

How to Publish: Ethical Considerations



American Association for the Surgery of Trauma
Annual Meeting Lunch Session
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Journal of Trauma & Acute Care Surgery

Disclosure Information



In accordance with the ACCME Accreditation Criteria, the American College of Surgeons, as the accredited provider of this activity, must ensure that anyone in a position to control the content of the educational activity has disclosed all relevant financial relationships with any commercial interest. Therefore, it is mandatory that both the program planning committee and speakers complete disclosure forms. Members of the program committee were required to disclose **all** financial relationships and speakers were required to disclose any financial relationship **as it pertains to the content of the presentations**. The ACCME defines a ‘commercial interest’ as “any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients”. It does not consider providers of clinical service directly to patients to be commercial interests. The ACCME considers “relevant” financial relationships as financial transactions (in any amount) that may create a conflict of interest and occur within the 12 months preceding the time that the individual is being asked to assume a role controlling content of the educational activity.

ACS is also required, through our joint sponsorship partners, to manage any reported conflict and eliminate the potential for bias during the activity. All program committee members and speakers were contacted and the conflicts listed below have been managed to our satisfaction. However, if you perceive a bias during a session, please report the circumstances on the session evaluation form.

Please note we have advised the speakers that it is their responsibility to disclose at the start of their presentation if they will be describing the use of a device, product, or drug that is not FDA approved or the off-label use of an approved device, product, or drug or unapproved usage.

The requirement for disclosure is not intended to imply any impropriety of such relationships, but simply to identify such relationships through full disclosure, and to allow the audience to form its own judgments regarding the presentation.

Disclosures:

None.

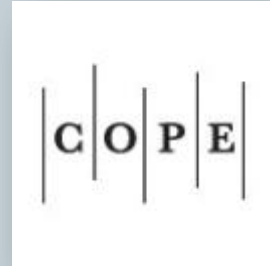
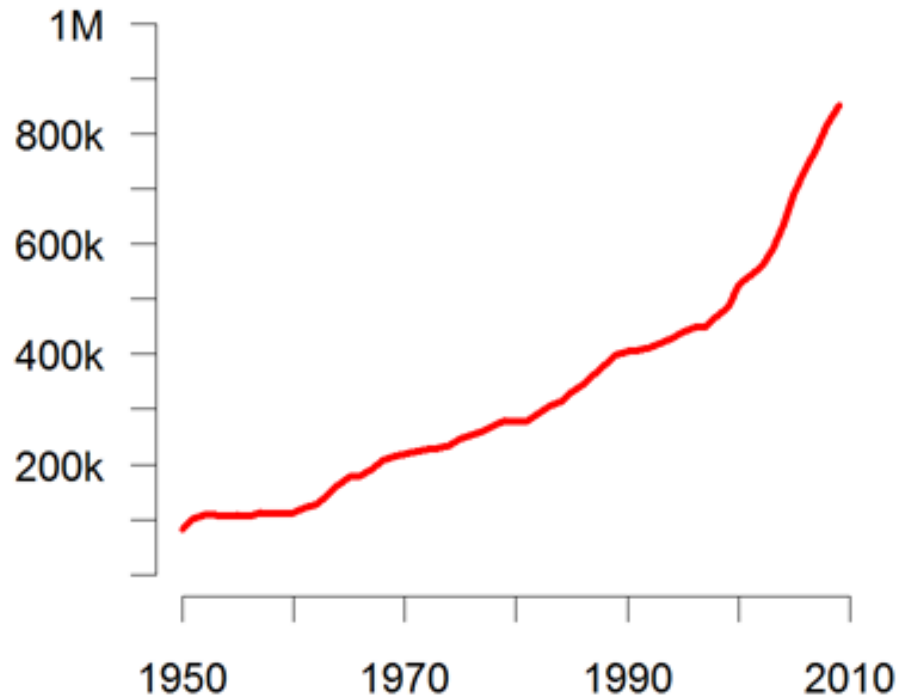
Speaker:

Jennifer Crebs

What's the problem?



**MEDLINE-indexed articles
published per year**



For real?



Over 30% of US biomedical scientists admit to having engaged in some form of unethical behavior (more than 70% report that a colleague has done so).

D Fanelli. How many scientists fabricate and falsify research? A systematic review and meta-analysis of survey data.

PLoS One. 2009 May 29;4(5):e5738.

