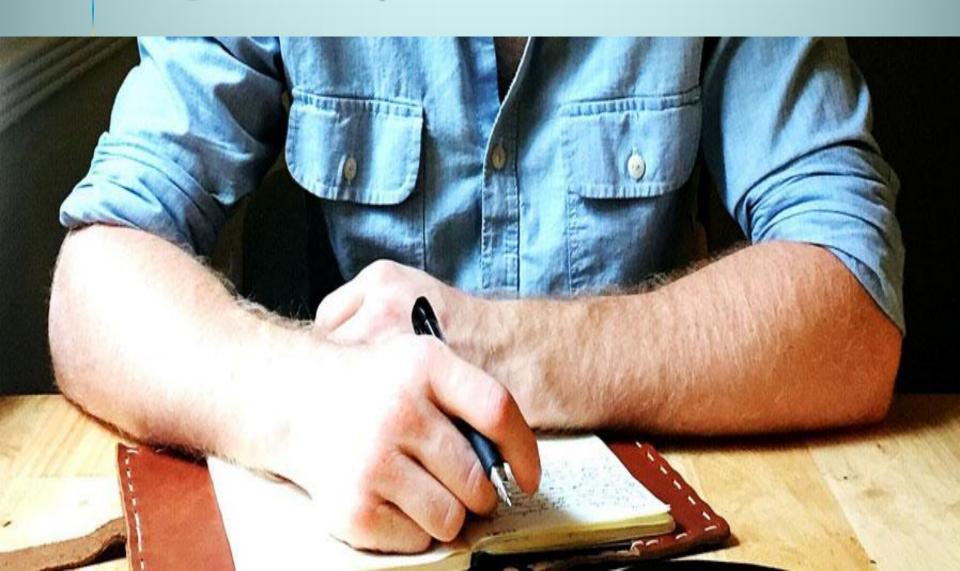


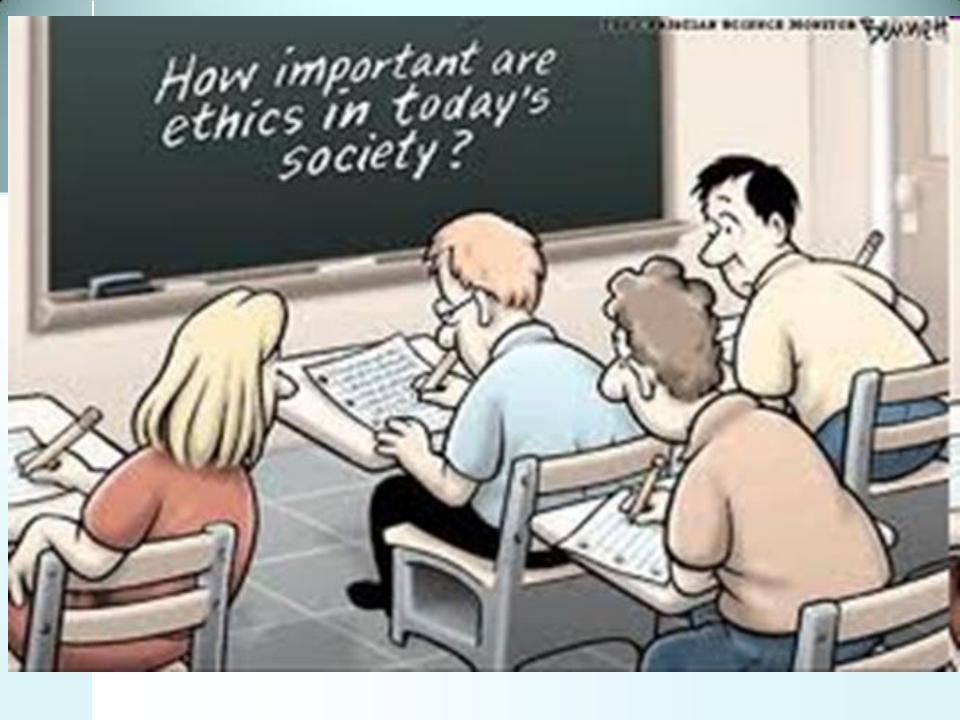


اخلاق در انتشارات پزشکی



Publication ethics

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



Inappropriate authorship

یك داستان آشنا؟

مؤلفي با استفاده از اطلاعات موجود در بخش مدارك پزشكي يك بيمارستان، در مورد بيماران بخش اطفال كه سه سال پيش از اين بستري بودهاند، دست به نگارش مقالهاي ميزند. او در مقالهاش نام بيمارستان و بخش اطفال را كه اطلاعات در آن توليد شدهاند ذكر ميكند. با اينحال جمعي از پزشكان عضو هيأت علمي شاغل در اين بخش كه به تشخيص و درمان بيماران در سه سال پيش پرداخته بودند به اينكه نامشان بعنوان مؤلف آورده نشده است اعتراض ميكنند. نظر شما چيست؟

(با كمي تصرف از سرمقاله مجله پژوهنده- آقاي دكتر روشن ضمير)

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 or guest authorship
- ghost authorship

