

Author misconduct: not just the editors' responsibility

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BACKGROUND Researchers everywhere are under increasing pressure to publish in high quality journals. The amount of space available in a journal such as *Medical Education* has not kept pace with the rise in submissions. Against a background of fierce competition, authors sometimes cut corners. This may lead to misconduct.

AIMS This paper aims to explore the most common types of publication misconduct seen in the *Medical Education* editorial office, and to consider the reasons for this and the implications for researchers in the field.

DISCUSSION This paper looks at the work of the Committee on Publication Ethics and describes the type of routine, low level misconduct which is increasingly reported by its member journals, including *Medical Education*. We offer a list of authors' responsibilities as a way of drawing attention to the wide range of individuals affected by author misconduct. The paper outlines 7 representative cases of actual or potential misconduct which have been dealt with in the *Medical Education* editorial office during the 18-month period to May 2004, putting them in context and using them to illustrate some of the ways in which apparently minor deviations from standard practice can have far reaching implications.

FUTURE DIRECTIONS This paper argues that misconduct affects a wider group than editors, although it is editors who are currently taking the lead in the promotion of standards. The authors suggest that responsibility for maintaining and improving stand-

ards in research publication should not be left to editors but should be seen as something in which all researchers have a stake. They support moves to make editors themselves more accountable to their readers and authors.

KEYWORDS publishing/*ethics/standards; professional misconduct/*ethics; editorial policies; research design.

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'It is more from carelessness about truth than from intentional lying, that there is so much falsehood in the world.'¹

INTRODUCTION

In recent years, cases of author misconduct have risen to a level that is causing us concern in the *Medical Education* offices. By 'author misconduct' we do not mean serious research fraud. The deliberate falsification, plagiarism or fabrication of evidence is a grave and frequently criminal affair and is, thankfully, rarely encountered by most editors. In this paper we discuss the misconduct that results from laziness, minor dishonesty or simple ignorance of the basic standards for writing up and submitting properly conducted research.

From our unique, and arguably privileged, standpoint, we understand as well as anyone the pressures on authors to publish their work. Submissions to *Medical Education* have more than trebled over the last 7 years but the number of papers published has not kept pace. In 1997, the 93 original research and discussion papers published represented 38% of the total number of articles submitted to the journal. In

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Overview

What is already known on this subject

The pressure to publish may tempt some authors to cut corners. This has the potential to lead to misconduct.

Author misconduct covers a wide range of practices ranging from petty attempts to cheat the system to serious, and even criminal, research fraud.

What this study adds

We offer a list of authors' responsibilities as a way of drawing attention to the wide range of individuals harmed by author misconduct.

We describe, using real examples from the *Medical Education* editorial office, representative cases of actual and potential misconduct of the type that is increasing within submissions to the journal.

We discuss redundant publication and outline the various forms it takes.

Suggestions for further research

Future research could explore how everyone with a stake in the quality of research – everyone, in fact, to whom authors/researchers have a responsibility – can work together to improve standards.

2003, the 133 original research and discussion papers published represented only 16.5% of total submissions. The number of papers to consider is increasing rapidly but the space available for publication is not keeping pace.

Research assessment exercises, faculty promotion requirements and professional expectations have put increasing pressure on authors to publish in the best journals.² Each manuscript represents many hours that authors might have spent on other work, or with family and friends, but chose instead to spend on something they hoped would advance their career and influence the field of medical education. The

level of determination to get manuscripts published is high and people may be increasingly tempted to cut corners. It is regrettable but unsurprising that the number of cases of publication misconduct we see in the editorial office of *Medical Education* is increasing. We are not suggesting that medical education researchers are more prone to involving themselves in dubious practice than anyone else. This increase is reflected in journals in every country and in every discipline.

The Committee on Publication Ethics (COPE), to which around 180 journals, including *Medical Education*, are now signed up, is essentially a peer support group where editors can report and receive advice from one another, in confidence, on cases of research and publication misconduct. Since its birth in April 1997 it has become increasingly busy, considering over 30 new cases in 2003.³

One of the great strengths of COPE is that it enables editors to think and reflect as a group on ways in which they and their journals respond to misconduct. Some of the anonymous cases COPE deals with describe potentially criminal behaviour of the headline-grabbing kind, but mostly they involve the sort of workaday negligence and dishonesty which, in isolation, may seem relatively minor but when collected together are causes for concern. The COPE report for 2003 describes a range of cases of the sort that we see here at *Medical Education* with increasing frequency. Examples include a clumsy attempt by a pharmaceutical company to influence an editor, failure to obtain ethical approval, several attempts at redundant publication and plagiarism, and instances where authors have been vague or even lied about their status. Once they were charged with misconduct, most of the culprits claimed that the offence was caused by unintentional oversight.³ Unfortunately, although editors do try to give authors the benefit of the doubt where they can, ignorance of the basic rules of ethical conduct is not a defence. If you are in the business of publishing your research, it is your duty to find out what the rules are and stick to them.

