

## A survey of editors' conflicts of interest

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In 1993 the International Committee of Medical Journal Editors acknowledged that: "All persons involved in the peer review process, including editors, might have conflicts of interest."

Over 500 journals subscribe to the Uniform Requirements for Manuscripts to Biomedical Journals, and many now publish information about the financial conflicts of interests of authors. But little is known about editors' conflicts of interests and the mechanisms in place against them.

The study aimed to determine:

- Whether editors declare their financial conflicts of interest, and if so, where?
- How important editors feel it is to declare their financial interests
- Whether editors intend to declare these in the future
- If editors declare non-financial conflicts of interest

We posed the questions to editors, editorial boards, and other editorial advisors.

We wanted to select a representative sample of medical journals, but there is no established method for identifying a representative sample across all the categories of medicine. So we opted for one category: general and internal medicine.

### *Combined sampling strategy*

We took a random sample of 35 of the 108 (32%) journals using the ISI Web of Knowledge Journal Database. We also deliberately selected the top five US and the top five non-US journals, based on impact factor, because these often influence editorial practices. We excluded five duplicates, leaving us with 40.

Senior editors were sent a questionnaire by fax with a cover letter signed by Richard Smith, and non-responders were contacted by telephone. Some completed over the telephone.

### *Results*

Three journals had to be excluded, one because of insufficient contact details; two had closed. Overall, the response was 81% (30/37). And all the top 10 journals responded.

Overall, 63% (19/30) of editors felt it was either important or very important to declare the financial conflicts of interest of their editors; 43% (13/30) their editorial board; and 37% (11/30) other editorial advisors.

Only nine (30%) stated that they have a policy to deal with editors' financial interest:

The *BMJ* declares individual editors' competing interests on its website (including financial and non-financial), and one other journal published a detailed internal policy.

For the others:

- Editors have to declare if they have an interest for each paper they deal with
- Editors sign financial disclosure statements, but it's not clear if this is done only when they join the journal or if it's an annual procedure
- Editors are "not allowed to have interests"

The percentage of editors saying they do not intend to declare financial interests (this year/next year/not at all) was as follows:

- 37% (11) editors
- 53% (16) editorial board / other advisors

The reasons given for not declaring interests included:

- "unnecessary"
- "editors do not have conflicts of interest"
- "issue has never been considered"

Only eight (27%) intended to declare financial interests of editors in the next couple of years.

Similar proportions (two thirds) of editors from the top 10 journals and other journals confirmed it was important to declare editors' financial interests, but 60% of the top 10 have some sort of a policy to deal with it compared with only 15% of the others. It's not clear if this is a matter of editorial resources.

### *Conclusions*

- Only half of those who thought it was important to declare editors' financial competing interests actually have a policy to deal with the issue.
- It's an internal, often vague process.
- And it's often not made clear exactly how some policies are put into effect and how conflicts of interest are defined.
- There are few mechanisms in place to ensure that declarations are updated.

The research was limited to one category of medicine. Is this, therefore, a true reflection of what goes on across the board?

We sampled journals which have a strong influence on editorial policies, so it is likely that we overestimated current practice across all journals. But clearly greater transparency on this issue is needed as editors should be accountable for the decisions they make about scientific research.

## Comments

### *Has the case been made for editorial misconduct?*

**Richard Smith:** If the case is not made for research conduct, is it made for editorial misconduct?

**Sati Ariyanayagam, Multiethnic Research Council:** As far as transparency and openness are concerned, the case is made, but in terms of the impact of editorial misconduct on public interest, I am not sure that it has."

**Richard Smith:** "Much of the focus to date has been on high profile cases of people inventing data and severe plagiarism, which are probably not that common. And the effects are not necessarily that severe. But more minor forms of misconduct—publishing more than once, not publishing at all, being unclear about authorship, not declaring competing interests, post hoc analysis (manipulating data for positive results)—these things happen often, and combined, probably have severe effects. But it may be too easy to dismiss the big cases as not having that dramatic an impact."

**Iain Chalmers:** "People do remain to be convinced. If editors had tackled some of these things themselves, they would be in a stronger position now."

**Doug Altman:** "I am not sure that there has to be evidence of clear harm to the public before this is considered to warrant action. Drug testing of sportsmen and women does not have a direct impact on the public, but we still do it."

