Who wrote this paper? The ethical issues of authorship

Ammon J. Larsen, MD, Justin Finch, MD, and Jane M. Grant-Kels, MD

Farmington, Connecticut

CASE SCENARIO

An enthusiastic dermatology resident takes care of an interesting and unique patient in his clinic. The resident and his attending physician decide to write a case report and literature review. When the resident requests photomicrographs, the dermatopathologist demands to have his name included on the paper as a co-author. The resident is a bit surprised as the paper was already completed. He was not asking the dermatopathologist to be part of the paper input, but merely wanted photomicrographs. After discussing this with the attending clinician, they decide to ask the dermatopathologist to be a co-author, photograph the slides, and review and edit the paper before submission. The dermatopathologist refuses to prepare the photomicrographs unless he is included as a co-author and, regardless, has no interest in editing the paper or reading the final version.

The resident and clinical attending should:
A. Refuse to include the dermatopathologist as an author.
B. List the dermatopathologist as an author to avoid confrontation.
C. Clarify the journal’s requirements for authorship to the dermatopathologist in a collaborative manner.
D. Report the dermatopathologist to the chairperson of the department for unprofessional and inappropriate behavior.

DISCUSSION

Authorship of scientific manuscripts and publishing new information is fundamental to academic medicine. Furthermore, publications are tied to academic promotion, professional recognition, or monetary rewards, such as bonuses or securing of research funds. Unfortunately this demand for publication can put tremendous pressure on researchers and academic physicians, which can lead to corner cutting, inappropriate behavior, and undeserved authorship.1 Research often involves many members of an intradisciplinary or an interdisciplinary team, not all of whom will fulfill authorship requirements. In the past it was not uncommon for one’s mentor to be added to a publication, or for an individual who was only peripherally involved to be listed as an author, despite neither meeting the definition of an author.

What are the requirements to be classified as an author? Historically, the definition of an author was unclear and loosely defined. However over the past decade, attempts have been made to specifically define what characterizes academic authorship. According to the policies of the International Committee of Medical Journal Editors (ICMJE),2,3 an author must meet each of the following requirements: (1) significant involvement in the design, achievement, analysis, or interpretation of data; (2) drafting of a paper, making critical revisions, or adding intellectual content; and (3) approving the manuscript for publication.2,3 Simply being one of the physicians caring for a research patient, or

From the Dermatology Department, University of Connecticut Health Center.
Funding sources: None.
Conflicts of interest: None declared.
Correspondence to: Jane M. Grant-Kels, MD, Dermatology Department, University of Connecticut Health Center, 21 South Rd, Farmington, CT 06032. E-mail: grant@uchc.edu.

0190-9622/536.00
© 2016 by the American Academy of Dermatology, Inc.
http://dx.doi.org/10.1016/j.jaad.2016.11.040

1006
performing a genetic test, or interpreting a radiographic image or pathology specimen, for example, should not automatically qualify one for authorship on the basis of that role. It is now customary to simply acknowledge the contributions of those who have not materially participated in the preparation of the manuscript by current ICMJE standards within the acknowledgments section of the paper.

Violation of authorship requirements is probably much more common than what has been reported because such violations are likely known only to the authors directly involved. Such violations can occur in many different ways. A gift authorship usually involves inserting an author who may rank higher than the primary author, but who does not meet authorship requirements. A resident or junior attending may add a program director, mentor, or department chair to the paper as a demonstration of respect. Listing authors who have not participated in the preparation of the paper is unethical, as it is not truthful and dilutes the contributions of the other authors who have truly participated in the publication effort.