What editors want



- Novel and important topic (clearly improves state of knowledge)
- Robust methods
- Clearly reported (STROBE, CONSORT, MIAME, etc)
- Relevant to readership
- Succinct, complete, readable
- **Ethically sound**

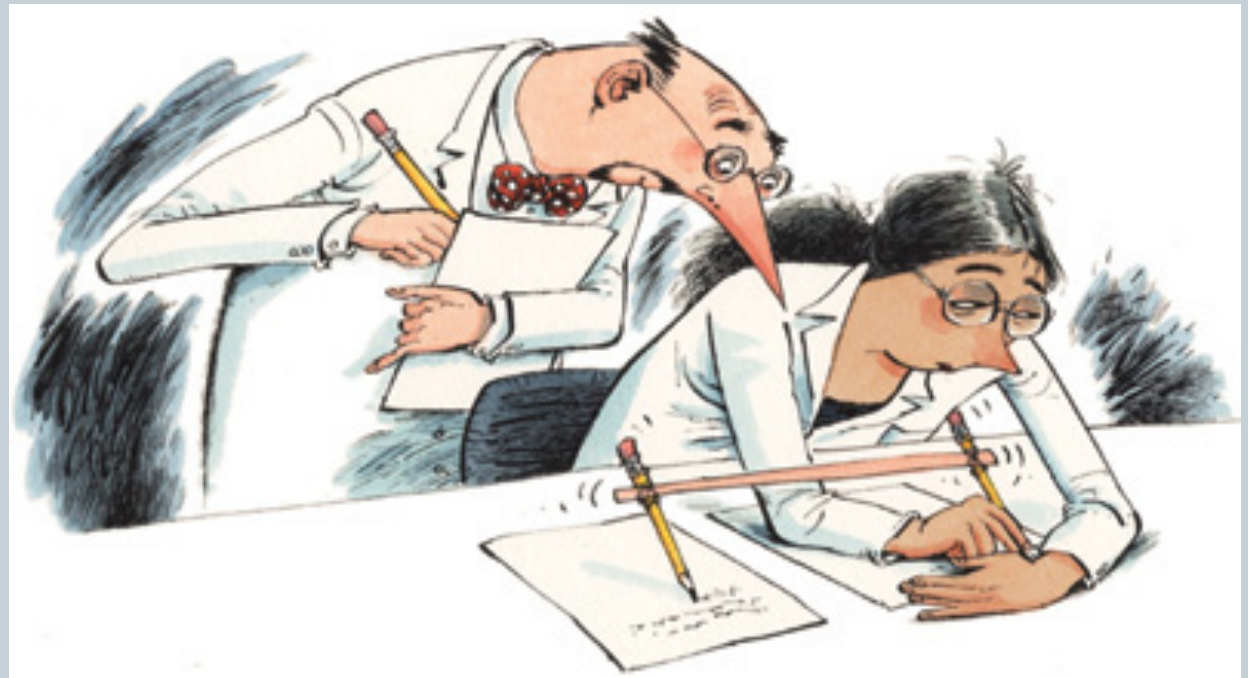
In science, the credit goes to the man who convinces the world, not to the man to whom the idea first occurs.

- Sir Francis Darwin

Research integrity



J Trauma editors investigate all suspected instances of scientific fraud, inappropriate image manipulation, plagiarism, duplicate publication and other cases that violate research ethics.



Misconduct vs. misbehavior



- **Fabrication, Falsification, & Plagiarism**
- **Duplicate or Redundant Publication**
- **Data Fragmentation & Augmentation**
- **Conflicts of Interest**
- **Authorship Issues**

Fabrication, Falsification, and Plagiarism



Fabrication of data: “Drylabbing.” Difficult to detect and, if published, may continue to be cited even after retraction (e.g. The Darsee Affair)

Falsification of reports: Distorts the record of what was done, data analysis, and/or results (Wakefield, BMJ 2011; 342:c7452)

Plagiarism: Appropriation of ideas, processes, results, words without due credit.

- **Citation amnesia**
- **Self-plagiarism**

FFP rare but serious...



The screenshot shows the website for the Office of Research Integrity (ORI) under the U.S. Department of Health & Human Services. The main navigation bar includes links for Home, About ORI, News & Events, Research Misconduct, RCR Resources, and Programs. The breadcrumb trail indicates the current location: Home >> Research Misconduct >> Case Summaries. The page title is "Case Summaries". A paragraph explains that the page lists cases where administrative actions were imposed due to research misconduct, specifically those currently under investigation. A link "Open All | Close All" is provided. A section for the year "2012" lists nine case summaries with names: Francis, Peter; Hauser, Marc; Jian Ma; Kim, Sinae; Mayack, Shane; Miller, Michael W.; Ravindranath, Mepur H.; Thiruchelvam, Mona; and Zach, Calleen S.

- Most ORI cases involve techs and students
- Image manipulation cases growing
- Easy accessibility of tools to detect plagiarism and image manipulation
- Falsification/fabrication often lead to detection of misbehavior

Slicing and Dicing



We investigate and attempt to curtail:

Image Manipulation: Falsifying or manipulating figures (beyond contrast enhancement)

Duplicate Publication: Reporting the same data, figures, etc in two or more publications.

