

## Authors' misconduct in the firing line

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Producing a journal is a resource-intensive activity. Scientific and professional associations like the Public Health Association of Australia (PHAA) commit a fair proportion of their membership fees to funding peer-reviewed journals. There are further hidden resource costs like the considerable time and energy that reviewers spend on ensuring that articles are original and well-developed.

As Editors, we believe we have the delegated task of conserving these resources by ensuring the scientific integrity of the *Australian and New Zealand Journal of Public Health*. Our major focus is on material that gives new and original insight into the health of the public. When authors submit a paper to this journal, they know that it will undergo a rigorous and impartial process of peer review, a service which we provide free of charge to authors whether they are members of PHAA or not. In return, we require authors to honour certain conditions. These conditions have been set out in earlier editorials.<sup>1,2</sup>

We require that articles submitted to this Journal have not been submitted elsewhere. If we send a paper out for review, we expect that that paper will be available for publication in this Journal. We expect to hold joint copyright and this is compromised if the paper has simultaneously been submitted to another journal. Recently, we were contacted by the editors of another journal to say that one of the articles in our most recent issue was still under peer review in their journal. In such cases, authors should expect that action will be taken against them.

We also expect that the material submitted to this Journal has not been published elsewhere. Here a degree of judgement is required. We recognise that an important research project can result in a number of publications. One issue is the amount of overlap between the papers. We require authors to submit with their paper copies of any other papers with significant overlap. A commonly cited rule-of-thumb for acceptable overlap is no more than 10%. The other issue is acknowledgment in each paper of other, earlier papers so that readers can assess the contribution made by each separate paper. A reviewer recently alerted us to an extensive overlap between a paper published in our Journal and two other publications by the same authors, one in a medical journal and one in a health policy journal. While the titles of the articles were different, there was substantial overlap in the three papers including the methods, results (reported in identical tables) and conclusions. There was no cross-reference between the articles. Even if the authors argue that these papers were addressing different audiences, this is redundant publication and action can be taken against these authors.

Potentially a more difficult issue is publication of a research report on a website before a paper is submitted to the Journal. Our advice to authors is to have a clear publication strategy for a

project from its inception and to see peer-review as an important stage in establishing the value of the findings. We have very little incentive to publish material that is already freely disseminated unless authors provide a reference to the published material and a justification for additional publication. Even then the authors run a risk. We recently received a paper in the same week that the findings of the same study, as set out in a report, were given extensive media coverage. In our view this is putting the cart before the horse. It compromises the process of peer review and limits the contribution of the peer-reviewed article.

A more serious breach of publication ethics occurs when the duplicated material is taken from the work of another author without acknowledgement. This is plagiarism. Presenting another person's work, or even ideas, as though they are one's own is fraudulent. Surprisingly, there are authors who do not take the issue seriously. We recently sent an article for review to an ANZJPH author whose work was cited in the list of references. This reviewer sent us evidence that a large section of the article was a word-for-word copy of material from her published article, also in ANZJPH. When confronted the first author (a senior academic) claimed that the article had been written by the second author (also an academic) who had not been aware of the seriousness of the offence. This raises the issue of authorship. Each author, but especially a first author, has to take responsibility for that which is reported in a paper. This includes being able to verify that material cited from key references is accurately cited, giving full recognition to material from other authors.

This issue of plagiarism and redundant publication is persistent and so extensive that we find ourselves dealing with it on a monthly basis. One possibility is that authors do not understand what is meant by redundant publication and, when confronted, some authors certainly claim to be unaware that plagiarism constitutes a serious offence. It has been suggested that another possibility is that authors are responding to fierce pressure to publish as many papers as possible from each piece of research. Since universities may well have to bear some of the responsibility for bringing this pressure to bear on staff, they may be reluctant to act against offending staff members. They could even take legal action against editors who name authors and identify articles about which there are substantiated concerns.<sup>3</sup>

Despite these arguments, we see it as part of our editorial responsibility to take action against authors who can be shown to have committed research misconduct. Of course, our actions should be appropriate to the nature of the offence. We are fortunate in having diligent reviewers so that these problems mostly emerge at the time of peer review, not after publication, and we have not had to withdraw papers already published. On the other hand, authors involved in misdemeanours before publication should also be held accountable or they may well continue the practice. In 2005, after what they call 'a bumper year for research and publication misconduct' the UK Committee on Publication Ethics published a report that addressed the responsibilities of journal editors and the report contains extensive discussion of issues of redundancy and plagiarism.<sup>4</sup> Any authors in doubt about what editors should do,

are advised to read this report. The other website worth checking is that of the World Association of Medical Editors where there is excellent discussion of actual cases and recommendations of procedures (<http://www.wame.org/pubethicrecom.htm>).