We are talking about the whole research system, which should be based on trust and integrity. All of the things that we have mentioned chip away at trust and integrity, and all research is downgraded and devalued in the public perception. When scientific research is devalued, it's not just bad for scientists but for the public as well."

**Andrew Herxheimer** agreed, and added that when a conflict of interest was declared, it was rarely explained. "If someone declares sponsorship from a company, it is important to know why this constitutes a competing interest. Transparency is not just for those who know already; it has to be for those who don't know."

A code of conduct should confer a badge of trustworthiness for editors, he suggested.

**Pritpal Tamber, medical editor, Biomed Central** felt that it was not worth worrying about whether the case has been made. "There's a lot of poor peer review practice going on, and past the top end specialist journals, things can get murky. In areas, where there is a lot of money to be made, such as nutrition, there's a great deal of 'murky' behaviour. I think it is important, therefore, to get something established."

**Richard Smith:** "If people don't accept there's a problem, they won't be interested in a solution. Clearly, we've been thinking about misconduct for 20 or more years, but have paid almost no attention to editorial misconduct. That's likely to be because we don't want to face up to our own iniquities."

### *Don't make assumptions about the big journals*

**Peter Wilmshurst:** warned against complacency about the probity of the big journals. He cited the case of amrinone, which had horrendous side effects. The first study detailed only six patients, with no dose response. The paper was accompanied by an editorial, which made claims that were not substantiated by the findings of the paper, but the writer was on the editorial board and a close personal friend of the lead author. The paper had five authors, two of whom were full time employees of the manufacturer, and the editorial writer was a paid consultant, nothing of which was stated in the publication.

**Kurt Hellman, former editor, *Clinical and Experimental Metastases*,** said that one of the big journals had published a new paradigm of something that had been published 30 years ago, but to which all references to the previous work had been omitted.

**Stephen Evans:** "The big journals have immense power and influence, so people will tolerate all kinds of misconduct, provided their research gets published in the journal. Editors of big journals have an enormous responsibility to lead the world in integrity because of that power."

Editors have to be very careful about publishing in their own journals but they should be allowed to reject a paper after acceptance, he felt, because a major statistical flaw might subsequently be found. But there needs to be a transparent process for that, with referral to an independent ombudsman.

**Richard Smith:** "An important point is emerging here: we don't know what editorial misconduct looks like. Quite a lot of things on Doug's list are not on the code I have drafted, which illustrates how we come at it from different angles. And it illustrates how authors have a very different view of editorial misconduct than do editors and the world at large."

**Doug Altman:** "People will do anything, including lie, in order to get published in the major journals. Indeed, the case could be made that the risk of scientific fraud may be higher in the major journals because the incentive is so much greater."

**Iain Chalmers** cited three instances of behaviour on the periphery, where changes had been made without him seeing the proofs, because of journal policy (*BMJ*). All the mistakes were now implicitly attributed to him.

**Richard Smith** cited John Bailar, professor of statistics at the University of Chicago and statistical adviser to the *New England Journal of Medicine*, who said: 'Disclosure is almost a panacea.'

"So I would argue that as long as we spell out that it's because we want to publish letters and obituaries quickly and don't want to get bogged down in process, you can make an informed choice about whether you want to submit under those circumstances."

### *Don't stifle original thinking*

**Brian Gennery, President, Faculty of Pharmaceutical Medicine** said that all this might

end up abolishing the department of whacky ideas, citing the use of beta blockers in cardiac failure as a case in point. This went against conventional teaching, when first described 25 years ago, as a result of which many people with congestive heart failure who stood to benefit were never given these drugs, he said.

"It's only in the past five years that we have come to recognise that this thinking was completely wrong. I suspect the reason that information never got into journals is because it went against accepted wisdom."

**Iain Chalmers** said that the peer review process was incredibly conservative. "There is inbuilt conservatism to ideas."

**Doug Altman** clarified that the intention was to prevent studies being done badly rather than to suppress hypothetical arguments.

#### *Is inaction misconduct?*

**David Schriger, UCLA Center for Statistics and Medicine, *Annals of Emergency Medicine*:**

"Sensational research misconduct case may obscure the mass of lower level cases that may have greater impact. The amount of effort and potential legal battles are such that people tend to play ostrich. By not acting, we may be creating greater problems than the cases where the editor is guilty of gross misconduct."

