

“Publish and be damned!”

Many years ago, Lord Wellington, if I remember correctly, the hero of the battle of Waterloo received a letter from a woman. In it, she threatened to write in her memoirs, that she had had an affair with the British hero. Of course, for a stipulated sum of money, she would be happy to conveniently forget the whole affair and let Lord Wellington’s reputation stay intact.

The response from the Lord was immediate and typical : “Publish and be damned!” he roared. Words which are famous and are known to most people

Why do I remember this episode now? Some time ago, I helped a colleague on a research project. I was not happy with the results and proposed to my colleague that I would appreciate being acknowledged in the paper – but only in the “Acknowledgements” section. Under no circumstances was I to be made a co-author, because I disagreed with the basic hypothesis behind the project. Imagine my surprise now that I learn that the paper has been published – and I am a co-author!

What are the options before me? One – and my first response – is to write to the editor of the journal and state quite clearly that I disown authorship. I have no clue what the next step of action would be. As an afterthought, though, I have decided to adopt the Wellingtonian response – Publish and be damned!

However, the issues are much more serious than they would appear at first glance. (This does not apply in my case.) However, it must be noted that fraud in medical research is far from uncommon. There have been numerous reports of authors gifting co-authorship to other, usually senior or respected scientists, in the hope of achieving a better chance of acceptance of their “research” papers in reputed journals. Often, the people are not even informed about their being co-authors and most, presumably, do not even object. Unfortunately, many of the fraudulent researchers seem to commit some elementary mistake or the other and come a cropper at some stage. Along with the fraudulent scientist, the co-authors too are implicated and lose their reputations.

This has happened mostly in the West. I cannot recall, offhand, any fraudulent papers in Indian medical science – which is not to say that there isn’t any fraud happening.

What steps should authors – and journals – take to prevent this (losing one’s reputation due to somebody else’s misdeeds)? Most foreign journals now require all co-authors to sign the letter of submission, stating that they have seen the draft and approve of it. *The National Medical Journal of India* and *The Indian Journal of Cancer* are two such Indian journals which follow this policy. *The Indian Journal of Gastroenterology*, I note from their “instructions to authors”, is willing to accept the senior author’s signature

on behalf of all the others. Clearly, the journal that my esteemed colleague sent her paper to, also practices the same policy. This practice is dangerous.

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In a recent issue of *The National Medical Journal of India* (2000; 13: 327-328), Sunil K Pandya, in his Letter from Mumbai, has written about the charade that took place in October 2000 – the Prime Minister’s knee surgery at the Breach Candy Hospital. He refers to the subservient attitude of the Indian doctors. (I wonder why he missed the opportunity to use a phrase which would have been apt : “Indian doctors genuflect!”.)

By sheer co-incidence, the very next day after reading the article, I learnt, from the newspapers, that Dr Ranawat had been bestowed a **Padma Bhushan?** by the government of India for, presumably, his services to mankind. I find it interesting, to say the least, that no medical body has found it worthwhile to object, either to his being asked to operate on Mr Vajpayee, in spite of excellent Indian orthopaedic surgeons being present in India, or to his receiving such an award soon after. Surely, there are genuinely good Indian doctors in this country whose good deeds need to be recognised by the government?

One more point, though. A colleague suggests that had an Indian doctor operated on the Prime Minister, soon after the Kumaramangalam episode – with disastrous results or even results just short of impeccable – Indian medicine would have got a bad press and it would take years to recover from it. Any comments?

Dr Pandya’s letter also refers to the fact that VIPs expect – and get- preferential service. The common man doesn’t. I find the term “very important patient” absolutely abhorrent. Surely, every patient is important, at least to his family. (This reminds me: Some years ago, a Doordarshan newscaster announced the news of an Indian Airlines aeroplane crash and ended with the words “There were no VIPs on board” – and predictably got roasted for it. Not much has changed, though, in our thinking. Only the style of expression has changed. About three weeks ago, a newspaper report on a near-crash ended with the words, ‘The minister...was among those on board the flight’).

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One more medical term that I dislike. Immensely. Obstetrician and paediatrician friends explain to me patiently that the word “precious baby” has certain connotations and that all physicians understand it. All babies are precious – so cannot some other term be used?

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