

## FROM OTHER JOURNALS

### **Publication ethics**

Everyone agrees that it is unacceptable to copy another person's ideas and words. Plagiarism is downright intellectual theft. The concept of self-plagiarism is a little more ambiguous. What's wrong with copying from yourself? After all, you are only reprinting your own ideas.

The driving force behind self-plagiarism is the intense pressure on academics to: "publish or perish". The greater the number of publications one has under one's belt, the better one's career chances, whether for promotion or to obtain grant money. It is also true that researchers and clinicians have limited time to devote to writing for publication. This can tempt authors to cut corners.

It has been argued that one cannot steal one's own words. The reply to this has been that there are a limited number of ways to say the same thing, and the same thing needs to be said in different forums. It has also been pointed out that there is a distinction between self-plagiarism of original research and of review material.

Another form of editorial misconduct related to self-plagiarism is submitting large parts of the same original research paper to different publications. This is called "duplicate publication" or "redundant publication". Publishing separate parts of the same study with approximately identical introduction and methods sections in different journals is described as "salami publication".

The problem with these practices is that they distort the research record. Some writers hold that self-plagiarism in review or opinion papers is, arguably, less unethical, with no real harm done. Editors, however, hold that this too is an attempt to deceive editors and readers. At best, it constitutes intellectual laziness.

Deception, say editors, is the key issue in all forms of self-plagiarism, including in reviews. Few editors would like to republish a paper that contains large parts of previously published material. Readers, too, do not wish to read the same material in different journals. An attempt to deceive amounts to fraud and editors feel that it should not be tolerated by the academic community.

**Lancet editors. Self-plagiarism: unintentional, harmless, or fraud? *Lancet*. 2009; 374: 664**

### **Equity and climate change**

Rich countries are consuming enormous amounts of energy. If they are responsible for global warming, why should the poor be asked to reduce their already low consumption? This is the crux of the climate change controversy as it is played out today. Shouldn't the rich be doing all the cutting back?

In this editorial published in advance of the UN conference in Copenhagen on climate change, the writers argue that the climate change is global, the response should be global too. Further, saving energy always helps household budgets, just as drought-resistant crops help poor farmers. And everyone benefits from environment-friendly actions and technologies..

In fact, poor countries are more vulnerable to the impact of climate change in the form of drought and the impact on natural resources. Social conflict can be a consequence of such shortages.

The authors suggest that all societies should view this as a challenge. It is not possible to address climate change without tackling inequalities between rich and poor. Health has socioeconomic context and it is not possible to improve people's health without changing the iniquitous conditions in which they live and the forces that create these inequalities.

The authors make a plea for constructive discussion at the UN climate change conference in Copenhagen. Such a discussion is necessary if we are to ward off disaster. The rich must acknowledge their obligations, and the poor must realize that both rich and poor will have to act to reduce the impact of climate change.

**Jay M, Marmot MG. Health and climate change. *BMJ*. 2009;339:b3669**

### **The problem of ragging**

It is called ragging or hazing in English, "baptême" in French, "doop" in Dutch, and "mopokaste" in Finnish. Every language has its own word for the harassment that new students are submitted to as part of an initiation ritual. This harassment can be physical as well as psychological and it has a severe impact on the victims. In addition to bearing the scars of corporal punishment, the victims may be left emotionally damaged and also at greater risk of suicide. This article reviews the history and context of ragging and proposes measures to check it.

The author proposes various practical steps that authorities in educational institutions can take to control ragging. These include a ban on alcohol within the campus, surprise raids in hostels at night, postings of wardens in hostels, separate hostels for juniors, the establishment of college "disciplinary committees" and "cultural committees," strict punishments for those involved in ragging, action by Medical Council of India and the University Grants Commission against erring colleges and universities, and the formulation of anti-ragging laws. The author concludes that ragging should be declared a public health problem.

**Garg R. 2009. Ragging: a public health problem in India. *Indian J Med Sci*. 2009; 63; 6: 263-71**

## Poor access to drugs

Substandard drugs constitute a serious problem in developing countries. This is the justification for international collaboration to regulate drug quality and use appropriate procurement policies and practices to supply countries with the best quality drugs. The absence of such policies has often led to flourishing informal drugs market. Retailers sell tablet, creams and injections in appalling conditions. And public health authorities turn a blind eye. Fake drugs and those that have deteriorated are often the only option for many people who cannot afford good healthcare. Pharmacists selling branded medicines are restricted to urban areas.

Many countries permit these informal drug markets instead of enforcing international regulations for drug production and marketing. Drugs should be made affordable to local populations, and stored and transported properly so that they remain effective. Such action requires support from international health agencies.

**Basile Keugoung. The availability of drugs for rich and poor people in the developing countries. *Lancet*. 2009; 9; 586-7**

## Anticipatory science and bioethics

The four principles of bioethics seem to articulate the problems faced in the doctor-patient interactions. But this framework may be more difficult to apply in other situations. The author examines this subject using the example of the artificial heart, which involves experts from outside the field of clinical medicine.

Bioengineers are more likely to be experts in aeronautics, fluid dynamics, or materials science, disciplines that are considered essential for the design of artificial hearts. Their focus is on manipulating devices and calibrating them in order to ensure that they work well and dependably. This preoccupation can overshadow clinical issues, which they consider the business of medical experts.

In the case of a mechanical heart, the partnership between bioengineers and surgeons can focus on technical discussions regarding the device. Patients already face anxieties over feeling a "less human", mechanical dependency or failure, and their new status as research subjects or "implantees". They are often left out of the discussion. The attitude of professionals - in both engineering and medicine - can be that these patients are lucky to be alive. But saving lives is not enough. It's not equal to alleviating suffering.