At *Medical Education*, we make no apology for taking a hard line on this. The implications of publication misconduct are far reaching and authors must be encouraged to reflect on and accept the responsibilities and privileges of their position as influencers of policy and practice. Appendix 1 offers a list of what we perceive to be the responsibilities of authors in the field of medical education. Everyone on this list has a

stake in ensuring that the best research is published to the highest standards.

The first 2 points on the list, describing authors' responsibilities to themselves and their co-authors, need underlining. Authors who involve themselves in misconduct are risking the very currency of their trade: their own reputations and those of their co-authors. While editors may be willing to give the benefit of the doubt, especially to young authors, it should not be assumed that a simple apology will always suffice. Editors may employ a range of responses depending on the severity of the infraction. These may include rejection of the paper or, if it has already been published, publication of a retraction. In addition, editors may inform the author that further papers will be returned without consideration, usually for a specific period of time. In serious cases, they may write to the author's department, institution or national governing body.

We are aware that any discussion on publication ethics is a delicate business and that anyone choosing to raise it is at risk of sounding self-righteous or patronising. But we consider it the responsibility of all editors to make their position as clear as possible and to encourage and foster good practice among the research community. We therefore present here, for the sake of clarifying our own position on misconduct, a small selection of some of the incidents that have crossed our desks over the 18-month period to May 2004. They have been blinded so that all identifying details are removed and the use of gender pronouns has been randomised to protect the identities of individuals, but all of these cases are genuine. They have been selected because all of them carry implications for researchers and because in each case the editor was under an obligation to take further action.

PLAGIARISM

Case 1

Two authors submitted a paper that was sent for review. One of the authors was an established researcher and the other a research assistant. One of the reviewers discovered that the paper contained several paragraphs of unattributed text and ideas from her own work and reported this to the editorial office. When asked by the editor to explain this apparent authorial misconduct, the senior author blamed the research assistant for careless drafting of the original. The paper had in any case

been rejected on the recommendations of the reviewers.

All authors submitting papers to *Medical Education* sign a form to say that they 'have read and approved the version being submitted'. This is a response to the Vancouver Guidelines on authorship⁴ (see Appendix 2). No-one who has not actually had a hand in drafting and correcting the paper should claim to be an author. As a senior researcher supervising a junior, the more experienced of the authors should have made sure that the paper was properly drafted and he should not have attempted to evade his responsibility by blaming his junior colleague. The 2 authors were lucky that the plagiarism was detected before the paper was published. If the plagiarism had been discovered post-publication, then a retraction would have been published which would have served to permanently blot the publishing records of both authors.

AUTHORSHIP

Case 2

A paper was received naming 13 authors. All 13 had signed the manuscript submission form declaring that they met the criteria for authorship. When we examined the statement on authors' contributions, we found that 3 of the authors' contributions had been confined to collecting data, 1 had obtained the funding and another 2 had reviewed the manuscript but taken no part in designing the study or analysing the data. The authors were asked to amend the list of authors and those who did not qualify for authorship were acknowledged as contributors.

Papers in *Medical Education* are usually only 3000 words long. Whenever we receive a paper with over 6 authors, we naturally wonder, especially in view of the increasing prevalence of gift and ghost authorship,⁵ how it is possible for so many people to claim authorship. Authors are required at submission to reveal what contribution they made to the manuscript and, if it is accepted, we publish their statement. Where a paper claims more than 6 authors, we always seek further information.

In order to qualify for authorship of papers in *Medical Education*, authors must satisfy the 3 criteria set out in the Vancouver Guidelines⁴ (Appendix 2). As all those claiming authorship are required by *Medical Education* and its publishers to sign a copyright assignment form stating that they meet these criteria, authors

should think carefully before putting their name to a legal document.

Case 3

A paper by an author whose first language was not English was accepted for publication. The author then wrote to ask that the proofs be sent to another person, with whom the journal had had no contact previously. It became apparent that this person was a ghost writer. He was a native English speaker who had, in fact, written the paper using data collected by the named author.

The ghost writer had had substantial intellectual input into the paper. Although he did not qualify as an author because he had had no part in the conception and design of the study, nor in the analysis and interpretation of data, his role as a contributor to the paper should have been acknowledged.^{6,7} Ghost writers and authors' editors deserve recognition where their contribution to the paper has been as substantial as it was in this case. The named author, in not acknowledging the contribution of the ghost writer, had not accurately represented the extent of her own contribution.

