

Publication misconduct and how editors should respond

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Aims of the meeting

About a quarter or third of all UK medical journal editors are represented here today, primarily to look at some draft guidelines on good publication practice. These have been put together by those of us who regularly attend COPE meetings, with the hope that, as a group of editors/publishers, we might develop guidelines that could be adopted by most UK biomedical journals and perhaps even further afield.

One of the particular points for discussion is the action that we might take, as editors, should we discover research or publication misdemeanour. Ultimately, I think this will help us as editors, because it isn't always clear as to how we should proceed. I believe guidelines will help us do our job better.

A secondary objective is to try and interest more of you in the workings of this committee. It's an extremely informal group with no constitution and no fixed membership. We get together primarily to help each other—a self help group for editors.

The difficulties editors face

COPE is not in any way usurping or competing with the important role of the General Medical Council, or the Royal Colleges, or with any other bodies who have responsibilities in this area; COPE is primarily concerned with the problems that face editors. When we detect research or publication misconduct, how should we respond? COPE has been trying to answer these questions over the past two years.

Last year Sir Cyril Chantler threw down the gauntlet when he said:

“The editors of medical and scientific journals, who have done much to draw attention to the problem, could perhaps do more to eliminate it . . . Rather than simply rejecting the articles they find suspicious, they should be encouraged to express concerns to the author, or contact the named designated person in the organisation that employs the lead author, or both.¹

In other words, if you find something you don't like, report it immediately to the institution concerned. I suspect that actually most of us don't do that. Most of the time, the easiest way to deal with suspicions of misconduct is to reject the manuscript, exactly as Sir Cyril said. Many editors have been reluctant to get involved, and even if they feel that there is something mischievous going on, they actually don't really have the powers to investigate it in any depth. Often an editor is uncertain as to whether there's a problem, but feels uncomfortable, so gets rid of the paper.

The other issue is retraction. The *BMJ* retracted a paper last year² whose senior author was Cameron Bowie, emeritus director of public health, Somerset. The paper was retracted because grave doubts emerged about its content and how the data had been obtained. Cameron Bowie commented: “I could find no one who could remember being telephoned, and only a third could remember the original home visit.”

Retraction serves the immediate purpose of unburdening the editor, and, at the same time, punishes the perpetrator because it puts a researcher into the public domain to face criticism from his/her peers. But retraction is often ineffective: a study published in a peer review supplement to *JAMA* last year³ looked at the reasons for retraction, and citations of publications after they have been retracted. A Medline search for retractions published between 1966 and 1997, found 235 articles that had been retracted. In 91 there was probably a genuine error, or they said there was a genuine error; in 86, there was evidence of misconduct; and in 20 they could find no reason. But the 235 retracted articles were cited over 2000 times, and only in 6% was there an acknowledgement at the time of the citation that there was anything wrong with the study.

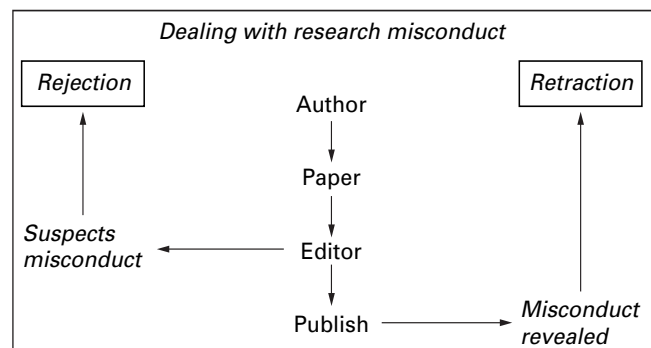
Phenomena of retraction

MEDLINE 1966–97

Articles retracted n = 235	Error n = 91	Misconduct n = 86	No reason n = 20
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- 235 retracted articles cited 2034 times
- Only 6% acknowledged retraction

So although retraction has an immediate response, it exposes the author(s), and unburdens the editor, the study is still out there in the public domain, waiting to be read, digested, and re-quoted.



Background to COPE

COPE grew out of a small group of part time editors, who usually have very little training for the job, and one or two full time editors, to try and decide how to manage some of these difficult situations. We discuss the anonymised cases submitted to us, and then we advise the editor as to what they *might* do; not what they *should* do. We recognise that we have extremely limited powers to investigate any particular issues that come up.

We also consider other issues, including authorship, editorial freedom, peer review, redundant publication, and a range of topics which come under the umbrella of publication ethics. We publish an annual report, and plan to promote research, and consider offering teaching and training about publication ethics.

