



بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

# اخلاق در انتشارات پزشکی

# Publication ethics

- **Inappropriate authorship**
- **Conflict of interest**
- **Publication bias**
- **redundant publication**
- **Research fraud and/or untrue data**
- **Selective, ambiguous or inaccurate publication**
- **Plagiarism**

*How important are ethics in today's society?*



# **Inappropriate authorship**

# يك داستان آشنا؟

مؤلفی با استفاده از اطلاعات موجود در بخش مدارک پزشکی يك بیمارستان، در مورد بیماران بخش اطفال که سه سال پیش از این بستری بوده‌اند، دست به نگارش مقاله‌ای می‌زند. او در مقاله‌اش نام بیمارستان و بخش اطفال را که اطلاعات در آن تولید شده‌اند ذکر می‌کند. با اینحال جمعی از پزشکان عضو هیأت علمی شاغل در این بخش که به تشخیص و درمان بیماران در سه سال پیش پرداخته بودند به اینکه نامشان بعنوان مؤلف آورده نشده است اعتراض می‌کنند. نظر شما چیست؟

(با کمی تصرف از سرمقاله مجله پژوهنده- آقای دکتر روشن ضمیر)

# Authorship

“For each individual the privilege of authorship should be based on a **significant** contribution to the conceptualization, design, execution, and/or interpretation of the research study, as well as a willingness to assume responsibility for the study.”

Guidelines for the Conduct of Research in the Intramural Research Programs at NIH. <http://www.nih.gov/news/irnews/guidelines.htm#anchor128256>

## Authorship ...

- **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.
  - and 3) final approval of the version to be published.
- **Authors should meet conditions 1, 2, and 3.**
- **Gift versus ghost authorship.**
- **Not attributing other authors.**



Authorship ...

## Authorship (Order)

- Significance depends on field
- “First Author” a coveted position (second author?)
- Complicated by equal collaborations
- Now most commonly:

