

# VIOLATION OF PUBLICATION ETHICS: A GROWING CONCERN FOR JOURNAL EDITORS

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Scientific evidence is the basis for progress of medical science and clinical practice. Research findings are disseminated to the scientific community by means of Publication. Publication ethics is the code of conduct & regulatory mechanism being developed for the publication process of scholarly journals. Its aim is to establish and maintain higher standards and scientific integrity. Publication ethics are violated by all those activities which threaten the integrity of the research publication process. These include authors dispute, fake affiliations, conflicts of interest, dual submissions, duplicate publication, plagiarism, salami slicing, fabrication and falsification<sup>1</sup>. It affects the scientific community, journal editors, peer reviewers but the ultimate victims are the patients.

Journal editors are faced by all or many of these ethical issues. However dual submissions, duplicate publications and plagiarism are considered to be the most concerning<sup>2</sup>. The purpose of writing this editorial was to specifically address the wilful or inadvertent dishonesty, foul play and unethical practices by authors while submitting their manuscripts for publication to scientific journals. It may help raise awareness in decreasing ethical violations, promoting the publication validity and building the trust of readers on the published material.

Worldwide violation of publication ethics is a major concern. With the increasing number of journals, the number of submitted manuscripts is also on the rise. Similarly increased number of violations of publication ethics are occurring and being reported. Consequently a significant number of articles are retracted due to research misconduct. Fang et al<sup>3</sup> showed that 67.4% of retractions were due to misconduct as opposed to 21.3% which were due to error. It is quite alarming as it amounts to a 10 fold increase in recent years. Among the misconduct, fraud comprised 43.4%, duplicate pub-

lication 14.2% and plagiarism in 9.8% of retracted manuscripts. Parasuraman et al<sup>4</sup> reported plagiarism in 17% and multiple submissions in 1.97% of manuscripts. According to Haworth et al<sup>5</sup> redundant publications were 2.1% with salami-slicing in 45 out of 1838 papers.

Our experience as editors of journal of post graduate medical institute (JPMI) is similar. In the last 02 years, 02 cases of dual submission of manuscripts (manuscript ID 1931 & 1946) and 02 cases of dual or duplicate publication (manuscript ID 1735 & 2067) to JPMI were detected. Although plagiarism of more than 30% was found in a significant number of submitted articles; however 03 cases of huge plagiarism were detected. Among these 76% plagiarism was found in manuscript ID 2055 (which was rejected); while 58% in manuscript ID 1977 and 48% in manuscript ID 1973 (both were withdrawn by the authors).

In one of the above cases we were contacted by the editor of the "The Professional Medical Journal" who pointed out that one of the recently published articles in JPMI appears to be a duplicate of an earlier one (already published in "The Professional Medical Journal"). Similarly we sent another article to printing press and while we were checking for referencing and proof reading; it was found that it is already published in The Professional Medical Journal. The manuscript was submitted to JPMI on 03/11/2016 along with an undertaking that the abovementioned manuscript is not under consideration for publication elsewhere. However it was found that same manuscript was submitted to the professional Medical journal on 24/09/2016. It was decided that we will follow the Committee on Publication Ethics (COPE) guidelines and letters were sent to the authors to explain their position regarding breach of publication ethics. Similar state of affairs of dual submission was reported by the editors of journal of pharmacology and

pharmacotherapeutics (JPP)<sup>4,6</sup>. It was found that some of the papers which were withdrawn from JPP were published by authors in other journals. When the submission dates in two journals were checked they were found to be very near to each other.

If a manuscript is submitted simultaneously to 02 or more journals it is called dual submission. The editors are unable to detect the under process dual submissions. In order to publish their manuscripts early, the authors use these kinds of unethical tactics and deceptions. The authors when came to know that their manuscript are accepted by journal X, they withdraw it from journal Y. On top of that, they try to appear innocent and gave the reason that the processing time of journal Y is quite long and it's difficult for them to wait that much longer. To further complicate the matters, if unknowingly both the journals published that same article, it will result in research inflation without adding anything substantial to the existing scientific knowledge. Consequently, precious funding and human resources will be wasted and may have detrimental effects on patients and communities. To avoid such misconduct in future it is emphasized that authors must provide a logical explanation when requesting to withdraw their manuscripts. It is quiet painful for the journal editors as much of the valuable time, efforts and energy are spent on these kind of cases regarding peer review, correspondence and potential publication.