The author of this essay argues that in such experimental realms, one has to be prepared to be imaginative about the emerging moral questions. While the themes of non-maleficence, beneficence, autonomy, and justice do have application here, they may be insufficient to capture the open-ended, moral complexities of such "anticipatory science".

**Sharp L. The art of biomedicine: Bioengineered bodies and the moral imagination. *Lancet*. 2009; 374: 970-1**

## Reporting conflict of interest

Financial conflict of interest in biomedical research has been associated with a number of unethical practices, such as reporting of pro-industry conclusions, excluding negative results, and using biased study designs. Historically, physicians have been left to disclose conflicts of interest in their work and these declarations have not been verified independently.

This study compared physicians' disclosures in academic fora to their disclosures when they were required to make them for regulatory reasons. Five US companies controlling 95% of the markets for total hip and knee prostheses were compelled to make financial disclosures, as part of a settlement with the U S Department of Justice. Researchers compared these disclosures to declarations made by the same physicians when they published or made academic presentations.

They found that 71.2% of the payments were disclosed. 79.3% of payments directly related to the topic of the presentation were disclosed; 50% of payments indirectly related were disclosed; and 49.2% of payments unrelated were disclosed. Payments were also more likely to have been disclosed if they exceeded \$10,000, were directed toward an individual physician rather than a company or organisation, or included an "in-kind" component. The justification for not disclosing was often that the payment was unrelated to the topic of presentation or that the physician had misunderstood the disclosure requirements

**Okike K, Kocher MS, Wei EX, Mehlman CT, Bhandari M. Accuracy of conflict-of-interest disclosures reported by physicians. *NEJM*. 2009; 361:1466-74**

## Ethical principles and the practice of urology

Urologists are often confronted with situations with major ethical implications. The author of this essay examines the following situations: seeking informed consent from patients for interventions, selecting patients for educational workshops, recruiting patients for clinical trials, and employing technology in treatment. The author emphasises that in all these situations, proper communication of the benefits and risks should become an integral part of the ethical physician-patient relationship. Three essential elements of effective communication are mentioned: communication of the certainty of risk (evidence base), the level of risk, and the effect of such risks.

**Mohan A. Ethics and contemporary urology practice: Setting out principles *Indian J Urol*. 2009; 25: 340-2**

## Pros and cons of human microdosing

Human microdosing is a technique to study the behaviour of drugs in humans through the administration of very low doses. These doses are just high enough to elicit a cellular response but low enough to avoid the production of whole-body effects. This new experimental technique - also described as a "phase 0 study" - is viewed as an efficient approach to identify promising molecules in the early phase of development. The authors suggest that drug researchers have underutilised this methodology due to lack of understanding of its benefits and

limitations. In fact, human microdosing can help shorten the time to phase-I studies, lead to early selection of promising compounds, avoid exposing participants to new drugs unnecessarily, and, because of the low doses, are less risky to humans.

The authors also list a number of disadvantages. Participation in such trials may reduce the pool of subjects for traditional phase-1 trials that may have some therapeutic intent. Microdosing also requires ultra sensitive equipment which is not easily available and it may be difficult to predict different levels of absorption for certain drugs.

Despite these obstacles, the authors conclude that human microdosing is a promising strategy that needs scientific validation in the field of drug development.

**Seth SD, Kumar NK, Dua P. Human microdosing, a boon or a bane? *Indian J Med Res.* 2009; 130; 202-4**

### **Balancing clinical and research commitments in clinical trials**

The authors look at the conflict of interest between research and clinical practice in clinical trials. They conducted an online survey of 744 clinicians, including physicians, research nurses and other clinical staff, and asked questions regarding recruitment of patients, clinical management within a trial, and the decision to withdraw a patient from a trial. Their findings suggest a significant bias towards clinical interests.

Approximately 64 percent of respondents thought that researchers should deviate from the protocol to improve subjects' care. 52 percent of respondents worked on a trial that prohibited using a medication that they believed to be in a subject's best medical interest; over 28 percent of these reported giving the medication at least once, despite this restriction. Of the 69 percent who reported having had a patient ineligible to participate in a trial, but for whom they believed the trial would be beneficial, 22 percent recruited the patient anyway. [ss1]Of the 36 percent who reported having patients who met criteria for termination from the trial, irrespective of any medical benefit that it might have, nine

percent reported that they kept the subject in the trial anyway.

The authors conclude that the scientific validity of clinical trials may be compromised by researchers' desire to act in best medical interests of their patients/ trial participants.

**Lidz CW, Appelbaum PS, Joffe S, Albert K, Rosenbaum J, Simon L. Competing Commitments in Clinical Trials. *IRB: Ethics & Human Research.* 2009;31, 5:1-6**

### **Factors affecting organ donation in Pakistan**

Pakistan (along with India) is a centre of organ transplantation in Asia. This has raised many ethical questions given the existence of an organ trade despite a law against it. The authors sought to study bioethical issues surrounding organ transplantation in Pakistan.

They conducted face to face interviews with a convenience sample of 408 people in Karachi, Pakistan and looked for independent predictors of knowledge of and motivation for organ donation. They found awareness of organ donation to be correlated with education and socioeconomic status. The motivation to donate was in turn associated with the awareness of organ donation. Religious beliefs play a major role in deterring many people from donating. This is despite the fact that a number of Islamic organisations around the world have issued opinions and edicts in favour of organ donation, describing it as "an act of merit."

The authors express the need to educate people with relevant information, including the benefits of organ donation and the possible risks as well, so that people can make informed choices on the matter.

**Taimur S, Ishaque S, Habib N, Hussain S, Jawed A, Khan A et al. Knowledge, attitudes and practices survey on organ donation among a selected adult population of Pakistan. 2009; *BMC Medical Ethics.* 10:5**

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