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Review article

Publication ethics

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Summary

The editor of any medical journal has to be aware of the ethical and legal framework within which medical research is conducted. When research and publications relate to children, then particularly high standards are required in the design, conduct, and reporting of research in order to protect the rights of children and their families. Authors have a number of duties and responsibilities that are mirrored by those of editors and publishers. Of particular importance are the principles of transparency and integrity. Authors should be explicit about who carried out the work and who funded the study. They should declare whether the work has been published before and is not being considered for publication elsewhere. The authors must protect the rights of research participants including their anonymity. Editors and publishers have a duty to ensure high editorial standards and efficient and effective peer review systems. They should follow ethical and responsible publication practices and should safeguard the intellectual property of the authors. This review discusses in detail the duties and responsibilities of authors, editors, and publishers in modern medical publishing.

Keywords: ethics; publishing; pediatrics

Duties and responsibilities of authors

Transparency

Sources of funding should be declared in all types of papers, and this should include research funders, commercial companies, charities, or government bodies. It should be clear what the role of each author is in the research itself and also in the write-up, and a confirmation that all authors have been included should be made. Suitable acknowledgment should be given to other contributors such as statisticians or translators. The International Committee of Medical Journal Editors (ICMJE) has an excellent policy on authorship (<http://www.ICMJE.org>). The authors should declare that the work has not been published before and is not being considered for publication elsewhere. Registration of clinical trials in a public registry is now recommended by the ICMJE, and in many journals this is mandatory.

Integrity

Authors should not falsify data, fabricate data, manipulate images, or plagiarize the work of others (1). The standards for clinical research should comply with those set out in the Declaration of Helsinki (<http://www.wma.net/e/policy/b3.htm>) and Good Clinical Practice guidance (1). Animal research should follow equivalent appropriate research standards (1). Authors should confirm that they have appropriate ethics and regulatory approvals.

Conflicts of interest should be declared. Anonymity of research subjects or case studies should be maintained, and appropriate written permission for publication obtained. In pediatric case reports and letters, even when no photographs are included, rare syndromes

or constellations of symptoms and events along with geographical identifiers may result in an inadvertent breach of anonymity. This could be distressing if prior consent has not been given for publication in print and online as recommended by the Committee on Publication Ethics (COPE) <http://publicationethics.org>.

Duties and responsibilities of editors and publishers

Peer review

An efficient, confidential, and consistent peer review system is essential. Peer reviewers should declare conflicts of interest and should provide objective, unbiased, and prompt reviews (1). Peer reviewers should not indulge in personal attacks on authors and should respect the confidentiality, intellectual property rights, and copyright ownership of the material they are reviewing.

Responsible publication practice

Editors should be independent and should not be influenced by commercial, academic, personal, or political factors. Editors need to ensure accuracy of published material and should encourage academic discourse and debate. Where author or peer reviewer misconduct is identified, a due process should be followed to investigate the issue, giving those involved a right to appeal in a formal way. Proven misconduct should be followed up according to COPE guidelines (<http://publicationethics.org>).

Problems and solutions

Full details of procedures have been presented in COPE Flowcharts (<http://publicationethics.org>).

Duplicate publication

Suspected duplicate publication or submission may be notified by a reviewer or a reader. A check is made for the exact details and the nature of any duplication. For minor overlaps, the author is contacted to seek clarification and to emphasize that references to the original publication should be included and the overlapping material will be removed. For more major overlaps, clarification is sought from the author, and documentary evidence of the overlap is obtained. The author, their superior, and their institution may be informed, and the submission will be rejected. A warning about future conduct will be issued.

Fabricated data

The possibility of fabrication of data may be raised by either a reviewer or a reader. Usually, a second opinion will be sought by the editor. Evidence is assembled, raw data may be requested for checking, and the author will be asked for an explanation. The author's institution and regulatory body may be asked to conduct investigations that could have very serious consequences for the author.

Plagiarism

Plagiarism may be suspected in a submitted manuscript or be notified after publication. Some publishers use antiplagiarism software to scan manuscripts

(2), although these scans more often than not give a false positive result e.g. publication of an abstract in proceedings of a conference prior to a full paper. The degree of plagiarism may be clear and considerable and will usually result in rejection of the manuscript and contact with the author's institution. Minor copying may be correctable by editing or can be properly attributed with references while selfplagiarism is dealt with according to the guidance for duplicate publication.

Ethical problem with a study

A reviewer may raise concerns about the ethics of a study or lack of appropriate approvals or consent. Investigation and correspondence with the author may allow a resolution, but the author's institution and research governance team may need to be notified if a concern is upheld. Occasionally, novel ethical issues arise, and COPE may be able to advise.

Some scenarios from Pediatric Anesthesia, 2008

In my first full year as Editor-in-Chief of Pediatric Anesthesia, I have had to deal with a wide range of publication ethics dilemmas and have in each case used the COPE guidelines to investigate and resolve the issues.

The commonest problem was that of unethical study design. In particular, denial of best treatment to control trial subjects has been a recurrent problem and includes the use of placebos where a known effective treatment is available. The commonest scenario was where a control group in a study of analgesia received none. The journal uses the Declaration of Helsinki as its ethical benchmark, and in pediatric trials it is always worth checking the study design against this document.

Another common problem relates to consent for publication of case reports, and the journal now requires this in accordance with COPE guidelines.

I have also had to manage a case of outright plagiarism, where large passages of text were copied verbatim without attribution to the original article, and a case of simultaneous duplicate submission to Pediatric Anesthesia and Anesthesiology that resulted in outright rejection by both journals and a letter to the authors and their institution. The authors were given the benefit of the doubt in that the lead author was inexperienced, but we were suspicious that this was not totally innocent as one word in the title was different between the two submissions!

Occasionally, I have had to manage complaints against the journal, which were shown to be legitimate upon investigation including inordinate delay in the peer review process, inadequate peer review reports, inadequate feedback to authors, and excessive revision requests. This has resulted in improvements to the peer review procedures for 2009, a dramatic reduction in the time for a decision, and improved quality of the peer review feedback to

authors.

As far as I am aware, we have had no cases of data fabrication, and all editors are much more aware of this issue after the recent Dr. Ruebin scandal in the USA (3). If we do suspect data fabrication, we can ask for the raw data, evidence of ethics and regulatory approvals, and trial registration as means of cross-checking the veracity of information. But I hope I never have to go to these lengths during my tenure as your Editor-in-Chief.

References

- 1 Graf C, Wager E, Bowman A et al. Best practice guidelines on publication ethics: a publisher's perspective. *Int J Clin Pract* 2007; 61(s152): 1–26.
- 2 Loadsman JA, Garner HR, Drummond GB. Towards the elimination of duplication in Anaesthesia and Intensive Care. *Anaesth Intensive Care* 2008; 36: 643–645.
- 3 Shafer SL. Retraction notice. *Anesth Analg* 2009; 108: 1351.

Useful websites

International Committee of Medical Journal Editors (ICMJE). Available at: <http://www.ICMJE.org>. Accessed June 1, 2009.

Committee on Publication Ethics (COPE). Available at: <http://publicationethics.org>. Accessed June 1, 2009.

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