

Anecdote from Editors Desk

Anecdote 6- A Curious Case of Ethical Misconduct

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Keywords: Forgery, Plagiarised photograph, Self-plagiarism

Few weeks back, I was invited to review a case report (article A) by the Editorial team of Journal of Clinical and Diagnostic Research (JCDR). It was an international submission that dealt with cochlear implant candidacy in two children with relatively uncommon clinical situations of bilateral cochlear dysplasia associated with multiple dysplasia/hypoplasia/aplasia of the vestibular system, vestibulo-cochlear nerve and facial nerve. These are known challenges for a cochlear implant surgical team regarding decision-making and the surgical procedure itself, and thus the article promised an interesting read. While midway in the review process, I received another e-mail from JCDR requesting me to review a second article (article B) which, according to the Editorial Assistant who seemed little alarmed and confused, had the same authors as in article A and had some overlapping imaging and clinical description. I accepted the review request and went on to review and compare both the articles simultaneously. Both the articles were de-identified by the journal while being sent to me.

While reviewing, the Magnetic Resonance (MR) and Computed Tomography (CT) images attracted my attention, not because they were novel or revealed something exceptional, but they appeared to be forged. The quality and print of the images in both the papers were highly suspicious. Most of the MRI and CT images, including the three-dimensional reconstruction of the vestibular system, appeared to be reprints of scanned or photocopied versions of the original, probably from some old-edition textbooks. The use of superimposed symbols (arrows) used by the authors were in contrast with the “in-built” annotations already there in the original version of the photographs. One of the “in-built” annotations even included Latin terminologies (“aplasia n. cochlearis” for cochlear nerve aplasia), something that modern medical literature seldom, if ever, uses. However, a plagiarism check using a freely available tool of the text of article A revealed a “100% unique” result. But, on careful plagiarism check of article B and subsequent cross-analysis of the suspicious highlighted results, it could be ultimately concluded that article B is an almost facsimile of another paper (article C) published one year back in a different journal, from the same geographic region, and in all possibilities, from the same group of authors. Almost, because article C had a different Title and Abstract, but from the Key words onwards, there was little to differentiate the two papers (B and C) in the overall presentation. Article B described three patients, all of whom were the same as in article C (with some alteration in the text) and in one of them, a 4.5-year-old boy with spina bifida aperta, was also included in article A. This child had been described in all the three articles. The text of article A was cleverly edited such that, it escaped the plagiarism check. The MRI and CT images overlapped as necessary in the three articles and were identical in all respects, including the annotations, making them a curious example of unabashed permutation and combination of textual and photographic documentation across submissions. The journal that published article C was open-access (OA) and was in its first year of publication. The article was poorly

edited, as evident from the printer’s devil in the Title and the imaging fraud went undetected, questioning the rigor of the review and Editorial process. A search in the updated Beall’s list revealed the publisher to be a predator one [1].

The review process of the two articles for JCDR opened up a Pandora’s box that exposed several facets of ethical misconduct in medical literature. It is evident that the two articles A and B have been submitted simultaneously for review and were independently copied from article C (one a verbatim copy, the other in essence). While the former constitutes duplicate submission, the latter is a clear example of self-plagiarism. The white paper published by iThenticate® on the ethics of self-plagiarism defines it as “a type of plagiarism in which the writer republishes a work in its entirety or reuses portions of a previously written text while authoring a new work” [2]. Thus, this could be the ideal example of “literary theft” both in entirety and in portions.

One may argue: how can one steal his/her own copyrighted property? Here, lies the deep malady in the authors’ misunderstanding of the OA policy and the ethics associated with its legal implications. The concept of being OA presently rules the medical publishing industry. It has its own set of merits, discussing details of which is beyond the scope of this Editorial. In short, in the OA policy, “the author(s) and right holder(s) of such contributions grant(s) to all users a free, irrevocable, worldwide, right of access to, and a license to copy, use, distribute, transmit and display the work publicly and to make and distribute derivative works, in any digital medium for any responsible purpose, subject to proper attribution of authorship.....” [3]. The system is mediated through the many licenses of the Creative Commons, the common minimum of which simplifies the application as “This license lets others distribute, remix, adapt and build upon your work, even commercially, as long as they credit you for the original creation.” [4] Here, “others” may involve the authors themselves, but the reference list in either of the articles A or B never acknowledges article C as a source material. The authors need to understand that mere holding the copyright as allowed in the OA publication model does not authorise them to reproduce their work without proper citation (self-citation, that is to say) and claim it as fresh and novel. Furthermore, irrespective of whether the authors retain the copyright, there is a palpable difference between the maximum extent of credited material that can be borrowed within the “fair use” allowance [2] and “self-plagiarism” as laid down by the Chicago Manual of Style. It states: “one should never quote more than a few contiguous paragraphs or stanzas at a time or let the quotations, even scattered, begin to overshadow the quoter’s own material” [5]. By such standards, which perhaps are more ethical than legal, these three articles under discussion are blatant examples of self-plagiarism and violation of the principles of OA policy.

Misconducts like these cannot be unforced. Lack of awareness should not be an excuse when senior faculty members are involved

as contributing authors, especially in today's era of easy access of information through the worldwide web. If the authors had not submitted article B prior to the end of the Editorial review of article A, it would have been very difficult to detect the duplicate submission and the act of plagiarism, as the text in article A was quite cleverly crafted, if not the imaging photographs. Checking plagiarism of the photographs is not easy and the reviewer has to count on his/her intuition and experience for such practice.

At the end of the day, the authors' intent and integrity need to be questioned behind such deliberate practices of ethical misconduct. At the same time, the market of the predator journals is gaining foothold in medical publishing under the veil of being OA. And the two seem to be made for each other, lead a symbiotic relationship and together pamper research malpractices that mislead the scientific and user community with fabricated, unoriginal and erroneous outcome. Choosing a predator journal is the easiest avenue to get published with minimal effort that helps the authors meet publication deadlines with the hope of career advancement. These journals demand exorbitant article processing charges citing the inherent advantages of being OA, with minimal, if any, Editorial processing. Not only are the principles of OA in its wider perspectives get defeated in the process, many young researchers fall prey to this system, getting lured and wooed by the florid promises of "quick review" (?) and "immediate publication". And the rest, generally the senior ones, knowingly participate in this fraudulent system with study outcomes that do not exist at all.

The three articles I discussed here serve as a suitable example for this, where, with the photographic documentations copied and forged, there should be every reason to believe that the clinical events presented did never exist! The OA journal where article C was published did not reveal any information regarding the Creative Commons licence policy neither in its website nor in the article pages. The result is the unholy nexus between the two corrupt ideas and the defeat of the research ethics and the science of medicine.

JCDR takes a strict stance on such malpractices. Articles submitted in this journal undergoes careful pre-review screening and are subjected to rigorous, double-blinded peer review. Any ethical issues are noted and serious malpractices are severely dealt with. Not only are such articles summarily rejected without further processing, the authors are not allowed to let go with impunity. They are blacklisted and prevented from further submissions in the journal. It has always been our effort to bring genuine research data to our readers and this anecdote Editorial series puts forward some examples on one of the many ways we do it.

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ETYMOLOGY: Editorial

Date of Submission: **May 24, 2020**

Date of Peer Review: -----

Date of Acceptance: -----

Date of Publishing: **Jun 01, 2020**