day to day  
responsibility



*Janet DiMarci, Louis Hernandez, Arthur Smith, and  
Wen Zhou*



head of lab/PI

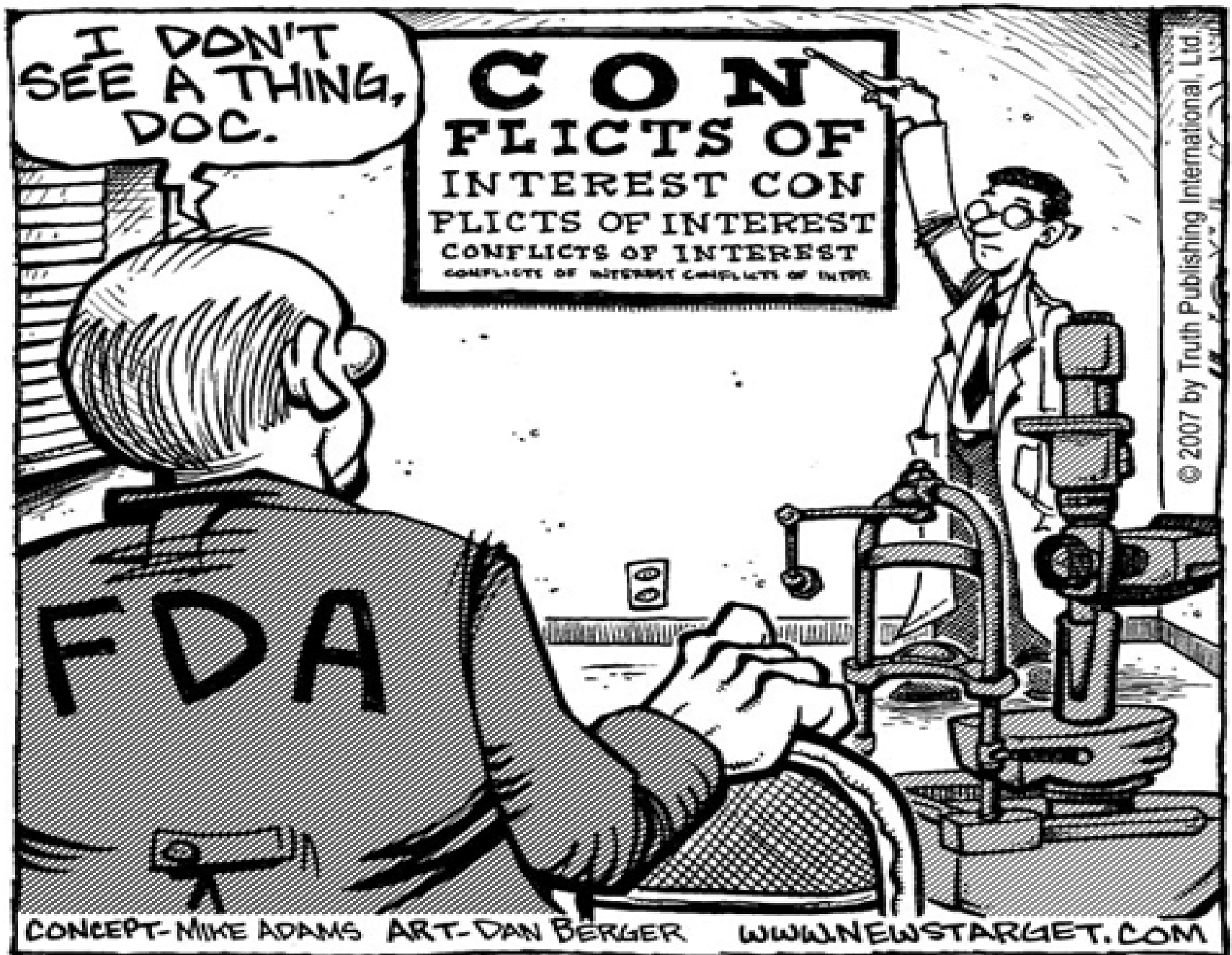
# Conflicts of interest

- Conflicts of interest comprise those which may not be fully apparent and which may influence the judgment of author, reviewers, and editors.
- They have been described as those which, when revealed later, would make a reasonable reader feel misled or deceived.

## Conflicts of interest ...

- They may be personal, commercial, political, academic or financial.
- “Financial” interests may include employment, research funding, stock or share ownership, payment for lectures or travel, consultancies and company support for staff.

# COUNTERTHINK "FDA VISION TEST"



I DON'T SEE A THING, DOC.

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FDA

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# Publication bias

- “Publication bias refers to the greater likelihood that studies with positive results will be published”
- *JAMA* 2002;287:2825-2828

## Publication bias ...

- Positive trials are more likely to be submitted for publication
- Positive trials are more likely to be published
- Positive trials are more likely to be published quickly
  - Stern and Simes *BMJ* 1997;315:640-645

# Publication bias ...

- A systematic review has shown company sponsored research less likely to be published
- Company sponsored studies more likely to have outcomes favouring the sponsor than studies with other sponsors (OR 4.05: 95% CI 2.98- 5.51)
- **Where are the negative studies?**
- Joel Lexchin, Lisa A **Bero**, Benjamin Djulbegovic, and Otavio Clark  
**Pharmaceutical industry sponsorship and research outcome and quality: systematic review**  
BMJ, May 2003; 326: 1167 - 1170.



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# Redundant publication

- **Overt or covert**
- **Duplication**
- **'Salami slicing'**
  - **Abstract prepublication**
  - **Agreed prior electronic publication**
  - **Translation if original referenced**

# Plagiarism

## Three Types of Plagiarism –

- Direct Quotes
- Paraphrasing
- Unique ideas

# Direct Quotes

- If you use someone else's writing without putting it in quotes, you have blatantly plagiarized.
- Even if you add the source in your bibliography, it is still plagiarism.

# Paraphrasing

- **Be careful about rewriting someone else's words. If your sentences use many of the same words and grammatical structure as the original source, it could be construed as plagiarism. Just put the text in your own words.**

# Successful vs. unsuccessful paraphrases

- Paraphrasing is often defined as putting a passage from an author into “your own words.” But what are your own words? How different must your paraphrase be from the original?
- The paragraphs in the next slides provide an example by showing a passage as it appears in the source, paraphrases that follow the source too closely, and a legitimate paraphrase.

- The student's intention was to incorporate the material in the original passage into a section of a paper on the concept of "experts" that compared the functions of experts and nonexperts in several professions

# The Passage as It Appears in the Source

Critical care nurses function in a **hierarchy of roles**. In this open heart surgery unit, the nurse manager **hires and fires** the nursing personnel. The nurse manager **does not directly care for patients** but follows the progress of unusual or long-term patients. **On each shift** a nurse assumes the role of resource nurse. This person oversees the hour-by-hour functioning of the unit as a whole, such as considering expected admissions and discharges of patients, ascertaining that beds are available for patients in the operating room, and ....

(Chase, 1995, p. 156)

# Word-for-Word Plagiarism

Critical care nurses have a **hierarchy of roles**. The nurse manager **hires and fires** nurses. S/he **does not directly care for patients** but does follow unusual or long-term cases. **On each shift** a resource nurse attends to the functioning of the unit as a whole, such as making sure beds are available in the operating room, and also has a patient assignment. ...



# A Patchwork Paraphrase

Chase (1995) describes how nurses in a critical care unit **function in a hierarchy** that places designated experts at the top and the least senior staff nurses at the bottom. The experts — the nurse manager, nurse clinician, and clinical nurse specialist — are not involved **directly in patient care**. The staff nurses, in contrast, **are assigned to patients and provide all their nursing care**. Within the staff nurses is a **hierarchy of seniority** in which the most senior can become resource nurses: they are assigned a patient but also serve as **a resource to other caregivers**.