Authorship ... Authorship (Order)

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

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day to day responsibility
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Janet DiMarci, Louis Hernandez, Arthur Smith, and Wen Zhou

head of lab/PI

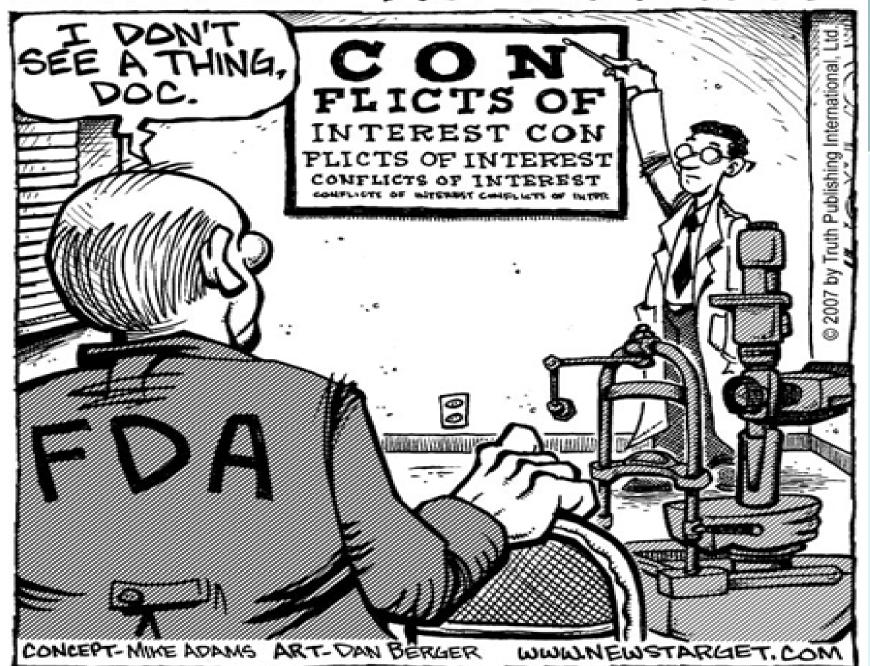
Conflicts of interest

- 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"



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 <u>less likely</u> to be published
- Company sponsored studies <u>more likely</u> 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.

Redundant publication

- Overt or covert
- Duplication
- 'Salami slicing'

- Abstract prepublication
- Agreed prior electronic publication
- Translation if original referenced

Plagiarism

What is Plagiarism?

