Reviewer's report

Title: Open to the Public: Paywalls and the Public Rationale for Open Access Medical Research Publishing

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Reviewer: Noel McCarthy

Reviewer's report:

Making useful information, such as research findings, part of the commons has obvious and substantial benefits and like the authors and most of the scientific community I see open-access publishing as an important contributor to this. As I read this paper, the main focus is on arguing for this importance of open access. I do am not convinced of a primary or even substantial focus on the public and patient voice. Open access to research is an important foundation to support aspects of patient and public involvement, but for me, the focus of the paper is certainly not primarily focussed on that as an end.

Although open access is a step "to correct historical practices of exploitation and communication failures because many of the patient partners came from marginalized indigenous, rural and remote communities" identified as the insight and motivation leading to this piece it is far from the obvious first or most important step in addressing that problem. As noted in the pre review comments from editors, accessibility, in particular for these groups, goes far beyond open access of technical papers.

The excellent example of open access supporting advocacy (in the text box identified as Figure 1) is a case of substantial community organisation-researcher collaboration than just an open access publication. The similar really strong example of the Melanoma Patient Network Europe on page 10 is presented highlighting the central role of open-access to this initiative. Linking through identifies their engagement with open access but also identifies and promotes arrangements with mainstream publishers through "patientACCESS" to make papers from behind a paywall accessible to patients. This group is thus assuring access for their stakeholders in the existing imperfect world and mixed economy of publishing rather than being particularly founded on open access. These two examples are where the material is most relevant to the journal, although I would argue that it would be better with this emphasis on assuring advocate and patient accessibility rather than the specifically open access focus.
For the most part this piece casts open access publication in opposition to for-profit publishing. Open access certainly undermines the traditional monetisation model of publishers that has been founded on restricted access. However the same major publishers are generating for-profit open access models with the costs largely borne by the same institutions and researchers funding the profits under the pay-wall model. There has also been an explosion of entities entering for-profit publishing of research under the open access - researcher pays model. Both systems can justifiably be critiqued as broken markets, and one where individuals (researchers, research institutions, members of the public or others) are not served by the market model. I would judge the thinking behind initiatives such as plan S to move away from this market imbalance and would see that as more central to a well-founded argument than the approach here where that work is mentioned in the "Caveats and counterpoints to open access for the public" section. In an atomised market the wider implications of this open access expansion on the average quality of published science, and approaches to assessing this quality, may well have profoundly negative impacts on efficient and beneficial direct public access to useful research. That the authors don't see this as a main issue is evidenced by their return to their main argument in closing such as the statement "Research scientists should reflect on how their contributions to for-profit journals inadvertently hide results from study participants and the wider public." again conflating for-profit with subscription models and ignoring the for-profit open access issues.

My overall impression of the arguments advanced are that they use the patient and public dimension as a means to advance an argument for open-access, rather than being focused on effective patient and public access and involvement as an end.

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