There are other variants of publication dishonesty and unethical authorship. Ghost authorship occurs when an individual who meets authorship requirements is not listed as an author. Perhaps the ghost author is a trainee whose superiors are listed on the paper instead, or he does not want his name linked to the contents of the article or he is a medical writer who has been hired by or is provided by the company sponsoring the clinical trial that is the subject of the paper. Coercion authorship, as seen in this case scenario, is the practice of granting authorship to an individual who does not meet the standards for authorship, because either he/she or someone else demands it. This may occur when an individual, who is only peripherally involved with a case or research study, nonetheless demands to be included on the paper. It can be difficult to reject these individuals, especially if the demand is coming from a superior or a respected colleague. A mutual support/admiration authorship occurs when an individual lists a colleague who did not make significant contributions on a paper, but expects the same favor in return. Padding one’s curriculum vitae for secondary gain is often the impetus for this violation. Each of these authorship scenarios violates the integrity of the publication process.

Most peer-reviewed and respected journals today require all authors to sign an attestation that they have participated in the planning, writing, or both of the paper and have approved the final manuscript. For a submitting author to not have performed the requisite work, yet claim authorship and sign this attestation, is clearly dishonest and unethical.

**ANALYSIS OF CASE SCENARIO**

In option A, the resident and clinical attending refuse to list the dermatopathologist as a co-author. This option is ethically acceptable because clearly the dermatopathologist does not qualify for authorship by current ICMJE standards. The pathologist was not sufficiently involved in this case to demand and claim authorship. Unless the pathologist significantly contributed to the content of the paper beyond taking a photomicrograph, and was willing to edit and sign off on the final draft to be submitted, it would be unethical, under contemporary accepted standards, to include him as an author. Although option A is ethically acceptable, and indeed, correct, it will likely fail to lead to a mutually acceptable resolution, and will likely permanently damage what might have been a good working relationship.

Option B, including the dermatopathologist as an author to avoid a confrontation, may be the easiest solution but is not the most ethical pathway. Capitulating to the pathologist’s demands results in coercion authorship.

Unfortunately the hierarchical nature of medicine can make it more difficult for a resident to deal with such demands from a superior. Alternatively, a resident may anticipate such demands beforehand and may inappropriately include that individual on a publication proactively, to avoid a future unpleasant conflict over authorship. This would be an example of gift authorship.

Option D, going directly to the department chair to report the pathologist’s inappropriate behavior without first having an active and open conversation with the pathologist, is not the best option. There is no guarantee that the chairperson will not side with the dermatopathologist, thus escalating the conflict. This may poison the working relationship between the clinicians and pathology department going forward, to the detriment of future patients. Option D should be a last resort. Hopefully, the parties work out a mutually satisfactory solution in a timely fashion as in option C, before this leads to reporting of inappropriate behavior to the chairperson.
Option C, clarifying the journal’s requirements for authorship to the dermatopathologist in a collaborative manner, is the best choice. This should be part of an open and constructive dialogue among the resident, clinical attending, and dermatopathologist. This open communication will hopefully help the dermatopathologist realize his contribution does not meet requirements for authorship, leaving open the option to make a material contribution to the paper, before submission, as had been requested. Although option A is equally ethically correct, option C is the course of action likeliest to result in a mutually satisfactory outcome. If that does not lead to resolution, option A and, if deemed necessary, option D are still available.

**BOTTOM LINE**

Our case highlights the important ethical obligations of truthfulness and maintaining the integrity of authorship. It would be unethical to grant authorship to the dermatopathologist in our case, absent his participation in writing the paper and approval of the final draft. Although the violation of authorship as described in our case is not an uncommon occurrence, this behavior should not be considered acceptable. We need to educate all levels of trainees and senior authors to recognize this problem and to hopefully use this discussion as a framework to combat people like the dermatopathologist depicted in our case. The unethical and egregious behavior displayed in our case can cause a resident or young attending to be turned off to academics. Unearned authorship undermines not only the integrity of publishing, but also the process of evaluation and promotion in academic institutions, and should be avoided.

**REFERENCES**

2. Welker JA, McCue JD. Authorship versus "credit" for participation in research: a case study of potential ethical dilemmas created by technical tools used by researchers and claims for authorship by their creators. *J Am Med Inform Assoc*. 2007;14:16-18.