 Presenting another's original thoughts or ideas as your own

 Using another's exact words without proper citation





Jean-Paul Charles Aymard Sartre

;(June 1905 – 15 April 1980)

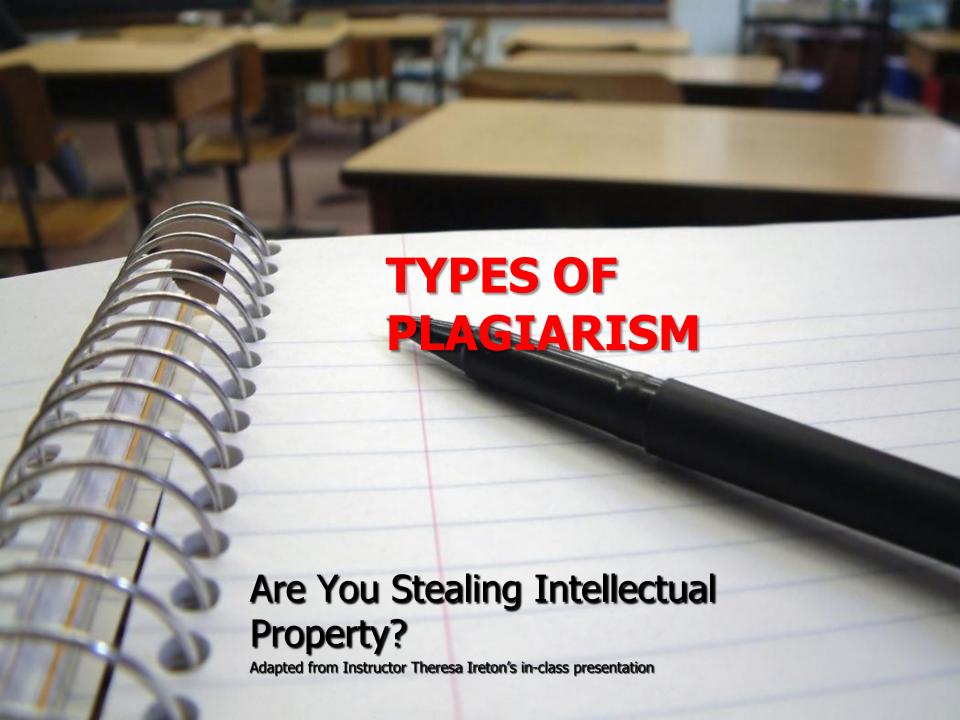




Plagiarism

- The use of the word "plagiarism" in the English language dates back to the 1600s. It is derived from the Latin word "plagiare" which means to "kidnap."
- The World Association of Medical Editors (WAME) defines plagiarism as:
- "... the use of others' published and unpublished ideas or words (or other intellectual property) without attribution or permission, and presenting them as new and original rather than derived from an existing source."

https://www.ncbi.nlm.nih.gov > NCBI > 22Literature > PubMed Central (PMC)- 2011



The First Type of plagiarism

Plagiarism of Words

 The use of another's exact words without citing the author

Incorrect

Plagiarism is the reproduction of someone else's words, ideas or findings and presenting them as one's own without proper acknowledgement.

Correct

Plagiarism is the "reproduction of someone else's words, ideas or findings and presenting them as one's own without proper acknowledgement" (ref)

""The Potluck Paper":

The writer tries to disguise plagiarism by copying from several different sources, tweaking the sentences to make them fit together while retaining most of the original phrasing. Also known as "patch writing."

A potluck is a communal gathering where each guest or group contributes a different and hopefully unique, and often homemade, dish of food to be shared



The Second Type of plagiarism

Plagiarism of Structure

 Paraphrasing while maintaining original sentence construction with acknowledging the source