DUPLICATE SUBMISSION

Case 4

It became apparent that a manuscript submitted to *Medical Education* was being considered simultaneously by another journal. When asked to explain this, the author maintained that he had intended to withdraw the manuscript from *Medical Education*, but had forgotten to do so.

Some authors, who fear repeated rejections of their work and the consequent risk that it may take months or even years to find a journal willing to accept it, may try to hedge their bets by submitting the same paper to more than 1 journal at a time. This is potentially a very serious action as it can lead to duplicate publication and breach of copyright if the paper is accepted by 2 journals. At the very least, it wastes valuable office time and slows down the process for other authors. At *Medical Education*, all authors sign a form at the time of submission to say that their paper is not being considered elsewhere. Although in this case it appeared that the author had made a genuine mistake, it is important for authors to keep records of what paper has been submitted to which journal to avoid making duplicate submissions.

UNPROFESSIONAL CONDUCT

Case 5

Medical Education rejected a manuscript after it had undergone our usual review process. The author responded angrily, accusing the journal of unfair bias and unacceptable prejudice, and demanded that the paper be reviewed again. The author also sent several inappropriate e-mails to journal staff. As a result, the author was requested not to contact the office further as we felt it necessary to protect our employees from abuse. Unfortunately, this means we can no longer consider papers from this author.

While this was an extreme example, we have in recent years begun to receive an increasing number of intemperate and accusatory e-mails from authors who are clearly unaware of the formal and careful nature of the review process. Electronic communication means that it is easy to fire off an angry e-mail in haste, but users should beware of making threats and accusations, especially in a recordable medium.

We understand that people are disappointed to receive rejections and do our best to offer constructive feedback where possible. While we accept that the peer review process is by no means perfect, we aim to make it as unbiased and transparent as possible⁸ and would encourage authors to make themselves aware of the process by which papers are selected for publication. For authors who are unhappy about a decision and who feel there are factors that have not been taken into account, we have published a code of conduct for appeals⁹ and we are always willing to reconsider our decisions.

ETHICAL APPROVAL

Case 6

An author submitted a paper reporting a lengthy interview survey of students in his institution. Some of the questions were of a personal nature. He did not declare whether he had received ethical approval for his study. When we asked him to supply details he admitted that he had not received approval. He then sought retrospective approval from his ethics review board. Once this was granted and he had provided us with a statement we were able to consider his manuscript.

The author was performing demanding research on human subjects over whom he was in a position of authority. Since the beginning of 2004, we have required authors to state their position on ethics board approval at submission and, if their paper is accepted, we publish their statements in *Medical Education*. National conventions on ethical approval may vary, and we do not attempt to suggest that one country's conventions should take precedence over those of another. Nevertheless, at the very least we expect authors to reveal the position in their own context and provide us with a publishable statement so that readers can make an informed judgement. We would urge all authors either to make sure that they have the necessary ethical approval before beginning their research or, if they do not have it, to be willing to explain why it was not necessary.

REDUNDANT OR DUPLICATE PUBLICATION

Case 7

A paper was submitted to *Medical Education*. Nearly 2 thirds of it was made up of text from another paper by the same authors, published in a different journal (journal B) some months previously. The authors had both signed a copyright form stating that the work they had submitted to *Medical Education* was original work and had not been published elsewhere. When asked to explain their actions, the authors responded unapologetically, affirming that the work they had copied was their own and the manuscripts dealt with different but overlapping aspects of the same study.

In fact, the work they had copied was not their own; it belonged to the publisher of journal B to which they had already assigned copyright. They should not have attempted to re-assign it to *Medical Education* without their publisher's permission through the editor of journal B. One this was explained to them the authors apologised, but the paper was nevertheless rejected on the grounds of lack of originality.

Sometimes, with the agreement of editors and publishers, a paper or editorial may appear simultaneously in 2 separate journals, occasionally in translation. It may also appear as a reprint. This is common practice and usually requires clear agreement between the journals and the authors about who owns the copyright. If published simultaneously, each version should reference the other.

In an attempt to boost their publication rates, authors will sometimes involve themselves in a spectrum of behaviours which commentators on publication ethics usually describe as 'redundant' (or sometimes 'duplicate') publication. We have, over the years, observed this type of misconduct in most of its forms, including behaviours such as:

- 'salami-slicing' – dividing up a piece of research as thinly as possible to get the maximum number of papers out of it; this naturally involves a great deal of repeated information, especially in the 'methods' section;
- cutting and pasting whole sections from 1 manuscript to another – another unfortunate temptation of the electronic age;¹⁰
- publishing a paper in a small national journal, then having it translated into English and submitting it to a larger journal without revealing its previous publication;
- publishing a paper in a minor journal or in some other format such as an e-journal and then submitting it to a larger journal without revealing its previous publication, and
- attempting to have a paper published in 2 journals simultaneously; some authors even go so far as to give identical papers different titles and list the authors in a different order in an attempt to disguise this type of misconduct.