We recognise, of course, that a critical eye should be kept on the actions of editors as well as authors.<sup>5</sup> We have a distinguished Editorial Board who advise us on issues as important as these. Our approach to cases of misconduct will be to present our evidence to the authors involved and ask for an explanation. The Editors will then recommend an action and refer this, with supporting evidence, to the Editorial Board for advice. The penalties that can be applied include a ban on submission to this Journal for all authors for a specified period, notifying the Editors of any other journals involved, notifying the institutions in which the authors are employed, and notifying any organisation listed as funding the research reported in the paper. If the work has already been published, the Journal will publish an Erratum withdrawing the publication or setting out the details of the case.

These are contentious issues but we believe we can no longer proceed without explicit penalties and procedures for actions. We invite comment. One step that we are implementing immediately is that all submission letters now must include the sentence: 'This article has not been submitted to any other journal and has not previously been published'. If there is overlap with a paper or papers already under review or published, authors need to provide the relevant information at the time of submission.

### References

1. Lumley J. and Daly J. The issue of duplicate and/or redundant publication. *Aust N Z J Public Health*. 2005;29:3-4.
2. Jamrozik K. Of sausages and salami. *Aust N Z J Public Health*. 2004;28:5-6.
3. Watson C. Duplicate publication – some further considerations. *Aust N Z J Public Health*. 2005;29:105-6.
4. COPE report 2005 [cited 2006 14 September]. Available on <http://www.publicationethics.org.uk/>
5. Lumley J. and Daly J. Watching the watchdogs. *Aust N Z J Public Health*. 2006;30:3-4.

### In this issue

This issue opens with a mixture of applause and brickbats sent in the direction of the Federal Budget. Mike Daube's *Point of View* identifies good initiatives, some of them substantial, but queries the drinks industry funding to carry out alcohol education, and the imbalance between public health research (\$68.6 million) and the \$300 million allocated to increase the power of munitions and explosives.

Jeanette Ward and colleagues report in *Health Systems* how Fellows of the Faculty of Public Health Medicine assessed avoidable mortality – primary, secondary and tertiary – also known as PAM, SAM and TAM against published descriptions. The agreement was substantial, and the differences informative. Deborah Roberts and Johannes Stoelwinder clarify five categories of co-ordinating care for complex conditions, describing the focus, client profile, care needs assessed and the breadth required as complexity increase. John Galati and colleagues calculate the numbers and costs of rotavirus-related illness among young children in Australia using multiple sources. This virus makes a

substantial contribution to child mortality in developing countries, morbidity in developed countries, and total costs. Vaccination promises substantial benefits.

Stephen McNally and colleagues' paper is sobering. There are more than a quarter of a million people with hepatitis C in Australia but accessing treatment remains problematic with side-effects as the main barrier. James Shearer and Marian Shanahan use an economic modelling approach to assess the cost effectiveness of smoking cessation interventions. They recommend referrals from general practice for proactive telephone counselling with integration of 'pharmacotherapies'. Clare Ringland and colleagues carried out an inventive study to find out whether the variables available in major national data sets could be used to link admissions and readmissions for the same person and the same diagnosis. This simple strategy, using information that is truly anonymous, should not threaten privacy and will be useful in monitoring readmissions for chronic diseases.

The papers grouped in terms of *Inequalities* reflect continuing differentials in health and health care. Michael Coory and Trisha Johnston restricted their analyses to 13,900 Indigenous people, 13% of the total number of Indigenous people in Queensland, because they belong to easily identifiable communities and live on the mainland in the remote parts of the State with little or no migration within or beyond Queensland. Discharge abstracts, standard diagnostic codes, and direct age standardisation measured the annual prevalence. There was a marked fall in hospitalisation from 34.6% to 26.8%, larger reductions for younger age people, large decreases for infectious diseases and injury but increases in the prevalence of diabetes, ischaemic heart disease and chronic renal failure.

Julie Brimblecombe and colleagues' Brief Report considered the turnover of food from the community store as a guide to assess food intake in remote Aboriginal communities, as this strategy was used in the past. The food supply has become much more complex and the challenge is to expand the assessment while retaining a sustainable approach. Natalie Gray and Ross Baillie reflect on the important question as to whether a 'human rights' discourse would do more to improve the health of indigenous Australians, concluding that this provides a sustainable intellectual framework. Raja Supramaniam and colleagues describe mortality from cancer for Aboriginal people in New South Wales from 1992 to 2002, drawing attention to the higher rates of lung and cervical cancer, and a probable contribution from later diagnosis and possibly poorer treatment.

Martin Tobias and Paula Searle conclude that the contribution of geography to ethnic inequalities is small. Jamie Pearce and colleagues answer a different question finding that geographical inequalities in New Zealand increased over the past 20 years. Agnes Walker and colleagues conclude that the 'inverse care law' applies to people  $\geq 60$  though not to younger people, in NSW. Robyn Richmond and colleagues describe a pilot multi-component intervention to promote smoking cessation in prison: a difficult problem. Finally, Sheleigh Lawler and colleagues describe solarium use in Queensland: a topic which the editors first thought might be 'coals to Newcastle'.