The Third Type of plagiarism Plagiarism of Ideas

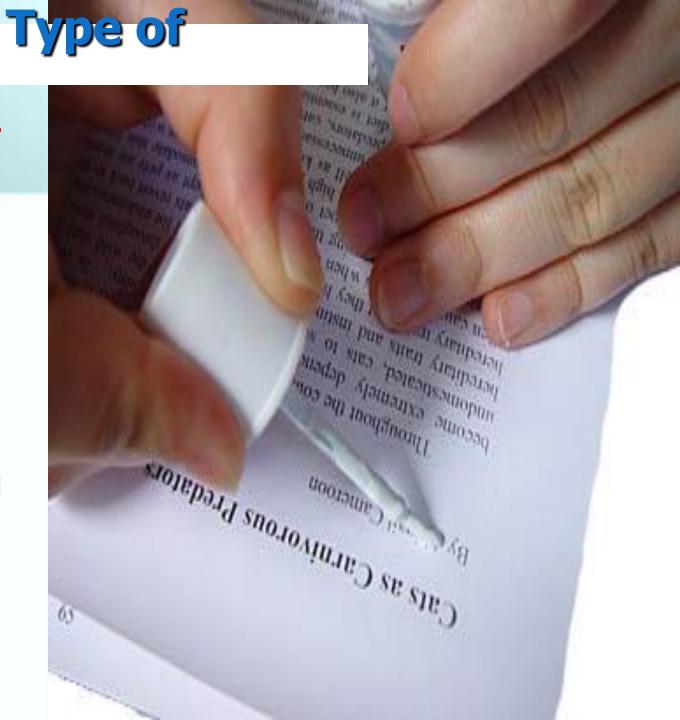
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Presenting another's ideas as your own without giving the person credit

Submitting a paper without citing another's ideas

The Fourth Type of plagiarism Plagiarism of Authorship Turning in a replication of another's work Submitting a Paper that you got off the internet and presenting

it as your own



The Fifth Type of plagiarism

Plagiarism of Self

 The use of previous work for a separate assignment

 Although these were your original words and thoughts, receiving credit for a previous assignment is considered cheating

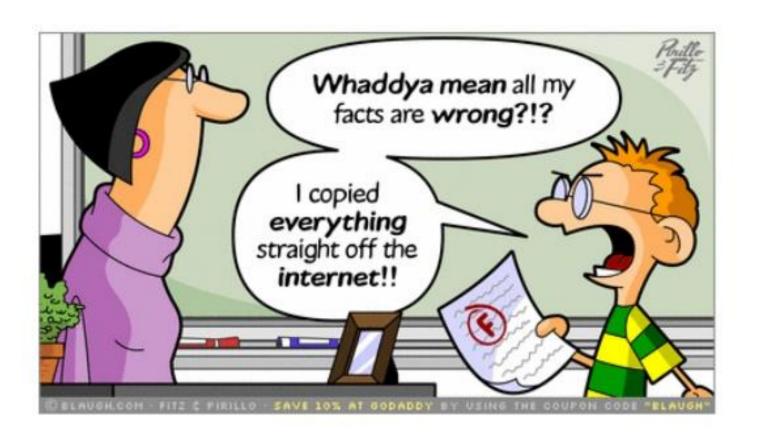
- one of the reviewers may "kidnap" the idea of a particular article which has been rejected by a board of reviewers
- postgraduate students who borrow ideas for their thesis after searching through earlier theses.
- during seminar and conference presentations
- SM Sapatnekar, in an editorial published in the Journal of Association of Physicians of India points out that a lot of plagiarism occurs in the medical field because of the "publishor- perish mantra
 https://www.pchi.plm.pih.gov.x.NCRI.x

- Has its roots in much earlier education process
- One study showed that over 90% of medical students in their second year plagiarized to some extent when asked to write essays on

https://www.ncbi.nlm.nih.gov > NCBI > Literature > PubMed Central (PMC)- 2011



AVOIDING PLAGIARISM



only 15% of the female
 and 18% of the male students in
 Isfahan University of Medical Sciences
 had awareness of

Azizollah Arbabisarjou, Shekoofeh-Sadat Rezazadeh and Hamed Sarani World Journal of Medical Sciences 12 (1): 42-44, 2015

Unintentional Plagiarism

- Paraphrasing poorly: changing a few words without changing the sentence structure of the original, or changing the sentence structure but not the words.
- Quoting poorly: putting quotation marks around part of a quotation but not around all of it, or putting quotation marks around a passage that is partly paraphrased and partly quoted.
- Citing poorly: omitting an occasional citation or citing inaccurately.