**Richard Smith:** "COPE has changed the world for some of us in that we now feel an obligation to act, and that it's misconduct not to." Most of the problems he experienced were with unpublished papers, which led into years of fruitless correspondence, he said.

He agreed that it was harder for editors who were part time with few resources at their disposal. The few incidences on small journals created alarm, with lawyers cautioning against taking action. He wanted to know if editors should take responsibility for unpublished papers.

**Doug Altman:** "They have particular responsibility for correcting the record and investigating allegations for papers they have already published. Although different, they also have a responsibility for submitted papers. One is an obligation; the other is more a societal duty."

#### *Where do editors' responsibilities end and publishers' start?*

**Richard Smith** wanted to know where the responsibility of editors ended. If someone submitted a paper describing misconduct elsewhere, was there a duty to follow it up, except that the unwritten law of journalism, that dog doesn't eat dog, would preclude that.

**Doug Altman** felt that was amply illustrated by the cases presented in which authors failed to get journals to publish criticism of other journals.

**Andrew Herxheimer** wondered if commercial publishers would feel equally morally obliged to spend money on following up allegations of misconduct.

**Richard Smith** said that some of the big publishers had paid up for their journals to belong to COPE so

that there was some obligation. But **Alex Williamson, publishing director of BMJ Journals**, said that Nature Publishing Group and Reed Elsevier had not done so on the grounds that this was not an effective use of their money.

**Stephen Evans** said that editors were capable of putting their own house in order. "We therefore don't need to make a case to the big wide world; we need to make a case to ourselves. And that's been done."

He wondered if Biomed Central might not be able to publish "other people's dirty washing."

"We face the same issues. Editors believe in open access, but they are just not trained in these wider responsibilities," said **Pritpal Tamber**.

He felt there were many issues for small journals, about not being linked to a learned society, the quality of their peer review, their lack of accountability. "They make money for the publishers so why would the publishers want to fix what isn't broken?"

#### *The tradition of amateurism in scientific editing*

**Richard Smith:** "We have a whole tradition of complete amateurism. One day you are a professor of obstetrics and the next day you are an editor of a journal, with no training, no back-up, and no support. It would be totally unacceptable, if you reversed it. As an editorial community, we probably have to hold up our hands for being responsible for this as well."

**Michael Farthing:** "When talking about self regulation, if five editors think there is a case, there is a case, but there isn't a public interest in quite the same way. Self regulation is about spotting flaws before they become incidents."

Should editors be licensed, he wondered? Referring to the research study, which revealed that 40% of editors did not recognise competing interests, he said: "That's very serious. If they don't recognise it in themselves how will they be able to apply it to authors?"

**Richard Smith** pointed out the importance of the peer review congress because of its fundamental evidence of the craft of editing, yet 98% of editors did not attend the last one.

**Iain Chalmers** did not agree with the idea of a licence, at least until there was evidence to suggest it would work.

**Doug Altman** said that scientific editing was one of many things that people are supposed to know how to do without any training whatsoever. "We've recently done research into data monitoring committees: many people have no idea about what they are supposed to be doing."

#### *Linking conduct to funding*

**Richard Tiner:** "The concept of a European Scientific Press Council is a very sensible way forward. And there should be a website declaring publicly exactly who has signed up to it. This was suggested at the Royal College of Physicians' meeting in 2001; the funding bodies in attendance were keen on the idea

that research institutions should sign up to a National Research Council as a condition of funding.”

**Richard Smith** said that once funders were key to making things happen. The NIH in the States and the Wellcome specify that proper mechanisms are required to deal with misconduct if money is to be allocated.

An editor of a small specialist journal said that the advent of Biomed Central made it more difficult to define who or what the editor actually is. He urged prompt action on editorial misconduct, and called for the same standards to apply to smaller journals. They were better, because they didn't operate any triage like the big journals, and dealt with everything that came in through the door, he ventured.

### *Redressing the balance*

**Hoomen Momen, editor, Bulletin of the World Health Organization** said that research misconduct often involves patients or communities. Was there any way to redistribute justice to the community in question?

