

Deceptive perpetrators under cover: are they on the rise

The pursuit of academic advancement in the field of medicine entails trudging through the rough terrain of medical journals. The current standard set by the Medical Council of India regarding departmental promotion in medical institutions has made publication mandatory. The need to “publish or perish” has driven academicians into a rat race where fraudulent behaviour for personal gain has reached its nadir (1). It must be accepted that many clinicians and researchers, however competent and distinguished they are in their profession, lack literary or journalistic skills. However, the current academic standards make publication mandatory for academic elevation. As a result, more and more medical professionals in academics are lured into abusive co-authorship and publication parasitism in the race to optimise “industrial standards” (2). This grey area is ventured into by the so-called “white bull” who is busy reaping the fruits of such scientific dishonesty (3). [3]

The “white bull”, adopted from Greek mythology, refers to authors who wilfully, but stealthily, enter into fraud and scientific dishonesty (3). They are mainly unscrupulous senior collaborators holding departmental positions, and have a distinct behavioural pattern. Their objective is to attain fame and monetary gain while providing minimal or no logistic support towards an article.

This was evidenced by the issue of multiple authorship, which has risen dramatically over the years (from 4.5 in 1980, 6.9 in 2000, to over 15 in 2007), even in high impact journals, leave alone the many low profile journals (4). The incidence of multiple authorship is reported to be 80% for clinical research, 59% for life science research, and 4% for hard medicine like physics and chemistry (4).

Adding spice to the current thriving practice of “authorised deception” is the payment that some journals require for publication (5). This has given journal representatives an avenue into the trade. Substandard articles gain easy access to publication, with the white bull playing the lead role of seducing editorial staff and even reviewers. Junior researchers are at the receiving end of such nepotism. Though they may be major contributors to an article, they are forced to enter into unfair deals. Any thought of “whistle blowing” is buried under the fear of retaliation, career sanctions and thus an early end to future research ambitions (3).

Research misconduct includes deliberately providing incomplete or improperly processed data, failure to follow ethical procedures, failure to obtain informed consent, breach of patient confidentiality, improper award or denial of authorship, failure to declare competing interests, duplicate submission and plagiarism. These abuses led to the laying down of various guidelines (including those of the International Committee of Medical Journal Editors and the Council of Science Editors) (5). With such guidelines and the availability of improved anti-plagiarism software, we can presume that a substantial amount of scientific fraud has been arrested. But

at the same time, the perpetrators have mutated into the form of the “white bull”, which seems to be the latest invasion into the world of scientific publication. This new form of “medical deception” needs an urgent reconsideration of existing rules on a global scale, across all faculties of medicine.

All ethical researchers should have the courage to stand up and perform the role of whistle blower whenever such a situation is encountered. Regulatory bodies should ensure protection for the whistle blower, to maintain the sanctity of scientific medical research.

Utpal De, SS Roy Chowdhury, Department of Surgery, Medical College Hospital, 88 College Street, Kolkata 700 078 INDIA e-mail utpalde@vsnl.net

References

1. Neill US. Publish or perish, but at what cost? *J Clin Invest.* 2008 Jul;118(7):2368.
2. Strange K. Authorship: why not just toss a coin? *Am J Physiol Cell Physiol.* 2008;295:567-75.
3. Kwok LS. The White Bull effect: abusive co-authorship and publication parasitism. *J Med Ethics.* 2005 Sep;31:554-6.
4. Shaban S, Aw TC. Trend towards multiple authorship in occupational medicine journals. *J Occup Med Toxicol.* 2009 Feb;4:3.
5. Dennis C. Misconduct row fuels calls for reform. *Nature.* 2004 Feb 19;427(6976):666.

Postgraduate surgical training in India

Postgraduate surgical training is supposed to be one of the toughest stages of training in medicine. While there is no doubt that surgical trainees in India get good experience in open surgery during their tenure, consultant surgeons are reluctant to train surgical postgraduate students in laparoscopic surgery.

Medical training in India commences with the MBBS of five and a half years, inclusive of a year of internship. Thereafter, candidates who clear an entrance exam can enter a three-year postgraduate training programme.

During the first year, most of the surgical trainee’s time will be taken up in attending to ward patients, writing clinical notes and doing other paperwork. During the second year of training, s/he may get hands-on surgical practice, often in emergency operation theatres under supervision of a third-year trainee or senior resident doctor. In routine operations, senior and junior consultants hardly ever allow trainees to do basic laparoscopic surgeries like cholecystectomies, appendectomies, diagnostic laparoscopies, etc., other than holding the camera port for the consultants during these procedures. None of the government medical colleges in India has a laparoscopic set-up for emergency theatres. So the surgical candidate will not do any laparoscopic surgeries even during emergencies. Third year trainees will get limited opportunities. Overall, three valuable years of training are completed without any significant, hands-on laparoscopic training.