## A Legitimate Paraphrase

In her study of the roles of nurses in a critical care unit, Chase (1995) also found a hierarchy that distinguished the roles of experts and others. Just as the educational experts described above do not directly teach students, the experts in this unit do not directly attend to patients. That is the role of the staff nurses, who, like teachers, have their own “hierarchy of seniority” (p. 156). The roles of the experts include employing unit nurses and overseeing the care of special patients (nurse manager), teaching and otherwise integrating new personnel into the unit (clinical nurse specialist and nurse clinician), and policy-making (nurse clinician). In an intermediate position in the hierarchy is the resource nurse, a staff nurse with more experience than the others, who assumes direct care of patients as the other staff nurses do, but also takes on tasks to ensure the smooth operation of the entire facility.

# Original Idea

- Give credit to unique ideas others have thought up.
- If you present the ideas of another without crediting them, you have plagiarized them.
- Obvious ideas, like known facts, don't have to be credited.
- When in doubt, attribute.

# Tips for Avoiding Plagiarism

- Always put quotes from text in quotations. Never forget to do this as this is the easiest way to get accused of plagiarism.

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**Originality is undetected plagiarism!**



## DEJAVU® - First Plagiarism Detection Software for Fine Arts

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*"Plagiarism brings on bad karma and may lead to reincarnation as a bad piece of art or, worse, a politician."* Jacques Vesery

### NEWS

#### Plagiarism problem continues

by Meredith Larkin, May 12, 2009

#### Spot the difference: council sets off smoke alarm

Louise Schwartzkoff, April 23, 2009

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# What is fraud?

- **Plagiarism: Copying of data or papers**
  - **But by how much?**
  - **Stealing ideas?**
- **Redundant publication**
- **Gift authorship.**
- **Not attributing other authors.**
- **Not publishing research**
- **Not disclosing a conflict of interest**



## Problems/dilemmas discussed\*

■ Duplicate/redundant publication	58
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# **Dr R B Singh & the BMJ**

- **9 papers submitted 1992-6: diet & M.I.**
- **Doubts raised about truth of data**  
**Author stated raw data 'eaten by termites.'** ■
- **Institution owned by his relatives**
- **Indian Council of Medical Research unable to take disciplinary action**
- **Medical Council of India unable to act**
- **Story published as BMJ 2005;331:281-8**



# Non-steroidal anti-inflammatory drugs and the risk of oral cancer: a nested case-control study



J Sudbø, J J Lee, S M Lippman, J Mork, S Sagen, N Flatner, A Ristimäki, A Sudbø, L Mao, X Zhou, W Kildal, J F Evensen, A Reith, A J Dannenberg

## Summary

**Background** Non-steroidal anti-inflammatory drugs (NSAIDs) seem to prevent several types of cancer, but could increase the risk of cardiovascular complications. We investigated whether use of NSAIDs was associated with a change in the incidence of oral cancer or overall or cardiovascular mortality.

**Methods** We undertook a nested case-control study to analyse data from a population-based database (Cohort of Norway; CONOR), which consisted of prospectively obtained health data from all regions of Norway. People with oral cancer were identified from the 9241 individuals in CONOR who were at increased risk of oral cancer because of heavy smoking ( $\geq 15$  pack-years), and matched controls were selected from the remaining heavy smokers (who did not have cancer).

**Findings** We identified and analysed 454 (5%) people with oral cancer (279 men, 175 women, mean [SD] age at diagnosis 63.3 [13.2] years) and 454 matched controls ( $n=908$ ); 263 (29%) had used NSAIDs, 83 (9%) had used paracetamol (for a minimum of 6 months), and 562 (62%) had used neither drug. NSAID use (but not paracetamol use) was associated with a reduced risk of oral cancer (including in active smokers; hazard ratio 0.47, 95% CI 0.37–0.60,  $p<0.0001$ ). Smoking cessation also lowered the risk of oral cancer (0.41, 0.32–0.52,  $p<0.0001$ ). Additionally, long-term use of NSAIDs (but not paracetamol) was associated with an increased risk of cardiovascular-disease-related death (2.06, 1.34–3.18,  $p=0.001$ ). NSAID use did not significantly reduce overall mortality ( $p=0.17$ ).

**Interpretation** Long-term use of NSAIDs is associated with a reduced incidence of oral cancer (including in active smokers), but also with an increased risk of death due to cardiovascular disease. These findings highlight the need for a careful risk-benefit analysis when the long-term use of NSAIDs is considered.

## Introduction

*Lancet* 2005; 366: 1359–66

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# Cancer study patients 'made up'

**A cancer expert invented patients for a study which concluded taking common painkillers could protect against oral cancer, it is alleged.**



Aspirin was among the drugs studied

Dr Jon Sudbo reportedly made up patients and case histories for the study published in highly-respected Lancet medical journal last October.

Dr Sudbo has not commented publicly on the claims.

But a spokeswoman for Oslo's Norwegian Radium Hospital, where he works, said he had admitted falsifying data.

The revelation comes just days after work published in the journal Science by South Korean cloning expert Hwang Woo-suk was revealed as fabricated.

**“ This is the worst thing that could happen in a research institution like ours ”**  
Trine Lind

Hospital spokeswoman, Trine Lind said: "We are shocked. This is the worst thing that could happen in a research institution

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- **THE WRITER'S HANDBOOK, AVOIDING PLAGIARISM**

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