Because redundant publication encompasses such a wide range of behaviours, from the merely lazy (salami-slicing) through to the downright deceitful (copyright theft), it is hard for editors to establish clear guidelines on how it should be addressed. Nevertheless, it is probably the most frequently encountered example of misconduct faced by editors. Even at its mildest, it is still a particularly insidious and damaging problem because its effect is to short-change readers by producing boring, repetitive and unproductive papers which clog up the system and make publication harder for conscientious authors. At *Medical Education*, the author of any paper attempting redundant publication can expect at the very least a swift letter of rejection. We believe this misdemeanour should be seen for what it is – self-plagiarism – and would encourage the academic community to treat it with great seriousness whenever it is encountered.

CONCLUSIONS

The list of doubtful practices reported here is by no means exhaustive and we could easily produce many

more examples of similar behaviours. At the same time, it is important to remember that the majority of papers submitted to *Medical Education* come from responsible authors. The large number of well written and original reports of ethically sound research we receive every year reflects well on the professionalism of workers in the field and on the training they have received from supervisors who are themselves contributors to papers in the journal.

From the point of view of the editorial office, however, many of the cases reported above caused concern because they involved senior academics. Such academics traditionally educate their juniors in the principles and practice of ethical research, yet some are clearly unaware of their responsibilities, and we suspect that others simply choose to ignore them. Equally worrying are reports that emerge in COPE meetings, and in our own experience, of institutions that fail to take appropriate action when questionable behaviour is reported. Misconduct remains a minority practice; but if those in responsibility are seen to overlook it and even participate in it, and if the perpetrators repeatedly get away with it, it will only become harder for the majority to resist the temptation. Those in positions of responsibility in the field of medical education must be careful not to leave misconduct to be dealt with by someone else. Protecting the standards of the scholarly archive from erosion is a job for everyone, not just for editors.

There are 2 reasons why editors should not act as the sole guardians of standards within research publication. First, it is too great a task for a single small and usually volunteer group, many of whom have had to do their training on the job and who, if they are not working single-handed, are usually supported by small and frequently overworked editorial offices. and secondly, but most importantly, it is too great a responsibility to be entrusted to any single small group.

Although we have discussed cases of authors who have failed to meet acceptable standards of publication ethics, and have also referred to the way in which some senior academics may, through action or inaction, contribute to a growing tolerance of misconduct, we acknowledge that editors also have responsibilities. Sometimes they fail in these, despite being appointed and trusted to uphold standards of publication ethics and to treat all authors with competence, fairness, confidentiality, speed and politeness.¹¹ The Committee on Publication Ethics is currently in the process of preparing a code of conduct for editors, which includes a requirement to be transparent in their dealings with authors and

reviewers and to pursue misconduct wherever it is discovered.^{3,12} *Medical Education* supports this move, which should be of interest to anyone involved in biomedical publishing. But unless there is a sharing of the responsibility to monitor and promote good ethical standards among all groups which are affected by the work carried out by researchers in academic medicine (Appendix 1), it is inevitable that questionable behaviour in research publication will continue to increase.

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APPENDIX 1

Authors' responsibilities

- 1 To themselves: not to risk their professional reputation by attempting to gain an advantage through misconduct.
- 2 To co-authors: not to risk the reputations of co-authors by causing them to participate in misconduct, whether voluntary or involuntary.
- 3 To colleagues: not to attempt to put honest colleagues at a publication disadvantage; not to mislead other researchers by falsifying results; to set an example of best practice to students and junior colleagues.
- 4 To the subjects in their study: not to have caused them unnecessary suffering or distress by inappropriate research and reporting methods; not to have wasted their time by producing substandard work.
- 5 To editors and reviewers: to participate courteously in the process of review and publication; not

to mislead them or attempt to bias their decisions; not to attempt to bring the review and publication process into disrepute.

- 6 To their institution: to earn their salaries fairly and to enhance the reputation of their institution by producing work of high quality.
- 7 To their academic discipline: to lay a solid foundation of ethical research and publication for the students and practitioners who will rely on it as the basis of their own practice in years to come.
- 8 To the wider community: all academic researchers have a duty to the people who are intended to be the beneficiaries of their work to ensure that it is honest, reliable and accurately reported.

APPENDIX 2

Authorship credit should be based on:

- 1 substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;
- 2 drafting the article or revising it critically for important intellectual content, and;
- 3 final approval of the version to be published. Authors should meet conditions 1, 2 and 3.

Reprinted from the Vancouver Guidelines.⁴