Sir,
The editorial by Drueke et al. [1], on having NDT available online for developing countries, should receive the most enthusiastic support. It is widely appreciated that the presence of full-text articles on the Internet improves greatly the readers’ chances of accessing information in a timely fashion and has improved the visibility of the journal greatly.

A concern raised recently, however, is a bias of readers, especially younger medical residents and students, to rely heavily on articles which are available online for selective reading of the subject. Wentz [2] has reported this tendency as FUTON (Full Text On the Net) bias. While this bias may not affect the established researcher, already well versed in the techniques of detailed literature search and critical appraisal, it might affect the casual reader with limited experience. It remains critical, therefore, to be aware of this fact, and journal editors must strive for exacting standards of articles from contributing authors. Another possible danger is that journals which are available online might be perceived to have a higher standing by virtue of being more visible. It has been suggested that publishers of medical journals should feel encouraged to have their journals published online, lest they lose out in the competition [2].

We have recently concluded a study of 26 nephrology journals, and have found that 11 journals were available in full-text articles online [3]. The remaining 15 journals had abstracts only available in MEDLINE. It has been suggested that the long-term effect of the FUTON bias may be similar to publication bias or language bias in reporting literature. Therefore, we believe that having articles published online may reduce this effect. Editorials and Letters to the Editor should also be available online. In this respect, we believe that NDT is far ahead of the field.

Conflict of interest statement. None declared.

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1. Drueke T, Lameire N, Hill M. Online access to NDT for developing countries. Nephrol Dial Transplant 2003; 18: 453

DOI: 10.1093/ndt/gfg247

Sir,
We read with great interest the letter by Ghosh and Murali, in which they comment on our Editorial in the March 2003 issue of NDT. We certainly agree that the availability online of editorial features, scientific articles, clinical reports and educational features is a major goal for all medical science journals. We wish, however, to caution their enthusiasm. Whilst all articles are free to anyone within not-for-profit institutes in developing countries, in developed countries articles appearing in NDT issues are immediately and freely available to subscribers only, with the exception of some selected editorial comments which can be accessed free on the web. It is only after 2 years have elapsed that the full version of all articles becomes freely available to all non-subscribers. Of course, non-subscribers may access full texts of any article online, by paying a fee per article. This policy has been chosen by necessity, in order to keep the journal in financial balance. Unfortunately, financial sources other than those coming from subscriptions would not be sufficient to keep the journal in funds. As pointed out in our editorial report in the January 2003 issue, the European Renal Association (ERA) has, however, made a major effort recently in setting up an online journal (NDT-Educational), which provides essentially recent information on important advances in the broad field of nephrology, and also different types of educational features. Finally, concerning ‘full text on the net’ (FUTON) bias, mentioned by Ghosh and Murali, it is true that we are all exposed to biased reading in one way or another, depending on the accessibility and availability of sources which we have decided to consult on a regular basis.

Tilman Drueke
Norbert Lameire
Mandy Hill

DOI: 10.1093/ndt/gfg248

Bioelectrical impedance analysis and assessment of body composition in end-stage renal disease

Sir,
We read with interest the paper of Kamimura et al. [1] concerning the comparison of skinfold thickness (ST), bioelectrical impedance analysis (BIA) and dual-energy X-ray absorptiometry (DEXA) for the assessment of body fat in chronic haemodialysis patients. The authors concluded that in haemodialysis ST is preferable to BIA, because of the lower gender-specific variability in the assessment of body fat. Nonetheless, due to its simplicity, BIA has received much attention from nephrologists; it has been suggested that BIA would be preferable to ST due to the more precise evaluation of hydration status and to the lower inter-operator error [1].