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 <u>source</u>, paraphrases that <u>follow the source too</u> <u>closely</u>, and a <u>legitimate</u> 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-byhour 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.





Originality is undetected plagiarism!



DEJAVU® - First Plagiarism Detection Software for Fine Arts

"Every brushstroke or pixel string is a potential act of piracy which must be traced."

It is the very nature of fine arts that individual authors create original works of art. But how can anybody be sure that these alleged originals are in fact original, that the person who claims authorship really is the creator? Why should artists not be tempted to 'steal' from their predecessors and fellow artists? Consequently, the question of how to detect plagiarism in the arts is one of the core questions in the arts of the 21st century. Assuming that the detection of plagiarism is important implies that the possibility of providing detailed evidence is even more important.



With the help of **DEJAVU®**, it will be possible for the first time in art history not only to detect plagiarism, but also to exactly analyse the sources, the 'original' works the plagiarism is based on, and even to define a measurable extent of the plagiarism. Images can be submitted online, and the result will be sent back to the submitter within 24 hours as a comprehensive plagiarism \longrightarrow **ORIGINALITY REPORT**

"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

■ NEWS ARCHIVE

Click here if plagiarism has occured!



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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



OPE Committee on Publication Ethics

Problems/dilemmas discussed*

	Duplicate/redundant publication	58
	Authorship issues	26
	No ethics approval	25
	No or inadequate informed consent	22
	Falsification or fabrication	19
	Plagiarism	17
	Unethical research or clinical malpractice 15	
_	Undeclared conflict of interest	8
_	Reviewer misconduct	6
	Editorial misconduct	3
	Other	39

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 (≥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 $63 \cdot 3$ [$13 \cdot 2$] 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.

Lancet 2005; 366: 1359-66

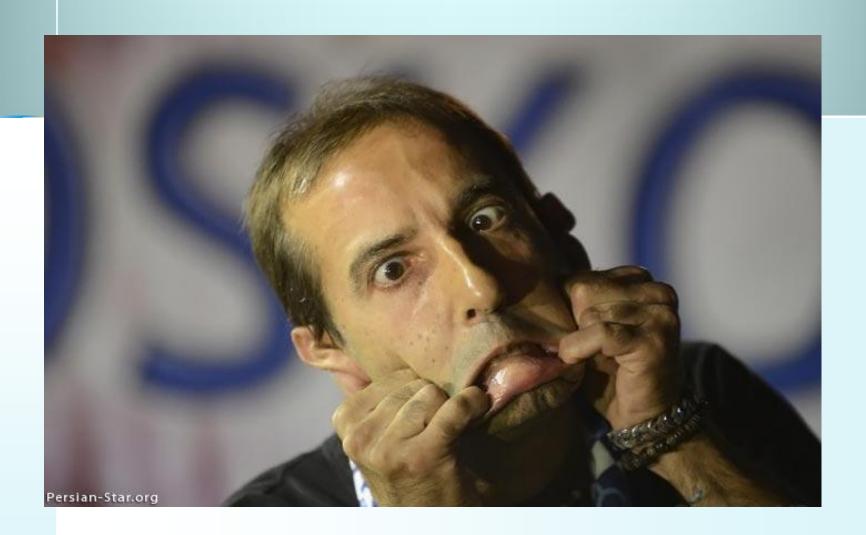
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Inducation



Go



Useful sources of advice

- COPE (www.publicationethics.org.uk)
- WAME (www.wame.org)
- CSE (www.CouncilScienceEditors.org)
- and your journal's advice to contributors



THE WRITER'S HANDBOOK, AVOIDING PLAGIARISM
The Writing Center @ THE UNIVERSITY OF WISCONSIN - MADISON