

AUTHORSHIP: WHO, WHY AND WHAT NOT!

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Concerning authorship, order of authorship and ethics therein, contributors and publishers both are equally nonplussed by multiple definitions.^[1]

A manuscript is the intellectual property of authors, not the study sponsor – because, funding, supervision, review or approval of an information product, by themselves, do not justify authorship.^[2] The International Committee of Medical Journal Editors (ICMJE) recommends that authorship be based on the following 4 criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

ICMJE opines that all individuals who meet the first criterion should have the opportunity to participate in the review, drafting, and final approval of the manuscript and if anyone doesn't, he or she should be clearly mentioned in declaration as non-author contributor.

In this category, all involved in acquisition of funding; general supervision of a research group or general administrative support; and writing assistance, technical editing, language editing, and proofreading can be included. Many journals have their own set of additional rule for assignment of authorship and for dealing the non-compliance e.g. that from Dartmouth College.^[3,4]

ICMJE also recommends that, in addition to being accountable for the parts of the work an author has done, every author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, each author should have confidence in the integrity of the contributions of their co-authors.

At the same time, the corresponding author ensures that there is no 'guest' or 'ghost' author, i.e., all contributors in the work are included and everyone enlisted have made contribution which decides respective rank in authorship list. Corresponding author also sees that the enlistment as well as serial order of authorship is unanimously decided before submission.

As alphabetical sequencing of authorship considers all co-authors equal (same credit to all others is explicitly permitted by Lancet too), calculation of fractional credit in such cases is easier but if the authorship is arranged in the order of decreasing contribution, individual share of credit is decided by mandatory declaration of contribution by the authors or harmonic method of credit sharing calculation.^[5]

However, there are two advantages of alphabetical ordering viz. (i) it leads to improved research quality; and (ii) it is more fare of the two approaches in the worst case. On the other hand, contribution based ordering results in a denser collaboration network and a greater number of publications are achieved using alphabetical author ordering.^[6]

Even this ICMJE system has its own pitfalls. For example, senior contributors and think-tanks are mostly enlisted in the last while ICMJE recommendation cuts off the list of authorship at 6th rank. Thus veterans enlisted farther in authorship list lose credit. ^[7] Even seeing the fractional system for calculation of credit for publication evolving, excessively long list of authorship should be avoided.

To resolve the issues of credit sharing in authorship, Drummond Rennie, deputy editor of the Journal of the American Medical Association (JAMA) proposed mention of contribution of individual author with every manuscript and this system has also been adopted by famous journals like Lancet and British Medical Journal.

Rules and regulations of the Medical Council of India updated up to August 2012 has required first/ second

author of a publication in indexed/ national for promotion of faculty members of medical college.^[8]

But the same council requires first/ corresponding author of a publication for faculty members of ESI hospital staff in an 'indexed' journal in its e-gazette (regd. no 3004/99) last updated 6th September, 2012 and thus a new confusion has arisen. While there is ambiguity of importance between second and corresponding author, there is also a concern for the last author who is mostly the proponent of the project.^[9]

If the list of authors in a bibliography is cut short for ease of quote or credit is counted on ranking – these think-tanks suffer the most. In my humble opinion, authorship consideration should involve first, second, corresponding as well as the last author in which for the purpose of senior grade promotions, corresponding and last author should be assigned a pre-eminence.

Recognizing the authority of the veteran protagonist enumerated last in the authorship list is not just an ethical proposal but it would also take care of the tendency of senior's forcing their name at first or second position to the detriment of the novices who require that academic credit more to launch their career.

Unethically, 'inclusion in' and 'exclusion from' authorship can be further subdivided into collusive and coercive types. Collusive inclusion in authorship, called guest or honorary authorship is ascribed to an apparently impartial academician or contract research organization.

On the other hand, exclusion from authorship called ghost writing e.g. cases of anonymous hired authors or staff statisticians of the pharmaceutical company, are rampant as seen in the case of recent litigation against Merck & Co Inc. related to rofecoxib which involved guest authorship and ghost-writing alike.

Coercive inclusion into authorship is called planted authorship – in February 2003, the New England Journal of Medicine retracted a paper on this ground. Seniors forcing their name at the prime position in the authorship list without as much contribution^[6], mentioned as white-bull effect in an issue of British Medical Journal, is also prevalent.

On the other hand, coercive exclusion from authorship is even more unethical as it completely devours the credit of someone really deserving but as an underdog who is, most

probably, also more needy for the launch of a new career but is not in a position to complain because of other juniority constraints. Unfortunately, these constraints leave no scope to unearth and eradicate this kind of malpractice.

Overall, co-authorship per article is on rise in the last two decades, despite some journals, like BMJ, enforcing a limitation to the permitted total number of co-authors. Mandatory mention of contribution of individual author can minimize this problem to a certain extent. Ordering authorship as per their contribution would also discourage the least deserving tail-enders.

Secondly, in terms of fund allotment from pharmaceutical companies, the role of contract research organizations (CROs) is increasing as guest authors and surpassing genuine academician doing impartial researches. For authentic sharing of credits, complete declaration of conflict of interest can be made mandatory to avoid later claims and counterclaims.

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