Failure to disclose conflicts of interest: Research misconduct

There is a growing debate in journals and articles on financial and non-financial conflicts of interest (COIs). This debate exists in scientific journals and also in the mainstream media. I provide two examples: the New York Times (NYT) and JAMA.

In September 2018, the NYT published a long article on Dr José Baselga, the chief medical officer at Memorial Sloan Kettering Cancer Center, New York, accusing him of failing to disclose important ties to the topics of his research articles.1 The NYT accused the editors of scientific journals of being lax because they did not control the COIs.

One of the world’s top breast cancer doctors failed to disclose millions of dollars in payments from drug and health care companies in recent years, omitting his financial ties from dozens of research articles in prestigious publications like The New England Journal of Medicine and The Lancet.

Medical journals have said they don’t routinely fact-check authors’ disclosures. Dr Baselga sent corrections to the journals to declare his many conflicts; he resigned from his position. In December 2018, the NYT revealed further cases of non-reporting of COIs in the cancer field: 2

In December 2018, the ICMJE issued updated recommendations.5 They added the failure to disclose COIs in the paragraph defining scientific misconduct (page 8, III.B):

Scientific misconduct in research and non-research publications includes but is not necessarily limited to data fabrication; data falsification, including deceptive manipulation of images; purposeful failure to disclose conflicts of interest; and plagiarism.

References
An article in the *Journal of Medical Ethics* addresses a general question in the context of biomedical journals: "Is there research that it is permissible to conduct but that ought not to be published?" There is a concept referred to as *dual use research*. A simple example is in the field of terrorism. It is recognised that research whose results could provide ideas to terrorists cannot be published. If they are published, key points must be hidden, or only partially disclosed in order to avoid reproducibility. The *Journal of Medical Ethics* article describes two similar situations:

1. A Danish team has shown that antibiotics reduce the symptoms of a widespread chronic disease. One reviewer noted that these data could change practices and contribute to an increase in antibiotic resistance, thus inadvertently resulting in deleterious health effects (the name of the disease is not given in the article).
2. A BMJ article suggested that the adverse effects of statins were more important than the beneficial effects in patients at low and moderate risk of cardiovascular disease. The subject has launched a rather heated debate, particularly in the mainstream media. An estimate has been made: about 200,000 people would have stopped their treatment, and probably 2000 cardiovascular events would be observed in the future. Finally, *The BMJ* and authors withdrew statements suggesting that adverse events occur in 18% to 20% of patients.

The main messages are:
1. The publication of Danish and British studies can cause significant harm to individuals.
2. Editors of medical journals have a moral responsibility for the potential adverse effects of publishing research.
3. The refusal to publish is not an adequate instrument to fulfil this moral responsibility.
4. Internationally recognised codes of ethics should provide a solid basis for assessing and mitigating the potential effects of the publication of medical research in general.

References
Every time I’m in discussion with researchers, the issue of teamwork – especially collaboration in writing – is a hot topic, even very hot. The most frequent practice is that of the first author to send a manuscript (without the order of authors) to his co-authors, with a vague request: What do you think? The troubles begin, and then the atomic war is triggered when trying to decide the order in which authors names should be listed. We do not have enough rules to decide the order of authors, or even to know which researchers can be authors. Existing rules (such as those of the International Committee of Medical Journal Editors ICMJE) are either not known to researchers or are ignored even when they are known. A new article suggests 10 rules for collaborating on multi-authored papers.¹

1. Build your writing team wisely
2. If you take the lead, provide leadership
3. Create a data management plan
4. Jointly decide on authorship guidelines
5. Decide on a writing strategy
6. Choose digital tools to suit your needs
7. Set clear timelines and adhere to them
8. Be transparent throughout the process
9. Cultivate equity, diversity, and inclusion
10. Consider the ethical implications of your co-authorship

Interestingly, this paper includes a footnote regarding the order of authors. “MAF is the lead author. All authors contributed equally to this work. Besides for MAF, author order was computed randomly.”

Another paper on authorship disputes concludes:

Rather than viewing authorship disputes as rare events that must be handled on a case by case basis, researchers and journals should view the potential for disputes as predictable, preventable, and soluble. Independent bodies that can offer alternative dispute resolution services to scientific collaborators and/or journals could quickly help research communities, particularly their most vulnerable members.²

References