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The case of the American Diabetes Association: compromising editorial independence is bad for the society and the journal

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There is always something new under the sun. Last week the American Diabetes Association (ADA) shocked the world of medicine and science by ordering police to remove its journal's editor, and others, from the society's major annual conference (doi:10.1136/bmj-2026-511576).¹ Steven Kahn, editor in chief of the society's journal *Diabetes Care*, had upset the ADA leadership by writing and publishing a journal editorial critical of President Trump's damaging attack on US medical science. The ADA explained itself by saying that it was unable to allow politicisation of its event because of its charitable status. The explanation rang hollow given that it had invited members of the Trump administration to speak at the conference.

If there is a time for science editors to get political—and US journals tend to be more conservative and politically silent than their UK counterparts—it is now (doi:10.1136/bmj-2026-555118).² Even the *New England Journal of Medicine* recently took the rare step of criticising the US government for politicising science by saying that the US Office of Management and Budget would vet federal research proposals (doi:10.1136/bmj-2026-316815).^{3,4} The ADA has received wide condemnation, and some officers have resigned, including the president elect (doi:10.1136/bmj-2026-327847).⁵ Once integrity and trust are lost in a scientific exercise they may be hard to recover for both society and journal.

As undesirable as it is, there's nothing unusual about medical societies attempting to interfere with the editorial independence of their medical journal. Encroachment on editorial independence of medical journals and the broader media is on the rise. This interference is rarely made public. I speak from experience from each of the three respected institutions whose journal I've been privileged to edit. One leader wanted me to take a particular editorial line on a controversial topic. Another demanded that I publish his article. A third set out to berate me over an article we'd published. Each of them was firmly rebuffed.

On the other hand, I've never experienced a consistent challenge to editorial independence from ownership—but with the ever changing clinical and policymaking environment, coupled with frequent turnover of leadership of medical societies, some friction is an occupational hazard. An editor who has never had their independence challenged by the journal's owning society hasn't done their job properly. As George Orwell wrote in his original foreword to *Animal Farm*, liberty is the freedom to tell people what they don't want to hear.

Editors of other, smaller, journals occasionally seek advice from *The BMJ* about how to deal with

interfering owners. The reasons can be many. A clinical policy disagreement with ownership. Commercial pressures. Editorial decisions that might embarrass the society or its officers. A controversial editorial decision that angers the society because of complaints. A notion that a journal is being too political or is standing against the ruling party of the day—as with the ADA. Something as everyday as a personality clash. None of these is a good or justifiable reason.

A successful journal is good for a society that owns it. A society that champions the editorial independence of its journal also earns a reputation as a society that is intellectually robust. A society must act less as an owner and more as a steward of the journal to serve the best interests of the journal's community of society members, readers, reviewers, and authors. Sadly, a society's medical leaders often struggle to grasp this ancient wisdom.

Where does the ADA incident and the reaction leave us? First, a society interfering with the editorial independence of its journal is playing with its reputation. Trust and revenues may well be damaged as a result and may take many years to recover, if ever. Act in haste, repent at leisure.

Second, the crisis of science in the US is forcing doctors and editors to choose. Where do you stand: with science, and therefore with patients, or against it?

Third, pretending that politics has no place in a medical journal is an untenable position. Political decision making arguably has a greater influence on health outcomes than clinical decision making.

Fourth, the scrutiny on editors, publishers, and authors is unprecedented because of social media. This is entirely appropriate for the level of responsibility that everybody in the publishing enterprise holds, although it has an ugly side.

Finally, a journal's governance matters—and owners should understand that their stewardship role must not be a fig leaf for editorial control of the journal or control over the editor. In this age of mass misinformation, of brazen politicisation and commercialisation of science, editorial integrity and independence remain an expression of liberty, of the freedom to tell people who are destroying our crisis ridden world what they don't want to hear.

Competing interests: I am editor in chief of *The BMJ* and have editorial freedom from our owner, the British Medical Association.

1 Tanne JH. Trump: Diabetes doctors ejected from conference for handing out paper criticising US administration. *BMJ* 2026;393:e511576. pmid: 42259577. doi: 10.1136/bmj-2026-511576

- 2 Nathan DM. American Diabetes Association controversy: Activism is necessary to protect scientific freedom. *BMJ* 2026;393:e555118. pmid: 42285558. doi: 10.1136/bmj-2026-555118
- 3 The OMB and the politicization of science. *N Engl J Med* 2026 (published online 15 Jun). doi: 10.1056/NEJMe2608017<https://www.nejm.org/doi/full/10.1056/NEJMe2608017>
- 4 Clark J. Trump administration has its sights set on destroying international research collaborations. *BMJ* 2026;393:e316815. pmid: 42270131. doi: 10.1136/bmj-2026-316815
- 5 Tanne JH. Trump: ADA president elect resigns after US doctors are ejected from diabetes meeting. *BMJ* 2026;393:e327847. pmid: 42285564. doi: 10.1136/bmj-2026-327847