

## COPE moves into the next millennium

The Committee on Publication Ethics (COPE) is now three years old. This, its third report, shows that the casework continues. COPE continues to discuss a wide range of cases, from possible research fraud to the milder end of the spectrum, such as author disputes and redundant publication.

When formed in 1997, COPE's major objective was to provide a sounding board for editors who were struggling with how best to deal with possible breaches in research and publication ethics. Most case discussion has taken place during the bimonthly COPE meetings, but some editors have corresponded with the committee and advice has been offered through correspondence. The possibility of extending the work of COPE has arisen during preliminary discussions with the ethics committee of the World Association of Medical Editors (WAME).

WAME has approached COPE with a view to a collaboration. Professor Michael Callahan from the University of California, San Francisco, and Chair of the WAME Ethics Committee has put forward several proposals. These include:

- That we establish a link between the WAME website and COPE website and notify WAME and COPE members of the arrangement.
- That WAME will consider posting the COPE Guidelines on *Good Publication Practice* on the WAME site. WAME members can then comment directly on the guidelines and suggest modifications as and when appropriate.
- To consider organising a joint session at the Peer Review Congress in Barcelona in 2001, possibly involving case-based discussions and practical testing of the guidelines on *Good Publication Practice*.
- To formally establish the liaison between WAME and COPE by jointly reviewing problematic cases submitted by editors. One proposal is that COPE cases would be posted in a fully anonymised form on both websites for discussion before COPE meetings. A member of the committee might be designated to produce a short synthesis of views and suggestions for presentation to COPE members at the meeting. A summary of the discussion and proposed action could then be posted on both websites.

This could result in an important learning experience for WAME and COPE members and broaden the debate on research and publication ethics around the world.

These proposals were formally discussed at the September COPE meeting and all were endorsed with enthusiasm. Further discussions will be arranged between the two committees to consider the practical implications in establishing the alliance.

COPE published the first incarnation of its *Guidelines on Good Publication Practice* in its 1999 report.

At the time of publication, the guidelines were intended to be changed as circumstances evolved and feedback was received. Possible changes to the COPE guidelines include:

### 1 Dealing with misconduct

An editor has drawn attention to the point that authors should usually be informed before their employers are contacted (section on Serious Misconduct 3.11). However, we propose that this point is brought forward to become new (2) to give authors the opportunity to respond.

### 2 Authorship

COPE case 00/06 drew our attention to the problem of "ghost" authorship. We would suggest adding (5) authors must be increasingly vigilant of ghost-writing to which their names are appended. Ghost-writing in the scientific community should be severely discouraged.

Following this, further consultation took place and more than 200 journal editors in the United Kingdom were asked whether they would feel able to endorse the COPE guidelines and possibly publish an editorial or the complete guidelines in their journal. About 50 per cent of editors responded, most of whom felt able to give total support to the guidelines in their current form and many publicised them in their journals. *BJU International* even printed the COPE logo on the cover of the journal.

The core members of COPE have interpreted this response as being highly supportive and an indication that COPE now needs to move on into the next phase of its existence. We feel that the committee needs to proceed on a more formal basis with a constitution, elected officers and a management committee as well as clear operating guidelines. This report contains a draft constitution and a summary of the process by which we propose to relaunch COPE.

During the past year COPE members have contributed to a number of national and international meetings. Michael Farthing and Richard Horton were invited speakers at a session on research and publication ethics at the European Cardiological Society meeting in Barcelona in 1999. Papers summarising our work are to be presented at editors' meetings in Washington and Barcelona in 2001, and we have been invited to organise a symposium for the United European Gastroenterology Week in Amsterdam in October 2001. Members also contributed to the 5th World Congress of Bioethics, which took place in September this year at Imperial College, London. We believe these activities are beginning to address one of our stated objectives—namely to encourage education and research in publication ethics.

Finally, one of the key events of 1999 was the Joint Consensus Congress on Misconduct in Biomedical Research held in October 1999 at the Royal College of Physicians in Edinburgh. Experts presented position papers on all aspects of research misconduct and additional evidence was provided by other invited speakers on definitions, epidemiology, diagnosis, management and prevention.

The Consensus Panel, chaired by Lord Robert Kilpatrick, considered the evidence and produced a final consensus statement under three headings: The

Definition of Research Misconduct; How do we Promote Good Research?; and What should happen next? We have reprinted the consensus statement here but it is now more than a year since the meeting and it is difficult to be certain whether any of the recommendations in this report have been taken forward. Two steps forward .... and one step back?

Michael J G Farthing  
Chair, COPE  
September 2000

## Who will lead on research and publication misconduct in the UK?

The General Medical Council continues to hold jurisdiction over medical practitioners who are alleged to have committed research misconduct. There is a steady trickle of major cases that make the headlines, but all the evidence suggests that the GMC is totally overwhelmed. The GMC has made an important contribution in the publication of its report *Good Practice in Medical Research* (1999), but is increasingly under the spotlight regarding its ability to deliver on the professional conduct agenda.

COPE has always strongly believed that the cases that finally reach the GMC are merely the tip of an unmeasured iceberg. The personal experience of many COPE members suggests that possible cases of publication and research misconduct are dealt with inadequately. At talks or seminars on research and publication dishonesty, asking the audience how many of them have been aware of possible research dishonesty or misconduct in their department or institution illustrates the problem. Within this admittedly selected and probably biased group, the response is generally 10–30 per cent. But when challenged with What did you do about it? the response is usually ..... nothing.

Despite new legislation few individuals feel that the current climate is conducive to “blowing the whistle.” Editors similarly feel impotent to deal with many of the cases that cross their desks, although the COPE guidelines on *Good Publication Practice* have gone some way to providing practical advice, which, we believe, will ultimately increase the referrals of concerns about authors and their papers to the heads of their organisations.

Nevertheless, our experience indicates that this is not a panacea. A vice chancellor or dean of a medical school may be understandably reluctant to investigate a senior colleague who, in some instances, may be a life-long friend.

Debate continues as to who should take responsibility for investigating alleged research misconduct by non-clinical scientists. Currently it seems to be the role of the employing institution to investigate and to instigate appropriate disciplinary measures which, of

course, might ultimately lead to involuntary severance. But there seems little to stop such an individual seeking re-employment in another institution, particularly if the conditions of severance are disguised, or from moving overseas. Recent events have shown how a clinician can be struck off in one country and then move to another to take up employment without any communication between regulatory agencies.

COPE members had great hopes of the Joint Consensus Conference on Misconduct in Biomedical Research held at the Royal College of Physicians of Edinburgh in October 1999. The Consensus Panel chose to use a broad definition of research misconduct: “Behaviour by a researcher, intentional or not, that falls short of good ethical and scientific standard.” Eminently sensible recommendations were made on how to promote good research, which centred around changing the culture, education, training and vigilance.

The Consensus Panel also saw fit to pronounce on “what should happen next?” Although many COPE members would have preferred a recommendation for the development of an external agency to deal with all aspects of research misconduct such as those in place in the USA and the Nordic countries, this was not to be. However, the panel did suggest that a national panel should be established to develop and promote models of good practice for local implementation, provide assistance with the investigation of alleged research misconduct, and collect, collate and publish information on the incidence of research misconduct. As yet we have seen no signs of this panel and no individual or sponsoring body has emerged.

There needs to be a real commitment to take this forward. COPE has written formally to the president of the Royal College of Physicians and the General Medical Council on the issue. A reply has been received to the effect that discussions have been held. We wait to see what action ensues.

Michael J G Farthing  
Richard Smith, Editor, *BMJ*  
Richard Horton, Editor, *The Lancet*