

experience early in medical school. Interviewing 64 students, staff, and curriculum leaders from three university medical schools in the United Kingdom, Dornan and Bundy (p 834) found that early experience can generate greater motivation and

confidence, greater social and self awareness, and better theoretical understanding among students. A lack of early experience can demotivate students and leave them vulnerable to negative emotions when they finally enter the clinical environment.

POEM*

Erectile dysfunction is common with long distance cycling

Question Are there specific bicycle characteristics that modify the risk of erectile dysfunction?

Synopsis Erectile dysfunction after long distance cycling is thought to be secondary to compression of the neurovascular bundle from sitting on the saddle. As a result, bicycle saddles with "cutouts" or grooves intended to relieve pressure and decrease the risk of erectile dysfunction have become available. To evaluate potential relationships between erectile dysfunction and various bicycle characteristics, the authors prospectively studied a cohort of 463 cyclists who participated in one of six different recreational bicycle rides of at least 320 km. Subjects were sexually active, 21 years or older, and reported normal erectile function at the onset of the study. Data were collected one week before the event and one week and one month after the event. The style of saddle containing a deep split in the back and a groove down the middle was classified as a saddle with a cutout. Erectile dysfunction was determined by using a previously validated international index of erectile function questionnaire. Follow up data were available for 84% of the subjects at one week and 74% at one month. The cumulative incidence of erectile dysfunction was 4.2% at one week and 1.8% at one month after the ride. Bicycle characteristics associated with an increased risk of erectile dysfunction were a mountain bike compared with a road bike (relative risk (RR) 4.1; 95% confidence interval 1.6 to 12.5) and handlebars as high as or higher than the saddle compared with lower than the saddle (RR 3.0; 1.1 to 9.3). Nearly one third of participants reported perineal numbness during the ride and this was also associated with an increased risk of erectile dysfunction. In subjects reporting perineal numbness, use of saddles with cutouts increased (rather than decreased, as expected by marketing claims) the risk of erectile dysfunction (RR 6.0; 1.3 to 27.1). Saddle cutouts decreased the risk of erectile dysfunction in subjects not reporting perineal numbness during the ride. It is uncertain whether patients with a history of numbness and erectile dysfunction were more likely to use cutout saddles, possibly biasing the results. Data were insufficient to determine any association between erectile dysfunction and saddle width, padding, or tilt.

Bottom line Long distance cyclists wishing to minimise the risk of erectile dysfunction should ride a road bicycle instead of a mountain bicycle, keep the handlebar height lower than saddle height, and use a saddle without a cutout if perineal numbness is experienced.

Level of evidence 2b (see www.infoPOEMs.com/levels/html). Individual cohort study or low quality randomised controlled trials < 80% follow up.

Dettori JR, Koepsell TD, Cummings P, Corman JM. Erectile dysfunction after a long-distance cycling event: associations with bicycle characteristics. *J Urology* 2004;172:637-41.

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* Patient-Oriented Evidence that Matters. See editorial (*BMJ* 2002;325:983)

Editor's choice

A hybrid for open access

Open access publishing has risen in prominence in recent months. The Public Library of Science's new medical journal, launching on 21 October, will champion this publishing model, whereby full text research articles are freely available. The UK House of Commons Science and Technology Committee rebuked larger commercial publishers for a 58% hike in journal prices from 1998 to 2003. The committee believes that the increase has created an "impending crisis," where academic libraries struggle to purchase subscriptions to journals their readers need, in a world where large commercial publishers make obscene profits and research institutions pay twice: to fund research then access it when published in subscription journals. Free, interlinked, institutional research repositories are the way forward, the committee concludes (24 July, p 188).

Last month, the US National Institutes of Health announced a consultation document on requiring all NIH funded research to be freely available on PubMed Central—NIH's digital repository of biomedical research—six months after publication in a journal (11 September, p 590). Patient groups and the health department are pushing for better access to NIH sponsored research. NIH director Dr Elias Zerhouni is accountable for the billions of dollars NIH spends on research and believes that the status quo—where publicly funded research is not quickly available to all for free—is not acceptable.

Where does the *BMJ* stand on this issue that threatens the existence of many journals, particularly those that are published monthly or less frequently? We begin by charging for access to some of bmj.com in 2005. We also begin by making a distinction between material that is original research, where authors have added most of the value, and our remaining content, where we believe we have added most of the value—imaginatively called "value added content." Original research will remain free from the time of publication, and sent immediately to PubMed Central—as it is now. Value added content will be free for the first week following publication and then again after a year. bmj.com will still be free to people in the world's poorest countries, in line with the Health Inter Network for Research (HINARI) initiative. We will review these decisions next year, along with the subscription rate (see p 814).

Additionally, we are researching authors' views on the "author pays" model whereby authors pay a fee for all or some of the peer review, editing, and publication of their work. This fee—small compared with the cost of conducting research—makes published research free to the end user. All this leads us to what we have begun calling the "hybrid model" of scientific publishing, where authors might pay for peer review and publication of original research while libraries—or readers—pay for the value added content.

We are not sure where all this will lead—the hybrid model may not work—but we invite your views on this uncertain journey.

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