
Changes to preserve our essence

EDITORIAL

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We have made changes to the printed version of the Journal of the Norwegian Medical Association in order to preserve the essence of the Journal. We believe this is important.



Photo: Einar Nilsen

The imminent death of printed publishing has been predicted since the dawn of the internet [\(1\)](#). In academic publishing, digitisation is now almost complete. Most of the world's estimated 30 000 academic journals are published exclusively in digital format [\(2\)](#).

Nevertheless, the printed format lives on. There is still a demand for material you can physically hold and pages you can flip through. From 2021 to 2023, the proportion of people in the EU preferring printed journals to the digital versions increased from 35 % to 51 %, while the proportion preferring to read books in printed format increased from 53 % to 65 % [\(3\)](#).

If we narrow our focus to national medical journals, what we see is a reality that few would have believed just a few years ago: in the Nordic countries, all national medical journals have thriving print editions with consistently high circulation and readership rates. The British Medical Journal (BMJ) in the UK and the New England Journal of Medicine in the United States still have print circulations of over 100 000 copies each [\(4, 5\)](#). And no, it is not just the pensioners who are predominantly reading printed publications: the BMJ's British student edition alone has a print circulation of 11 000 [\(4\)](#).

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The reader survey of our journal in 2022 showed that eight out of ten members of the Norwegian Medical Association read the print edition, with an average reading time of 29 minutes per issue. Many preferred to read certain types of articles only in printed format. Interestingly, this mostly applied to readers under the age of 40. There are many reasons for this.

Print editions are curated packages of content, carefully assembled into a unit that guarantees a distraction-free reading experience. This means that you can also be presented with content you did not know you needed (6). There are no disruptive links, multimedia or extra content, and unlike the online versions, print editions have both a beginning and an end. The advantage of the printed version is thus the very absence of the advantages of the electronic version (7). The importance of paper's tactile qualities in enhancing the reading experience should also not be underestimated.

This is one of the reasons why we decided in 2022 to change our print edition. The result can be seen starting from issue 1/2024 (8). The design has been updated but remains recognisable. Some of the content has also changed.

An 'invited editorial' is now called an 'invited commentary' to make it clear that these are texts specifically requested by the editorial team, even though the content remains the responsibility of the author. We have also increased the number of such texts because we believe that scientific articles deserve the extra attention that stems from being placed within a broader perspective by an external writer.

We are also reducing the number of issues from 18 to 15 per year. This allows us to be even more selective in choosing articles for print. We select 'opinion articles' based on topicality, while 'commentary' pieces are no longer included in the print edition. However, all 'original articles' and 'short reports' will still be available in printed format, but now as summaries on one page. This mirrors that of other journals, such as the BMJ, which adopted this approach several years ago. We believe that condensing the print format will draw more attention to the study being presented, especially since it is now accompanied by an invited commentary. The full version of the article will, of course, still be available in the online edition as before.

Our first three print editions with the new set-up have received both praise and criticism from readers. We welcome all of this and have already made changes based on the feedback. We hope you will continue to let us know what you consider to be positive and negative changes: this is the only way we can continuously improve.

Is reading printed material a greater burden on the environment than reading a digital version? Perhaps not. Paper and printed materials account for 0.8 % of total global CO₂ emissions, while IT, electronics and the ICT industry account for over 2 %, which could increase to 14 % by 2040 (3). The paper used by the Journal is produced just across the Swedish border, at one of the world's most environmentally friendly paper mills, using timber from European forests. This

paper is the first in the world to meet the very strict criteria for cradle to cradle products – an international certification for green and circular production processes [\(9\)](#). Production, printing, addressing, packaging and distribution are carried out in close proximity to each other in Norway in an effort to minimise environmental damage from transport. Along with Norway's very high paper recycling rate, this gives our print edition the smallest possible carbon footprint.

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Tidsskriftet.no is constantly evolving – and will continue to do so. However, the print edition remains an important format, partly because it helps to preserve our shared professional affiliation. For most members, the print edition is the only physical connection to the Norwegian Medical Association and our collective professional identity as doctors. This is another reason why we must make changes to preserve our essence.

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