**Richard Smith** said that the *BMJ* tried to do this in some way, by acting on the many papers it receives from doctors who are not full time researchers, trying out their ideas on patients.

**Iain Chalmers** commended the *BMJ* for the value it placed on patients' interests in giving them access to its rapid response system. “It is the single most important advance in medical publishing I can think of.”

**Doug Altman:** “Rapid responses are very important, and it's shocking that other journals have not done the same thing.”

**Andrew Herxheimer** described how the enormous sale of COX 2 inhibitors threatens to bankrupt the pharmaceutical benefits scheme in Australia. This had arisen because publications had exaggerated the safety and efficacy of these drugs while the Licensing Authority was bound by secrecy agreements, so could not publicise the less impressive data.

**Richard Smith** concluded that everyone seemed to think there was a problem that needed addressing, and that there was no need to convince anyone else. He proceeded to outline the code.

## Code of conduct for editors

This is very much a first draft and “work in progress,” which has been produced, using the code of the Press Complaints Commission, the statement on responsibilities of editors from the World Association of Medical Editors, and my own ideas.

We will need feedback and “real cases” in order to arrive at a useful and workable code, which will continue to evolve.

I've deliberately made the statements positive rather than negative, and have aimed for a “lower common denominator” document, because it would seem to be pointless to propose a code that only a handful of editors currently meet.

I've tried to begin with an aspirational—but necessarily non-specific—statement.

Editors of medical journals are responsible for all their journals contain. They should:

- Strive to meet the needs of readers and authors
- Constantly improve the journal
- Ensure the accuracy of the material they publish
- Maintain the integrity of the scientific record
- Ensure that business needs do not compromise intellectual standards
- Always be willing to publish corrections, clarifications, retractions, and apologies when needed.

Any deviation from this code of conduct may be misconduct and could be reported to the Committee on Publication Ethics.

### *Accuracy and correcting the record*

Editors should take all reasonable steps to ensure the accuracy of the material they publish.

Peer review processes should be described, and editors should be ready to explain any important deviation from the described processes.

Whenever it is recognised that a significant inaccuracy, misleading statement, or distorted report has been published, it must be corrected promptly and with due prominence.

### *An apology must be published whenever appropriate*

If articles prove to be fraudulent or contain major errors that are not apparent from the text then they should be retracted—and the word retraction should be used in the title of the retraction (to ensure that it is picked up by indexing systems).

Cogent critical responses to published material should be published unless editors have convincing reasons why they cannot be. (Journals are advised to create electronic means of responding so that “lack of space” is no longer a convincing reason for not publishing a response.)

### *Ethics committee approval*

Editors should ensure that research material they publish has been approved by an ethics committee. They should satisfy themselves that the research is ethical as they can be held responsible for publishing “unethical” research even if it has been approved by an ethics committee.

### *Protecting the confidentiality of human subjects*

Editors must protect the confidentiality of information on patients obtained through the doctor patient relationship. As ensuring anonymity is almost impossible, this must usually be done through obtaining written consent for publication from patients.

### *Pursuing misconduct*

Editors are often the first recipients of studies that may involve some element of misconduct. If editors

encounter misconduct on the part of authors, their staff, or other editors then they have a duty to take action.

If the misconduct is by authors or other editors then editors will need to ask their employers or some other appropriate body (perhaps a regulatory body) to investigate.

Editors have a duty to ensure that a proper investigation is conducted, and if this doesn't happen for whatever reason the editors must persist in obtaining a resolution to the problem and a correction of the record if it is needed. This is an onerous but important duty.

#### *Relationship with publishers, owners, and the economics of journals*

The relationship of editors with publishers and owners is often complex and should pay attention to the tradition of editorial independence.

Editors clearly have to accept the economic realities of their journals, but decisions on which articles to publish should be based on grounds of quality and suitability for readers rather than on immediate financial gain.

#### *Conflict of interest*

Editors should have systems for managing the conflicts of interest of themselves, their staff, authors, and reviewers.

#### *Ways to complain*

Editors should respond promptly to all complaints and should ensure that there is a way for complainants who are dissatisfied with the response to take complaints further. Ideally this mechanism should be made clear in the journal.

