

The ICMJE COI guidelines fail to include involvement in religious and/or secular groups which take sides on the subject being discussed, while the WAME guidelines specifically do so. Instead the ICMJE uses the vaguer phrase "intellectual beliefs". The actual ICMJE COI-form does not itemise religion. To maintain their scientific credibility, medical journals must start requiring disclosure of such ties. A typical example where current ICMJE rules fall short is the ongoing heated debates over the ethics of prenatalology and of physician assisted suicide.

As physicians and scientists, we are concerned about this failure. Political and religious groups not infrequently try to exert influence by encouraging eminent scientists, preferably with an impressive title like Professor, to act as mouthpieces and decoys for their agenda. It is unacceptable that experts in ethics sometimes fail to acknowledge their personal beliefs. It has long been considered self-evident that those commenting on public issues must declare their political allegiance. Similarly, in debating sensitive and contentious medical issues where advances in research are making hitherto unimagined interventions possible, full disclosure is not just desirable but a *sine qua non*.

That sailing under false flags (or none at all) seems standard on various internet websites is regrettable, but beyond the control of the medical profession. However, we contend that medical journals must become vigilant in ensuring that all relevant conflicts of interest are clearly, thoroughly, and unequivocally declared. As an example, a tentatively amended version of a COI applied to our present communication could be formulated thus: "None of the authors has any financial COI with respect to the content of this article. None of the authors is a member of a political party or religious or secular organisations and action groups with opinions on the issues dealt with in the article." Reviewers should follow the same COI requirements. Practically speaking, having a mandatory "button" to be clicked as part of the submission mechanism may be the simplest.

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Reporting ethical processes in the *Nursing Journal of India*

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Nursing research is a developing field to which individuals within the profession can contribute substantially based on their skills and practical experience of nursing care (1). Both reporting of informed consent and ethical approval are key aspects of published papers which indicate the researchers' knowledge of and sensitivity to ethical aspects of research (2).

Informed consent is not only required for clinical trials, but is an essential condition before enrolling each participant in all research involving human subjects whether diagnostic, therapeutic, interventional, bioequivalence, social or behavioural studies, and for all research conducted within the country or abroad (3).

A retrospective research design with quantitative research approach was used to assess the reporting of ethical approval and informed consent by all studies published in *The Nursing Journal of India* from January 2001 to December 2014. *The Nursing Journal of India* is the official publication of the Trained Nurses Association of India (TNAI), New Delhi and is the oldest journal of nursing in India. All issues of this journal were hand-searched by the authors.

Data was analysed using descriptive statistics ie, frequency counts and percentages. Results indicated that a total number of 238 research studies and 14 case studies were published in the relevant time period. Of these, informed consent was not mentioned in 182 (76.47%) research studies, and ethics approval was not mentioned in 191 (80.25%) research studies. As many as 10 case studies (71.42%) did not mention informed consent and ethics approval. All research studies and case studies involved research on human subjects. We believe these findings should not be interpreted as a lack of ethical principles being followed by the nurse researchers, or that consent, verbal or written, was not being sought while conducting the research studies, but that they fail to report it appropriately while getting their researches published.

These results are comparable with the research conducted on two Indian paediatric journals which concluded that only 30% of manuscripts published in the journals have mentioned ethics committee approval, and only 47% of prospective study reports have indicated that informed consent was obtained (4).

Researchers, authors, and editors need to be sensitive and responsible to ensure adequate reporting of the ethical and

consent process followed (2). Nursing research needs to be published by all researchers, especially nurse researchers, with utmost stringency so as to disseminate evidence, share initiatives and innovations with fellow nurses, communicate the research findings and nurture the concept of "holism and evidence-based care" in nursing practices.

