

## Introduction

Michael J G Farthing  
Editor, *Gut* and Chair of COPE

COPE started in 1997 as a rather modest self help group for editors. It has subsequently taken on the role of an action group to try and raise awareness of, and work on the prevention of research misconduct. It also aims to draw other people into the debate of whether we are doing enough to tackle the problem.

This year COPE changed its constitution and the senior officers in the organisation are now elected. We now have an executive and a properly constituted council, with set terms of office.

We have produced annual reports and held several seminars. The first seminar was in our foundation year when we asked how editors should respond to publication and research misconduct. That was borne out of our frustration at seeing many examples of misconduct, but feeling powerless to do anything about it.

Our first report was published in 1998 after which we held a second seminar to work on our guidelines on good publication practice, published in the *COPE Report 1999*.

This, then, is our third seminar which really grew out of a consensus seminar in Edinburgh in October 1999. That meeting brought in a whole range of stakeholders from the royal colleges, the General Medical Council, the Academy of Medical Sciences, the pharmaceutical industry and many others. The idea was to draw people into the debate as to whether we needed an independent body. And just a month or so ago, the Royal College of Physicians of Edinburgh published a blueprint for a possible national panel for research integrity which will inform our debate this afternoon.

People often say that we are making a fuss about nothing. Serious research fraud is rare, they say. Minor misdemeanours can be put right by appropriate training and education; we have got guidelines already in place; and it is employers' responsibility to sort it out. End of story. But we don't know how much serious fraud there is out there. We don't know whether training and education will eliminate minor misdemeanours. We still don't know how to deal with misconduct in spite of all these many guidelines, some of which have been around for 10 or 12 years.

We do, of course, have the General Medical Council (GMC) which does a very good job. But it can only deal with medical practitioners and is already overloaded. A few weeks ago a case was eventually dismissed under the terms of European Human Rights legislation for having kept the defendant waiting for four years.

Although the GMC have promised to speed things up, looking at what is currently on their books does not bode well for the lesser forms of research miscon-

duct, which many of us feel are important, but which are currently falling between the cracks. A case that exemplifies how the British system has failed to deal with the issue is illustrated by a whistleblower who was intimidated by the institution. An internal enquiry by a London medical school found the individual guilty, but no action was taken. It took a second whistleblower to refer the case to the GMC. It was 10 years before the case was heard. And that was in November 2000.

We have got good mechanisms in place, but the culture is such that it is not always easy to get due process. We rely enormously on whistleblowers. Despite new legislation they are extremely reluctant to come forward, particularly to provide evidence for an internal enquiry. Whistleblowers have told me that when they talked to the department, or university, or institution head, they were dissuaded from taking the matter further.

**I think we have to be reminded of the basic fundamentals of honesty, time and time again. It starts in medical schools but clearly continues throughout one's professional life. Like all things laws are only made for the minority, but I do think we need enforceable laws governing research and publication conduct.**

Finally, let me draw your attention to a paper published in the *BMJ* earlier this year, which I found deeply disturbing. It was about Dundee medical students and written by Dundee medical students who asked whether tomorrow's doctors were honest. Students were presented with 14 different real life scenarios, and asked what they would do in the same situation, whether they had ever done the same thing, and if not, would they do it?

Forging a doctor's signature for an assignment was considered acceptable by 7 per cent; 9 had done it already. Seventeen per cent thought it was OK to plagiarise, and 14 per cent admitted having done it. But the most disturbing finding was that that one in four thought it was OK to write in a patient's clinical notes that a central nervous system examination had

been done and was normal, when they had not done the examination at all. Almost a third (32%) of the students questioned had already done this.

I was so alarmed by this that I talked to every year in my own medical school about this. Some of my students thought I was over reacting about the CNS scenario. It was, after all, only a student write up they said. What harm could it possibly do anyone? But it is still dishonest. So my starting point for today is that I

don't think there is anything intrinsically different about us as doctors from any other part of the community.

I think we have to be reminded of the basic fundamentals of honesty, time and time again. It starts in medical schools but clearly continues throughout one's professional life. Like all things laws are only made for the minority, but I do think we need enforceable laws governing research and publication conduct.