions based on personal experiences, and thus are not necessarily substantiated by evidence gathered from relevant literature. I recommend the article be approved as an opinion paper – this is not ground breaking new knowledge - but is a topic that needs discussion as in the end, access to information can affect clinical decisions.

I recommend the following minor revisions:

p.3, column 1, line 18-20. "This project was created to allow all theses to stay available online: however, this project is run independently by each school."

Please include a sentence on why this is problematic – is it a meta-data problem, incompleteness, etc. Do the authors have a solution?

p.3, column 2, line 1. "In 2007, Villafuerte-Gálvez *et al.* (as a Peruvian medical student)
Please correct the use of the singular to the plural eg (as Peruvian medical students)

p3. Column 2, line 9-12. "It has been shown that at least one in three recent Peruvian medical graduates use Medline/PubMed...."

Is this surprisingly different from any other country? In the referenced article by Mejia *et al.* (ref.#24) 34% of the sample regularly used Medline/PubMed. Other studies, using other countries, for example by Davis (2011, follow the link below), report use of PubMed/MEDLINE to be between 70 and 84%.

https://www.researchgate.net/profile/Karen_Davies/publication/49763179_Physicians_and_their_use_of_inform

p.3, column 2, line 51. "...but maybe is time to change.."
Please correct to "...but maybe it is time to change..."

p4, column 1, line 2. " ...fulfilling the four principles aforementioned."
Please change to "...fulfilling the aforementioned four principles."

p.4, column 1, line 3-4. "Will we keep dealing with the dilemma of accessing "what is available" rather than "what we need"?"

The ending could be stronger. Please consider rewriting this final sentence. Try something like: "Until then, we will keep dealing with the dilemma of accessing "what is available" rather than "what we need".

For my personal interest:

p.3, column 2, line 26-28 "Some Latin American journals have aimed to lessen the gap by providing the same article, with the same digital object identifier, in more than one language"

This is interesting, I would like to learn more. Is this allowed, ethically? Is this not self-plagiarism? How do you cite such publications and do they count as one or two separate works?

Competing Interests: No competing interests were disclosed.

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.

Author Response 05 Apr 2016

Alvaro Proaño, Universidad Peruana Cayetano Heredia, Lima, Peru

Thank you very much for your suggestions and for taking the time to review our paper. We look forward to any comments you have on this in the future.

Response to specific comments is as follows:

- p.3, column 1, line 18-20. "This project was created to allow all theses to stay available online: however, this project is run independently by each school."
Please include a sentence on why this is problematic – is it a meta-data problem, incompleteness, etc. Do the authors have a solution?
 - **Response:** "This is a problem because its not a centralized archive but instead independent local ones. Researchers like to look for information in centralized databases, or at least use a meta-searcher. Local universities should join initiatives to centralize and share their repositories making it easier for researchers to read and cite them."
- p.3, column 2, line 1. "In 2007, Villafuerte-Gálvez *et al.* (as a Peruvian medical student) Please correct the use of the singular to the plural eg (as Peruvian medical students)
 - **Response:** Change made

- p3. Column 2, line 9-12. "It has been shown that at least one in three recent Peruvian medical graduates use Medline/PubMed...."

Is this surprisingly different from any other country? In the referenced article by Mejia *et al.* (ref.#24) 34% of the sample regularly used Medline/PubMed. Other studies, using other countries, for example by Davis (2011, follow the link below), report use of PubMed/MEDLINE to be between 70 and 84%.

https://www.researchgate.net/profile/Karen_Davies/publication/49763179_Physicians_and_their_use_

- **Response:** We agree with your point of view and think that contrasting Peruvian reality with the one in the UK brings about a good comparison for readers to understand Peru's reality. Thus, it now reads: "It has been shown that at least one in three (33%) recent Peruvian medical graduates use

MEDLINE/PubMed to search for scientific articles 24 which is much lower than that reported in physicians from USA (81%), Canada (76%) or UK (77%) add new citation; however, we found no data on how many of these queries achieve access to full-text articles."

- p.3, column 2, line 51. "...but maybe it is time to change.."
Please correct to "...but maybe it is time to change..."

- **Response:** Change made

- p.4, column 1, line 2. " ...fulfilling the four principles aforementioned."
Please change to "...fulfilling the aforementioned four principles."

- **Response:** Change made

- p.4, column 1, line 3-4. "Will we keep dealing with the dilemma of accessing "what is available" rather than "what we need"?"

The ending could be stronger. Please consider rewriting this final sentence. Try something like: "Until then, we will keep dealing with the dilemma of accessing "what is available" rather than "what we need".

- **Response:** Change made

- For my personal interest:

p.3, column 2, line 26-28 "Some Latin American journals have aimed to lessen the gap by providing the same article, with the same digital object identifier, in more than one language"

This is interesting, I would like to learn more. Is this allowed, ethically? Is this not self-plagiarism? How do you cite such publications and do they count as one or two separate works?

- **Response:** This is allowed ethically, because it would have the same MEDLINE/PubMed entry. Thus, we do not believe this is self-plagiarism because it does not count as two publications, but just one (same DOI) with two different ways of viewing it. I think this does not pose a big problem, because readers know that it is the same version in different languages. For example, the journal Medwave provides, within the same Pubmed Abstract page two options: English or Spanish such as in this case:

<https://www.ncbi.nlm.nih.gov/pubmed/26248156>

Competing Interests: No competing interests.No competing interests.

Comments on this article

Version 1

Reader Comment 29 Feb 2016

Geoffrey Williams, Université Européenne de Bretagne, France

This is about dreams, and dreams do not always come true, even open access ones.

This is an interesting opinion text, and not a researched article. It therefore aims to stimulate discussion about the key issue of open access, particularly in the medical world. It raises the interesting, and often overlooked, issue as to access to research for medical practitioners and not just researchers.

There are a number of issues. One is the control of the big publishers who have no intention to release archived texts. Whilst new production may come out as gold open access, there is still a wealth of hidden data. As the say, citing the Finch report, there is a question of cost as publishing one has a cost that the researcher must pay. Another issue is one of language, and that is related to evaluation criteria and indicators. As long as international is seen as a proxy for quality, and as long as the English language will be seen as international, there will be a problem. In years to come, their dream will come increasingly true, but to hasten it a change of mindset on language is vital, especially as Spanish is far from a minority language. The big question will remain archives as the publishers are sitting on a gold mine, and they know it.

Competing Interests: No competing interests were disclosed.

The benefits of publishing with F1000Research:

- Your article is published within days, with no editorial bias
- You can publish traditional articles, null/negative results, case reports, data notes and more
- The peer review process is transparent and collaborative
- Your article is indexed in PubMed after passing peer review
- Dedicated customer support at every stage

For pre-submission enquiries, contact research@f1000.com

F1000Research