Other concerns:

Data Fragmentation: Segmenting a large study into two or more publications (i.e. “salami slicing”)

Data Augmentation: After publication of a study, collecting more data to show a stronger effect, then publishing the combined results as a “new” study in a different journal.

Levels of Duplication (World Association of Medical Editors)



Level	Description
1	Identical articles with identical paragraphs
2	Highly similar articles with similar data, patients and experiments
3	'Salami slicing' or producing several articles where one would have been appropriate
4	Sequential research article based on previously published methodology with no new concepts or conclusions
5	Articles conveying the same message for a different discipline

No jail time, but duplication...



- ...adds redundant material to the literature
- ...has the potential to skew the evidence base; readers may think two different studies report the same findings
- ...wastes time of peer reviewers, charming editors, and readers
- ...wastes scarce journal resources
- ...may infringe copyright

Avoiding redundancy



Be open and aware!

Reference prior work in the new paper & include any in-press articles with the submitted manuscript to help editor decide how to handle.

Provide a statement to the editor about all submissions/previous reports (including meeting presentations & posting of results in registries).

Tell us if the manuscript includes topics previously reported or a related report has been submitted to another publication.

Promiscuous Authorship



Coercion authorship

Use of intimidation tactics to gain authorship (The White Bull Effect). Arguably a serious form of scientific misconduct.

Honorary, guest, or gift authorship

Authorship awarded out of respect or friendship, in an attempt to curry favor and/or to give a paper a greater sense of legitimacy.

Ghost authorship

Papers written by individuals who are not included as authors or acknowledged.

Denial of authorship

Publication of work carried out by others without providing them credit for their work with authorship or formal acknowledgment. A form of plagiarism \ scientific misconduct.

Am J Physiol Cell Physiol. 2008;C567-75

Prevalence of Authorship Problems



From a study of articles with honorary authors and ghost authors in peer-reviewed medical journals:

- Six journals (*JAMA, NEJM, Ann Intern Med, Am J Cardiol, Am J Med, Am J Obstet Gyn*)
- Surveyed 809 corresponding authors
- Guest authors reported = 19% (11-25% range)
- Ghost authors reported = 11% (7-16% range)

JAMA. 1998; 280(3):222-4

Authorship Criteria



The *Journal's* authorship policy and procedure now clearly reflects definition by International Committee of Medical Journal Editors:

- (1) Each author must make **substantial contributions** to conception and design, acquisition of data, or analysis and interpretation of data
- (2) Each author must participate in **drafting the article or critically revising** it for intellectual content
- (3) Each author must give **final approval** of the version to be published.

AUTHORSHIP

All authors participated in designing this study, for which M.A.B. reviewed the literature. M.A.B. collected the data, which S.D.H. analyzed. M.A.B., S.D.H., and J.M.H. interpreted the data. M.A.B. prepared the first draft of the manuscript, which all authors critically revised and approved for publication.

Group Authorship




For consensus papers and multicenter trials, the authorship criteria still apply.

Groups may designate one or more individuals as authors or members of a writing group, listing all other participants in an Acknowledgement.

Acquisition of funding, collection of data, or general supervision of the research group, alone, **does not** justify authorship.

If a suspect paper is under review, editors will...



1. Contact corresponding author
 - Option to withdraw the manuscript
 - Request data on which report is based
 - Clarify conflicts of interest
2. Consult COPE
 - Committee on Publication Ethics
3. Contact author's institution or sponsor
 - This is likely to start a formal investigation process

If already published...



After investigation, *J Trauma Acute Care Surg* may publish:

- Erratum
- Notice of Duplicate Publication
- Retraction

Online versions of articles will be linked to erratum/notice entry.

Notices will be indexed by the National Library of Medicine (PubMed)

RETRACTION

Delay in Diagnosis and Treatment of Blunt Intestinal Perforation Does Not Adversely Affect Prognosis in the Pediatric Trauma Patient: Retraction

To the Editor—The authors of the article “Delay in Diagnosis and Treatment of Blunt Intestinal Perforation Does Not Adversely Affect Prognosis in the Pediatric Trauma Patient” (*The Journal of Trauma-Injury, Infection & Critical Care*, 2010; 68: 790–795) wish to retract the article. Please see the retraction letter on page 767 of the **March** 2011 issue.

REFERENCE

Letton RW Jr., Worrell V, Tuggle DW, American Pediatric Surgical Association Committee on Trauma Blunt Intestinal Injury Study Group. Delay in Diagnosis and Treatment of Blunt Intestinal Perforation Does Not Adversely Affect Prognosis in the Pediatric Trauma Patient. *J Trauma*. 2010;68:790–795.

Thank you!



Questions? Further info on *J Trauma* policies?
Please contact jcrebs@jtrauma.org.