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Promote health, not nuclear weapons: Ethical duty of medical professionals

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Despite ongoing tensions in various parts of the world, the year 2017 ended on a positive note. The Treaty Prohibiting Nuclear Weapons (TPNW) was passed by the UN General Assembly on July 7, 2017 (1), which will always be a red-letter day in history. It has raised many hopes for a future world without nuclear weapons and staved off the impending humanitarian catastrophe. Good health is a basic need of every individual. Therefore, each person yearns for a life free of violence and free of man-made catastrophes like the ones at Hiroshima and Nagasaki in 1945, which killed over two hundred thousand people and resulted in genetic mutations affecting generations thereafter. Unfortunately, instead of working for nuclear disarmament, the world moved towards an unending nuclear arms race, costing billions which could have been used for healing millions of people living in despair and sickness. This is why on December 10, 2017, Oslo, the capital of Norway, was filled with excitement when the Nobel Peace Prize for this year was bestowed upon the International Campaign to Abolish Nuclear Weapons (ICAN) (2). Large numbers of medical professionals from around the globe had gathered there to affirm their commitment to a healthy future through diversion of wasteful expenditure from the nuclear arms race towards universal health.

ICAN was set up at the initiative of International Physicians for the Prevention of Nuclear War (IPPNW) in 2007 with 468 partners and has been consistently working for a nuclear

weapon free world. ICAN was officially launched in Vienna, Austria, in April 2007 during the Non-Proliferation Treaty preparatory committee meeting. As a result of continuous work since then, in the form of lobbying with governments in many countries and ICAN partners building public opinion in their respective countries, the UN General Assembly passed a resolution on July 7, 2017, by 122 votes in favour and only one against, declaring nuclear weapons illegal (1). This is indeed a big achievement which drew global attention and was recognised by the Nobel Peace Prize Committee by its award of the Nobel Peace Prize. The major thrust of ICAN's work was the catastrophic humanitarian impact of nuclear weapons and the urgent need to prohibit and then abolish them (3).

While hundreds of millions of people across the globe go hungry, the nuclear-armed nations spend close to US\$300 million (Rs.2000 crores) a day on their nuclear forces (4). The production, maintenance and modernisation of nuclear forces diverts vast public resources away from healthcare, education, climate change mitigation, disaster relief, development assistance and other vital services. Globally, annual expenditure on nuclear weapons is estimated at US\$ 105 billion – or \$ 12 million an hour (4). The World Bank forecast in 2002 (4) that an annual investment of just US\$ 40–60 billion, or roughly half the amount currently spent on nuclear weapons, would be enough to meet the internationally agreed goals for poverty alleviation. Nuclear weapons spending in 2010 was more than twice the official development assistance provided to Africa and equal to the gross domestic product of Bangladesh, a nation of some 160 million people. The Office for Disarmament Affairs – the principal UN body responsible for advancing a nuclear-weapon-free world – has an annual budget of \$10 million, which is less than the amount spent on nuclear weapons every hour. As former UN Secretary General Ban Ki-Moon said:

"The world is over-armed and peace is under-funded The end of the cold war has led the world to expect a massive peace dividend. Yet, there are over 20,000 nuclear weapons around the world. Many of them are still on hair-trigger alert, threatening our own survival." (5)

As per the latest report of the Stockholm International Peace Research Institute (SIPRI) the annual global defense expenditure is 1699 billion USD (2.2 % of the global GDP). The US tops the defense spending at 611 billion USD. China's defense expenditure is 215 billion USD, while India is the 5th largest military spender with an outlay of 55.9 billion USD (Rs 363350 crore) (6). India's defense expenditure is 1.62 % of its GDP, while its central health budget is 0.26 of GDP, six times less than its arms budget. Pakistan's budgetary allocation on arms is over 8 billion USD (7). With an economy that is worth 300 billion USD this takes Pakistan's defence expenditure to 2.9% of its GDP (8).

These data clearly indicate the looming threat over mankind's continued existence at a time when several parts of the world have serious conflict zones, many of them directly involving nuclear weapons states. Any use of nuclear weapons intentionally, or unintentionally would have extremely grave