

Reviewers just don't care anymore

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Fraud in medical publications is a constantly growing concern. Throughout the world the majority of teaching hospitals and university departments of medicine require their physicians to constantly publish new, preferably meaningful publications. It is generally preferred that those publications be of high impact, as measured by journals' impact factors. However, publications in lower profile journals are also welcome since both parties gain something: academics want to prove their importance and create opportunities for academic promotion and institutions need to show their publication activity. Nevertheless, as medical professionals become more and more overwhelmed with clinical and administrative duties, it is becoming difficult simply to find time for real academic work. Unfortunately, one of the solutions to this problem is academic fraud in all its variants. And as the number of papers and journals grows exponentially, so does the number of fraudulent publications.

Medical publication fraud can be of a relatively innocent nature, such as "salami slicing" (multiple publications of small fragments of a what could easily be a single larger publication) and self-plagiarism (using parts of one's own work in another publication) both of which, while ethically questionable, do not necessarily mean plagiarism as defined by copyright law [1].

Much more serious from a legal and ethical point of view are cases of direct plagiarism (copying the work of other authors and attributing authorship to another individual) and using falsified or completely made-up data. In the vast majority of such serious academic sins the fraud is not evident at first glance. The paper as received by the editor seems genuine. All parts are written more or less coherently, the research method is described, there are results and there is a conclusion. It is then up to the reviewers to find whether

the paper is a genuine academic work or a fraud. As far as plagiarism is concerned, it is easy to commit but also quite easy to detect. A simple copy-and-paste manoeuvre still used by some "authors" can be detected by simply running parts of the text in the search engine Google. More advanced plagiarism can be detected by specialist software used by the majority of universities and editors throughout the world [2]. Once plagiarism is detected, it is up to the scientific and academic community to proceed with legal action against the culprit. This, however, even in cases of evident and blatant plagiarism, can prove difficult, especially when the parties involved have an established academic rank [3].

The letter by Teixeira da Silva is an alarming sign of the decline in the quality of data that is accepted for publication [4]. As stated above, fraud in a medical publication is not always evident. However, it doesn't take a highly educated editor-in-chief of a medical journal to know that a biological female does not have a prostate gland and thus the incidence of prostate cancer in women is 0%. This is a fact you need to know to pass your first year of medical college. And yet a publication stating a prostate cancer incidence rate of 52% in the group of female patients analysed got accepted and published in a journal with quite a decent impact factor of 3.0 [5]. Not surprisingly, the paper was later retracted, but still the main questions remain: how was it possible that it passed the review process? Why didn't the editor realise what kind of "science" would make it to the pages of his journal? Do we as scientists and institutions really need those publication points so badly? Has corporate greed made its way into academic publishing? The latter question makes a lot of sense when it comes to open access journals – which is the case in the papers described by

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Teixeira. All of these questions (or to be more specific – the answers to these questions) should really sadden the academic community and the general public. If medical science is infected with fraud than inevitably the art of medicine will slowly decline. And this will affect all of us.

A recent analysis of publications on perioperative care proved that this is happening already. Over the last 30 years 375 papers (sic!) in the area of anaesthesia and critical care alone have been retracted because of their fraudulent nature [6]. Given that medical professionals read the latest papers in order to remain at the forefront of clinical practice, but don't necessarily read the notice of retraction, this can have a negative impact on the quality of care they provide.

I would really like to finish this editorial with a conclusion that gives us hope that the quality of science will be better in the future. Unfortunately, it is not an easy task to find premises for such a conclusion on the basis of the facts discussed above and one's daily observations. Reviewers are supposed to be guardians of quality in medical publications. But how is one to write a quality review when you don't have time for your own work and don't get any recognition for it? Once again, the answer is frequently a simple one: copy and paste. When a senior reviewer is committing self-plagiarism using the ctrl-c/ctrl-v technique while reviewing a doctoral dissertation at one of the best technical universities in Poland [3] we know we are in trouble. The same happens when we don't use the instruments we have because we don't want to. It is all too common to hear laudations of the great academic achievements of a person who over a quarter of a century has only published a load of case reports. Or read an evaluation of someone's scientific achievements that says he is a "promising scientist in the world's premiere league", who at the same time has a Hirsch index rating of just 2. Can't those reviewers use

PubMed? Don't they understand what HI means? Don't they know that their professional and evidence-based review is the foundation of achieving or maintaining quality in science? I'm sure they do. For some reason they decide not to care. Well, we can sense where this attitude will lead us: soon we will be seriously analysing the prostate cancer risk of people without a prostate.

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