The other serious ethical issue is that of plagiarism. It is defined as the stealing or theft of another person's words, ideas or results and without citation of reference source. It is becoming more prevalent due to the "publish or perish" environment leading to increased publication demands. Self-plagiarism or salami slicing is also not acceptable as it is considered manipulative<sup>7</sup>. In this, one research article is broken into multiple different manuscripts but sharing the same methodology, hypotheses or patient population. It will lead to unfairly skewing of research database and enhanced citation record of authors. It is suggested that the authors cite their prior work with permission from journal and justify that new information is conveyed in the current paper.

As software applications (Turnitin and iThenticate) are now in use frequently, plagiarism can be identified more easily. As a pre-requisite from higher education commission (HEC), we use Turnitin, a plagiarism detecting software, for all submitted manuscripts to the JPMI. The HEC cut off or safe limit for publication of manuscripts is less than 20%. However, it can scan only limited number of articles or journals which are MEDLINE indexed. Moreover, it can be fooled by the cunning type of authors by playing with it. We had 03 cases in which a significant plagiarism was detected and when sent back to authors for corrections, it was returned in a very short time and the plagiarized content was now

very low. It made us suspicious and after digging the issue and discussed with other editor colleagues it was found that the content was not paraphrased but instead some hidden characters and changes were inserted into the document. Some examples are placing a hidden full stop after each word, inserting a special hidden character after each word or replacing the alphabet "o" with zero "0" in all the words in the document. These were not detected by Turnitin check. The authors were once again warned to avoid such practices and be honest in correcting their manuscripts. It was advised to properly paraphrase and cite the original source article in your paper.

For the interest of the readers the question arises why plagiarism is done by researchers? The stated reasons are lack of confidence in write-up of manuscript, lacking basic research skills, not enough time to complete the assignment (a busy schedule), laziness (it's easy to do) and pressure of publishing more papers for promotions (according to institutional policies). When plagiarists are contacted, the usual replies are 1) although my name is included but I have not written or reviewed the article 2) my junior drafted the manuscript and I just made few corrections 3) there are limited number of medical terminologies and word combinations. How these can be replaced or paraphrased? and 4) honestly I was unaware of plagiarism checking.

It needs a lot of time and energy to take many cases to their logical conclusion. As an editor, simply rejecting the manuscript based on misconduct is not enough. The author may submit it to another journal. Though we cannot police the authors but editors should ensure that the matter is appropriately pursued in the ways laid down for promoting research integrity. It may include retraction of manuscript, notification of employer, placing the author on a "watch list" & publication ban for specified time<sup>8</sup>.

Though there is no straight forward solution to these ethical issues but collective efforts by authors, reviewers and editors may be fruitful<sup>9</sup>. Editors need to be vigilant; the more you look, the more you find. Expert reviewers need to carefully look for potential breach of publication ethics and bring it into the notice of journal editors. Authors need to be educated and made aware of the problem (as being a culprit, they claim ignorance). It is of paramount importance that they understand the boundaries of publication ethics. They must be made clear that the research work represents not only you but your co-authors, the funding body and your institution. Don't stigmatize yourself so that your career is at stake. The "instructions to authors" section of a journal should be very clear about the ethics and publication. Authors should be made clear that authorship is not just about credit but responsibility too<sup>10</sup>. They should stick to the authorship criteria as defined by the Internation-

al Committee of Medical Journal Editors (ICMJE)<sup>11</sup>. They should take collective responsibility for their submitted manuscripts and published articles. And importantly, due credit should be given to those who actually did the work<sup>12</sup>. Moreover, workshops or symposia can be arranged by the journal editors. In this regard, the JPMI team has conducted a symposium on "Research Ethics" in collaboration with institutional ethical review board and institutional research committee on 9<sup>th</sup> march 2017 in the Auditorium of Lady Reading Hospital, Peshawar, KP. Guidance and advice can be taken from COPE and ICMJE. Different flow charts containing clear directions and stepwise actions are available from COPE<sup>13</sup>. And finally change the criteria from quantity to quality for promotions or academic achievements.

If these ethical guidelines are religiously followed by authors, it will help in decreasing the instances of violation of publication ethics with resultant increase in the credibility of publications and in overall confidence in the integrity of clinical research.

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