#### **Living by the code**

1. All editors who are members of COPE will be expected to abide by the code, tell their readers that they do so, and provide readers with access to copies of the code.
2. COPE will consider complaints from anybody about editors who are members of COPE who breach the code. Such complaints should be made in writing with supporting evidence to the chairman of COPE.
3. The editors who are complained about will be asked to respond to the complaint in writing. The chair of COPE will attempt to resolve the complaint.
4. If this is not possible, then the council of COPE will consider the case on paper. Both the editor and the complainant will see all the correspondence and have a chance to respond in writing.
5. Both the complainant and the editor will be informed of the judgment in writing.
6. If the Council of COPE finds that the editor has breached the code then the editor will be

required to publish the adjudication in full in the journal. The editor will have the opportunity to respond to the facts of the adjudication, and the council of COPE may correct the piece to be published. The complainant will see the adjudication before publication and also be given a chance to correct any factual errors.

7. In the cases of serious breaches of the code then the Council of COPE may decide to notify the owners of the journal, expel the editor from COPE, or both.

#### **Other relevant codes:**

WAME (World Association of Medical Editors)

The Responsibilities of Medical Editors, posted August 5 2003

<http://www.wame.org/wamestmt.htm#responsibilities>

The following statement was drafted at a meeting of the World Association of Medical Editors (WAME) during a meeting at the Rockefeller Foundation Study and Conference Center in Bellagio, Italy, January 22-26, 2001. It has been revised by the Editorial Policy Committee and reviewed by the Executive Committee of the WAME Board before being posted on the WAME website.

Editors should:

1. Respect their journal's constituents (readers, authors, reviewers, and the human subjects of research) by:
  - Making the journal's processes (e.g., governance, editorial staff members, number of reviewers, review times, acceptance rate) transparent;
  - Thanking reviewers for their work;
  - Protecting the confidentiality of human subjects.
2. Promote self-correction in science and participate in efforts to improve the practice of scientific investigation by:
  - Publishing corrections, retractions, and critiques of published articles;
  - Take responsibility for improving the level of scientific investigation and medical writing in the larger community of potential authors and readers.
3. Assure honesty and integrity of the content of their journal and minimize bias by:
  - Managing conflicts of interest;
  - Maintaining confidentiality of information;
  - Separating the editorial and business functions of the journal.
4. Improve the quality of their journal by:
  - Becoming familiar with the best practice in editing, peer review, research ethics, methods of investigation, and the rationale and evidence base supporting them;

- Establishing appropriate programs to monitor journals' performance;
- Soliciting external evaluations of the journal's effectiveness.

*COPE Guidelines on Good Publication Practice*  
[\[http://www.publicationethics.org.uk/cope2002/pdf2002/21330\\_pp48\\_52.pdf\]](http://www.publicationethics.org.uk/cope2002/pdf2002/21330_pp48_52.pdf)

## 8. Duties of editors

### Definition

Editors are the stewards of journals. They usually take over their journal from the previous editor(s) and always want to hand over the journal in good shape.

Most editors provide direction for the journal and build a strong management team.

They must consider and balance the interests of many constituents, including readers, authors, staff, owners, editorial board members, advertisers and the media.

### Actions

1. Editors' decisions to accept or reject a paper for publication should be based only on the paper's importance, originality, and clarity, and the study's relevance to the remit of the journal
2. Studies that challenge previous work published in the journal should be given an especially sympathetic hearing
3. Studies reporting negative results should not be excluded
4. All original studies should be peer reviewed before publication, taking into full account possible bias due to related or conflicting interests
5. Editors must treat all submitted papers as confidential
6. When a published paper is subsequently found to contain major flaws, editors must accept responsibility for correcting the record prominently and promptly
7. Where misconduct is suspected, the editor must write to the authors first before contacting the head of the institution concerned
8. Editors should ensure that the Instructions to Authors specify the need for authors to obtain informed consent from patients included in their research

The code is not complete, and omits several issues raised here today. But it is a framework for discussion. What do we think of it? How can we refine it? What sorts of processes do we need to go through to begin to live by it?

Silvia Bonaccorso, vice president of Merck and a member of the *BMJ's* editorial board, has already commented. She said:

"The document lacks teeth. Even for a first draft, it lacks teeth. I see a problem with going for the lowest

common denominator. If we are going to set up a meaningful code of behaviour, it should not be guided by what editors can meet?the lowest common denominator. Editors are being held to the lowest possible standard, however the same kind of thinking is not what is required of authors, industry, and academia."

