

The issue of duplicate and/or redundant publication

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There was a time, a mere 10 or 15 years ago, when a literature review involved hours spent in a library going through volumes that indexed professional publications. Perhaps not surprisingly, many of us confined our searches to our disciplinary journals; keeping track of articles in these journals was challenge enough. We now know that these practices lead to incomplete and superficial reviews. In the same era, the lack of contact between disciplines sometimes meant that researchers working in a multidisciplinary field could publish research findings from a single study in a range of professional journals so that all interested parties could be informed of issues relevant to their particular disciplines.

Times have changed. The electronic revolution in indexing and searching has given desktop access to an indexing system that covers the majority of health journals in the world. The advantages for a field such as public health are evident and significant. If a topic has been addressed in any of the disciplines that contribute to public health, that fact is immediately obvious. The full range of evidence can then be included in literature reviews that are less selective overviews than systematic syntheses of the literature. The big gain is that research is not needlessly duplicated. Any new study should now have the capacity to make a defined contribution to our knowledge base.

These changes have had a role to play in some of the more difficult debates on publication ethics. The issue of multiple publications – now described as ‘redundant’ publication – has been cast in a new light. There is no longer the need to publish research findings in a range of professional journals; in fact this can be seen as distorting systematic reviews by over-reporting of a single study. Journals now require explicit acknowledgement of the range of publications that are submitted from a single study and full references to other papers that overlap in the subject matter or in the source of their data.

In this Journal, our emphasis is on articles that, where possible, report substantive findings instead of a series of articles reporting related but distinct aspects of the same study. When such articles are submitted at the same time, we may refer the full series of papers to the same reviewers and seek advice on whether the papers could be combined into a single, more substantive paper. This is not always the case, especially with extensive and complex studies. The situation is more difficult if one paper has been published and a subsequent submission has considerable overlap. In such a case our preference may be for a Letter to the Editor or a Brief Report rather than a full, additional article. What is the situation when previous articles have been published in other journals? In that case, it is important that authors alert us to the situation,

preferably in the letter of submission and certainly by full reference in the body of the submitted article. We pay tribute to those diligent reviewers who use search engines to ascertain the claims made in a literature review and inform us when they find earlier, overlapping publications in other journals.

What we have emphasised so far are changes to publication procedures as a response to electronic search facilities. To some readers the points we raise may seem obvious but, as Editors, we are aware of the extent to which these points are either unacknowledged or ignored. The sad fact is that many a research or academic career rests on the number of peer-reviewed papers generated and not on the quality of those papers. Unlike the reviewers of this journal, who, admittedly usually receive only one paper to review, it may be that reviewers of grant applications are insufficiently critical of lists of publications that include papers with slightly different titles that disguise the repetitive nature of the publications. Time pressures on these reviewers may well mean that the curriculum vitae of researchers is taken at face value and measured by the number of papers rather than the substantive nature of the publications. The time pressures on granting bodies may thus directly undermine academic research quality.

If conservative use of research data presents a conflict of interests for ambitious researchers, there is also a conflict of interests for their universities. Funding to universities depends on the research output of its staff. In the extreme case, where there is frank misconduct, for example when researchers submit the identical paper simultaneously to more than one journal, the universities may well be reluctant to take action against a rising academic star.

We are aware that these are contentious issues. We have addressed them in various earlier editorials. Unfortunately, as we read the papers that have accumulated for us during the summer break, we are aware that the problem persists. Our aim here is to address any remaining misunderstanding about the changes, and the reasons for these changes. We will gladly engage in further debate on these issues. By the April issue we will have redrafted our submission procedures to ensure that issues of publications ethics are made explicit in all submission letters. The updated Notes for Contributors will be displayed on the PHAA website so that potential contributors to this Journal are clear about our procedures.

Authors need to be familiar with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals accessible at www.icjme.org. The recently released Consultation Draft #1 of the *Joint NHMRC/AVCC Statement and Guidelines on Research Practice*, available from the NHMRC website, also includes brief but very clear guidelines on the issues discussed above in the chapter on publication of results stating that “an author who submits substantially similar work to more than one publisher, whether at the same time or subsequently, must disclose this to the publishers at the time of submission” and that researchers must not re-publish without full disclosure and cross-referencing and must have permission to do so from the original publisher.