Over the past couple of years we've discussed 56 cases submitted by editors:

COPE cases 1997-99

■ Completed	41
■ Under consideration	15
Total	56

Misdemeanours assessed

What sort of misdemeanours have we looked at? Redundant publication tops the list, but we've had a number of papers that we've regarded as being unethical. For instance, should you publish a paper on commercial organ donation from a country where methods of obtaining the organs are not known? Author disputes are common. Often, there may be one or two, or even three misdemeanours that have been committed at the same time. Failure to declare conflicts of interest on the part of a reviewer occurred when a reviewer assessed a paper, but clearly there was a major conflict between him and the authors concerned—it wasn't just academic competition. Dual submission, where the same paper was sent to the same journal at the same time, has also been reported to us.

We've also dealt with breaches of confidentiality—publishing data that you have agreed not to. One group wanted to publish their paper anonymously because they were afraid it might destabilise their local health services or that they might lose their job. Then there was the case of an editor who had been sacked for fraud, but continued to function as an editor.

We've also dealt with four major cases of plagiarism—and five possible or probable cases of fabrication or falsification of data. One was a letter signed by somebody who had forged another's signature. We've had one obvious fabrication/falsification that led to retraction and reporting of the case to the GMC. Another fabrication/falsification case was also complicated by the fact that the authors were attempting to silence the whistleblower.

COPE cases 1997-99

Misdemeanour	n*
■ Redundant publication	18
■ Unethical	20
Failure to obtain—ethics approval	9
—informed consent	7
Other	4
■ Author dispute	10
■ Plagiarism	4
■ Fraud	5?
■ Failure to declare conflict of interest	1
■ Dual submission	1
■ Breach of confidentiality	1
■ No ethics committee	1
■ ? publish anonymously	1
■ Failure to obtain reviewer's consent	1
■ Co-editor sacked for scientific fraud	1

*Some cases involved more than one misdemeanour

COPE cases 1997-99: fraud and suspected fraud

■ The case of the fraudulent letter	97/11✓
■ Fabrication/falsification GMC	98/11✓
■ Fabrication/falsification (whistleblower)	98/17?
■ Falsification	98/25?
■ Fraud and an editor	98/29✓

What action can be taken?

The question is, what can we do? And just how suspicious should you be? How much evidence do you need to alert the dean, or vice chancellor, or the heads of other institutions? Plagiarism is relatively easy to detect because you can look at blocks of text that have been taken from one paper to another and add it all up and, say, if more than 10% of the paper's been plagiarised then that's a misdemeanour. Redundant publication is also fairly easy to spot—if you've got two papers that look very much alike, one's published in one journal and one's in another, there isn't much to argue about.

- How suspicious should you be?
- How much evidence do you need?
- Plagiarism ✓
- Redundant publication ✓
- Falsification?
- Fabrication?

The difficult ones are where you suspect falsification or fabrication, but you don't have the evidence. So, what do you do under these circumstances? What action should be taken? How soon do you respond? Do you begin an investigation to obtain more evidence? What sanctions would need to be taken—a written warning to the authors, or withdrawal of publication rights? The editor of the *Annals of the*

Rheumatic Diseases made it very clear what he would do if he detected redundant publication in the journal,⁴ but most of us don't have such clear statements in our Instructions to Authors.

- **What action should be taken?**
- **When should action be taken?**
- **What sanctions are appropriate?**
- A written warning?**
- Withdrawal of publication rights?**
- Report suspicions to higher authority?**

I have problems with reporting to higher authorities when they involve the host institution. What's in it for a dean of a medical school to reveal a colleague as a fraudster, and then to sack them? I believe that there

Report to higher authority: Problems

- **No action**
- **Conflict of interest**
- **Limited internal enquiry**
- **Reluctance to reveal a colleague as a fraudster**
- **Reluctance to initiate a sacking**

have been several examples of internal enquiries suppressing evidence of research misconduct to avoid embarrassing the institution and senior colleagues.

The Medical Research Council (MRC), for instance, have extremely well documented procedures for dealing with prospective fraud within the unit,⁵ but what if the internal enquiry comes first and is led by the director of the same unit in which the fraud is suspected? It's extremely difficult to investigate a colleague under those circumstances and is unlikely to open up a case further. Suggestions to involve other directors from other units could be met with protestations about their lack of knowledge of the local culture or the people within that unit. We simply don't have in place a satisfactory way of dealing with research and publication misconduct, as editors, nor can we be totally confident that when we've handed it on to somebody else, it will be dealt with appropriately.

References

- 1 Chantler C, Chantler S. Deception: difficulties and initiatives. *BMJ* 1998;**316**:1731-3.
- 2 Bowie C, Williams MH. Evidence of unmet needs in the care of physically disabled adults. *BMJ* 1993;**306**:95-8.
- 3 Budd JM, Sievert M-E, Schultz T. Reasons for retraction and citations to the publications. *JAMA* 1998;**280**:296-7.
- 4 Doherty M. The misconduct of redundant publication. *Ann Rheum Dis* 1996;**55**:783-5.
- 5 Medical Research Council. *MRC policy and procedure for inquiring into allegations of scientific misconduct. (MRC Ethics Series)*. London: MRC, 1997.