Richard sympathised, but said that drafting too rigorous a code which resulted in almost every editor being referred to COPE would be problematic.

## Comments

### *Separating authors' and editors' complaints*

**Norman Noah, Editor, *Epidemiology and Infection*** suggested that in the absence of a UK Council for Research Integrity, a UK association of medical editors should be formed, with a code of conduct, which was neither too all embracing nor too strict; training for editors; and a referee system with an ombudsman.

**Richard Smith** wasn't sure that another body in addition to COPE was needed.

**Norman Noah** contended that the problems of medical editors were different from those of authors, with which COPE primarily deals. COPE had more than enough to deal with, so at least an affiliated, but separate, body was needed.

**Richard Smith:** "COPE is an organisation of editors for editors, so we are well set up to take the next step to deal with complaints about editors. Membership provides a mechanism to require compliance with this code."

**Norman Noah** suggested that a subcommittee would be needed, to concentrate on the three criteria already mentioned.

**Richard Smith:** "We have legitimate sway over members of COPE, but have felt that we couldn't deal with editors who are not members of COPE. But we have begun to do that with authors, so if we were to establish some sort of code of conduct, we could begin to apply that to complaints made about non-members, asking for our advice."

**Michael Farthing:** pointed out that he was both chair of COPE council and chair of the committee, which could be regarded as incestuous. "We are not regulating editors at the moment; we are just advising them on decision making. But we can't be judge and jury. That's exactly why the GMC ran into trouble. They have now separated their strategic function from their investigatory/adjudicatory function. I think we would have to do that as well."

Complaints against editors would not be considered by the same group advising editors on misconduct, he suggested.

**Richard Smith** explained that this is what the ABPI had done in setting up its Code of Practice Committee. Silvia Bonaccorso had suggested that non-editors would need to be involved, if this is to have any credibility, he said.

**Michael Farthing** agreed, saying this was much closer to the Press Complaints Commission format, with lay representation. He felt the code was “a very good start.”

#### **Quantifying standards**

He suggested taking the Investors in People approach, which is to set the highest standards for entry at different levels (1-3). This would provide “a road along which to travel towards the highest possible standards.”

**Richard Smith** suggested this could be problematic, giving journals the perfect excuse to not be held accountable on the grounds that they were only on level 1.

**Michael Farthing** said a journal could make a public declaration as to where it was along the road to the agreed standards, and that the levels would provide targets to work towards.

He added that COPE was in the process of defining its advice to editors on specific cases in a bid to have a defensible framework should COPE ever be legally challenged.

#### **Avoid too much detail**

**Iain Chalmers** said that it was important to focus on what was really important. He reiterated the importance of rapid access in terms of opening up criticism. Could self criticism be included?

**Stephen Evans** cautioned against getting into too much detail, on the grounds that it would be too difficult to include all the possible ways in which editors misbehave.

“The fundamental thing is the way in which complaints are made to editors. For editorial misconduct, we need to have openness to comment on the editorial process, because a lot of rapid responses often criticise that.”

**Richard Smith** said that we should look to the differences of defining misconduct between the US, where they work to a tight operational definition, and Europe, which takes a general line to include any deviation from proper scientific standards as potential misconduct.

The European approach seemed the easiest one to start with, he suggested, with experience of referrals helping to establish more clearly what is and what isn't misconduct. “This is quite likely to change over time, which militates against producing an exhaustive list.”

**David Schriger** said that it was impossible to regulate good judgment. “If it gets too specific, you run the danger of missing the point. COPE can provide real resources for smaller journals, with something as simple as a rapid response, which not all journals are equipped to do.”

**Richard Smith** conceded that small journals find it difficult to launch into the process of righting a wrong, but potentially that's something that COPE could take on rather than just offering advice.

**Michael Farthing** disagreed on the question of detail. “If this is going to be meaningful, we do need to

include examples. People don't understand what's right and what's wrong.” The effort of providing seemingly detailed examples might clarify that.