In this issue

This issue starts with a diverse group of papers from New Zealand. Martin Tobias and Maria Turley took on the very challenging task of classifying all deaths that occurred in New Zealand in 1997 by risk factors as well as by the diseases, disorders and injuries that were the proximal cause of death. The rationale for this is that the proximal causes of death, although useful for assessing the need for medical and hospital care, are not very helpful for the development and evaluation of preventive strategies and intersectoral policies. The authors describe lucidly not only the easier aspects of categorical attribution - a death attributed to the code for alcoholic psychosis would be attributed to the risk factor 'alcohol' - but also counterfactual analysis and the use of comparative risk assessment, with examples and references. The fact that many risk factors probably 'cluster' in the same individual and risk factors do not act independently of one another was taken into account in the analysis. The discussion sounds a warning note on some limitations to the conclusions. We look forward to debate on the methods and the findings. How different are they likely to be in Australia?

Rob McGee and colleagues surveyed a large sample of year 11 students from Dunedin high schools about whether they carried a weapon to school, using a set of questions from the US Youth Risk Behaviour Surveys with minimal adjustment for language differences. All schools and 84% of eligible students took part so the findings are disturbing, not only with respect to the prevalence of ever, or recently, carrying a weapon, but also to the frequency of physical fights, including fights on school property, and students missing school because they felt they would be unsafe at school or in transit.

Next, Philippa Gander and colleagues describe the contribution of sleep and sleepiness to motor vehicle accidents from an electoral roll-based random sample survey of people aged 30 to 60 years. In addition to standard risk factors for vehicle crashes, they identified rarely or never getting enough sleep, and any chance of 'dozing while stopped for a few minutes in traffic'. Sarah-Jane Paine and colleagues from the same research group report more prevalent sleeping problems and self-reported insomnia among Maori than non-Maori, and describe the associations of these problems with poorer health and quality of life, drawing attention to the implications for the development of treatment services.

Pauline Gulliver and colleagues describe the epidemiology of injuries at home to children under five, highlighting the difference in causes between fatal injuries and injuries needing hospital admission.

Controlling infectious diseases is the focus of the next group of papers. Peter Horby and colleagues used a computer-assisted telephone interview to measure attitudes to influenza vaccination, awareness, and coverage in people over 40, with disappointing results on participation, usage and understanding. In contrast, Tiffany Gill and colleagues found vaccination coverage to be high in South Australian aged care settings, though policies about staff vaccination were less than ideal.

Jeffrey Hanna and colleagues assessed the levels of immunity

to Japanese encephalitis in the Torres Strait Islands finding low levels despite three yearly booster doses of the vaccine and regular incursions of the virus almost every year since 1995. They draw attention to the need for a vaccine that is both safer and more immunogenic. Heather Gidding and colleagues interpret the findings of a national serosurvey of immunity to the three types of poliovirus in the Australian population as probably sufficient to prevent generalised outbreaks of type 1 and 2, but not type 3, poliovirus. They add a cautionary note that reintroduction of poliovirus into Australia could cause localized outbreaks and recommend continuing serosurveys. Jane Greig and colleagues found that up to 90% of new abattoir workers were susceptible to Q fever. They call for systematic post-marketing surveillance to identify adverse events, duration of protection and possible reasons for vaccine failure. Niels Becker and colleagues use data on observed measles outbreaks in Victoria to weigh the evidence on measles elimination, concluding that elimination has been maintained from 1998, and discuss the need for continuing efforts on immunisation and outbreak control. A less reassuring finding comes from Sonia Caruana and colleagues who found a significant prevalence of undetected hepatitis B and hepatitis C viruses in surveys of Laotian and Cambodian immigrants in 1998 and 2002, identifying an urgent need for culturally relevant information about viral hepatitis. The overall rating on controlling infectious diseases is a mixed one.

Claire Davey and colleagues explored scenarios setting out information on the benefits and harms of mammography screening in terms of relative risk reduction, absolute risk reduction, all-cause mortality and limitations of screening with a convenience sample of women recruited from general practices. They call for evaluation of educational strategies to ensure optimal understanding of the complexities. Stephen Morrell and colleagues report the effectiveness of a reminder letter in producing a small but real increase in cervical screening among under-screened women in New South Wales.

In the last paper, Margaret Brown and colleagues document end of life decisions in 90 randomly selected residential aged care facilities in South Australia, case studies of residents and interviews with staff about palliative care, calling for public education and increased community and professional awareness.

Finally, don't miss the letter - also from New Zealand - and the book reviews.

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