Ethical Policies of *Pediatric Anesthesia*

The ethical policies of the Journal *Pediatric Anesthesia* have been adapted (with permission) from guidelines published by Wiley-Blackwell\(^1\) and those adopted by the British Medical Association\(^2\).

The goal of *Pediatric Anesthesia* is to publish high-quality material that is of great interest to the practitioners of pediatric anesthesia and intensive care. The statement of ethics acknowledges that justice and fairness are necessary to the pursuit of this goal. Readers, potential authors, reviewers and editors should experience fairness in all their interactions with *Pediatric Anesthesia*.

Editors will use the work of reviewers to select the highest-quality articles for publication, without bias. Editors will publish a statement of their potential competing interests with their professional biography on the website of the journal. Reviewers will report their potential competing interests to the editors with each review performed.

Authors can submit their work to review at *Pediatric Anesthesia* with the knowledge that all correspondence will be confidential and concluded as rapidly as feasible. During the process of manuscript review, only the following will have access to the manuscripts:

- Editors and editorial staff at *Pediatric Anesthesia*,
- External reviewers including statisticians and experts in trial methods, and
- Third parties as necessary to investigate potential serious misconduct.

There are ethical standards that must be met on the part of authors submitting their work to this journal for potential publication.

**Ethical Responsibilities of Potential Authors**

1) All research involving human subjects that will be published in *Pediatric Anesthesia* must be submitted for review with documentation that this study was approved by an Institutional Review Board in the authors’ work environment. The name of the reviewing
group, the date of approval and the approval number or code will be reported to *Pediatric Anesthesia* before the study is considered by the editors of this journal.

**Authors are encouraged to register clinical trials with a clinical trials registry, where such a registry is available.**

2) Research conducted with human subjects must be conducted with acknowledgement of the dignity and autonomy of individuals and special protection for vulnerable populations such as infants and children. Benefits must be maximized and potential harm minimized. There should be no systematic selection of subjects to exclude certain classes of people without scientific reasons. If ethical concerns are raised about the design and execution of a study the editors at their discretion may conduct a formal or informal review of ethical issues. The results of such a review may be shared with the authors, and with responsible officials at the authors’ institution(s). If a study is deemed unethical it will not be published by *Pediatric Anesthesia*.

3) Serious research misconduct includes any of the following: plagiarism, duplicate publication of results, and simultaneous submission of a manuscript to a second journal. When such behaviour is suspected, the editor will contact the authors and any appropriate third party to ascertain if further investigation is warranted. If serious misconduct is confirmed the editor will reject the paper and contact the authors’ institution(s). In this case, no submissions from these authors will be accepted for review at *Pediatric Anesthesia* in the future.

4) If either serious scientific misconduct or other unethical qualities of a paper are discovered after publication in *Pediatric Anesthesia*, a retraction will be insisted upon. If the authors are unable to produce a retraction for publication within the time period requested, the journal editors will do so.

5) For each manuscript submitted, each author must describe any potentially competing interests. These include the following: personal financial interests, income from consultant fees or speakers bureaus, research support in related areas, and recent, present or anticipated employment of the author or any family members or
organisations in which the author is active, which may be influenced by the publication of this paper. Where there are no competing interests, the authors should state so in the Acknowledgements section, with the statement ‘No competing interests declared.’

6) *Pediatric Anesthesia* requires that authors use the BMJ guidelines on patient consent to publication: http://resources.bmj.com/bmj/about-bmj/ethics-commit/consent-to-publication. Patient or parental consent to publication should explicitly include photographs and other personal identifying information if that is in the manuscript.


8) The guidelines of the European Medical Writers Association must be followed if a medical writer prepared the manuscript. The professional writer must be named among the list of contributors to any article prepared by this writer for *Pediatric Anesthesia*. The competing interests statement must note who paid the writer. All individuals listed as authors have full responsibility for the content of the paper. Medical writers have professional responsibilities to ensure that the papers they write are scientifically valid and written in accordance with generally accepted ethical standards.⁴

9) When race or ethnicity are described in the methods section of a paper, the logic behind the distinctions made should be presented. It might be useful to describe genetic differences, self-assigned ethnicity, observer-assigned ethnicity, place of birth, years in the country of residence or religion.
REFERENCES


2) http://resources.bmj.com/bmj/authors/editorial-policies (accessed 13 May 2010)