“We rely very heavily on Cochrane reviews, which exclude many because they don't come up to standard, he added. But why don't they? Why have they been published?” He explained that in gastroenterology, the two reviews of the world literature both concluded that there wasn't a single paper which could be used to inform decisions about treatment for irritable bowel syndrome.

“What we have at the moment is the publishing cascade, where authors start at the top and then move down the hierarchy until someone publishes the paper. We could argue that we need to reduce the volume of what's published. It's certainly editorial misjudgement to publish some of these poorly controlled, underpowered, ill designed studies.”

**Richard Smith** pointed out that to include these studies would account for roughly 95% of the medical literature.

**Stephen Evans:** “Case studies are worth while, but trying to be too prescriptive is a waste of time. Instead of impact factors, there should be a factor that is a reciprocal of the proportion of papers a journal publishes which are thrown out by Cochrane.”

#### **. . . But think broad**

**Iain Chalmers** cautioned that ‘Cochrane is not a religion.’ There were plenty of other systematic reviews being done outside Cochrane. Studies can be excluded from Cochrane for several reasons—for example, the population studied in primary study not relevant to the question being addressed, he suggested. Exclusion on methodological grounds, however, would be a reasonable way to work out which sorts of papers are being published when they really shouldn't be.

**Doug Altman:** “Most medical research is not randomised trials, and most of these are not in the leading general medical journals. So we have to be careful to think broad.”

**Andrew Herxheimer** suggested that the ethics committee approving the study should be named in the paper, because “these committees operate in shadowy anonymity.” They ought to share responsibility for the studies they approve and be notified when the results are bad, he said.

Could cogent critical responses in rapid responses, if these were expanded to other *BMJ* Journals, he asked?

**Richard Smith** said that all the *BMJ* Journals had them, but did not use them. Of High Wire journals (400) with them, most are *BMJ* Journals. This was perhaps why the *BMJ* consciously went for the lowest threshold. “As long as it's not obscene or libellous, it gets posted; for many editors, that's a step too far.”

**Andrew Herxheimer** then proposed that Biomed Central might have a site, where people could post things about any journal.

**Doug Altman** said that the drawback to this was that rapid responses are not on Medline, so they are

not accessible to those who don't visit the *BMJ* website.

### Key points

**Richard Smith** felt that it was time to conclude the meeting. Having established that two thirds of the delegates were members of COPE, he asked several questions.

- Who thinks we should have a code of conduct for editors? This was passed.
- How many like the idea of different levels of entry, with a progress ladder? Only two delegates supported this.
- Who thinks the code should be tougher? Only one delegate felt it should be.
- Who thinks once we have the code, we should enforce it? Majority agreed.
- Should we have separate functions for self help and enforcing code? Majority agreed.
- Should we have non-editors for credibility? Majority agreed.

**Michael Farthing** suggested that the code should be posted on the website to consult widely among the membership, and that others should also be consulted, given that the code has been driven by authors complaining about editors. It was decided to include WAME, CBE, and EASE.

A delegate suggested developing a grievance procedure so that everyone would know how to use the code.

**Michael Farthing** suggested having a committee chair and a separate chair of council, who could be a lay person, to take responsibility for complaints against editors.

**Peter Wilmshurt** pointed out that changing the

words 'authors' to patients and 'editors' to doctors in the code would be akin to the GMC.

**Stephen Evans** suggested that the chair of council should be a person who has had experience as a journals ombudsman.

Another delegate suggested that 'bad cases make bad law,' and that there was no point making it too difficult for the many small journals to live by. "It is important to keep a sense of proportion about how angelic we want editors to be."

### Summing up

**Michael Farthing** said that he had met with Universities UK Health Committee during the afternoon. They had given him the responsibility to lead on research misconduct. He would form a group to interface with the NHS and other partners to push the initiative forward.

He said that he had reported back in some detail on what had been discussed at the seminar. This was greeted with enthusiasm. UUK recognised that consensus was needed and that it was important for everyone to go forward together. "We need to see what happens over the next few months, but I am more optimistic about the future than I have been."

He commended delegates for their hard work and felt the seminar to have been very productive. "We have a code for editors and I hope that we really will have something towards an independent body for research integrity for the UK during the next six to nine months."

He ended the day by thanking Rachel Fetches, honorary secretary to COPE, for all her hard work in organising the day, and the BMA for allowing their facilities to be used.