ETHICAL WRITING

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It is about writing.

Research ethics are paramount:
• Assure participants’ safety.
• Assure participants’ autonomy.
Not ethical (writing ethics):

- Fabricated data.
- Plagiarism.
- Undeclared conflicts of interest
- Multiple publications from the same database when there’s no reason to do that.
  - As an example: publications from large databases
- Biased reporting of results.
- Authorship problems
Fabricated data: difficult to identify by peer-reviewers or editors

- Retraction notices in PUBMED by year:
Fabricated data: how to identify them? One case:

- 1992: Ram B Singh: Randomised controlled trial on the effects of dietary intervention to prevent further heart attacks in susceptible patients; BMJ.
- Cited over the years by 350 other publications.
- Expression of concern. BMJ 2005;331:266: “… we have reasonable grounds to doubt the validity of the 1992 paper…”

Fabricated data: how to identify them? One case (2):

- Dr Singh:
  - first author on 28 full articles between 1989 and 1993
  - published five large intervention trials within 18 months.
  - Peer-reviewer: “…extraordinarily impressive nature of some of these results…”
  - Similarity of groups of patients from the same years described in different publications, different interventions
  - Original records are not available: “…records had been eaten by termites…”
Fabricated data: how to identify them?

• Ask for the original data: outliers, overdispersion, underdispersion and correlations or lack of it.
• Compare to what is known from the literature
• Baseline variables: too similar or too different and different than expected?
• Last digit preference when none is expected

Many times not an one-time offence.
Fabricated data: how to identify them?: references


Suspicion of fabricated data: what to do about it?

• Peer reviewers and editors can raise the suspicion and check for inconsistencies, but cannot fully investigate or obtain proof.
• Address the person in charge (dean, rector, hospital manager) of the institution in the affiliation.
• What if difficult to find, no response, or non existent?
Plagiarism

• Most journals are checking automatically online for plagiarism.
• OK to quote directly if identified as a direct quote.
• Text recycling: copying from your own published articles, especially in the Methods.
• A nice turn of phrase copied by young people who are not English speakers.
Undeclared conflicts of interest

  • Studies that had undeclared payments were more likely to recommend robotic surgery compared with those that declared funding (odds ratio 4.29, 95% confidence interval 2.55-7.21).

• Ask for disclosure. And when disclosed?
  • A clearer answer for guidelines, position papers, reviews.
  • Original research?
### Article’s title

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
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<tbody>
<tr>
<td>Herpes zoster is associated with prior statin use: A population-based case-control study.</td>
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<tr>
<td>Statins can increase the risk of herpes zoster infection in Asia.</td>
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<td>Balanitis is a risk factor for herpes zoster.</td>
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<td>Increased Risk of Herpes Zoster in Diabetic Patients Comorbid with Coronary Artery Disease and Microvascular Disorders: A Population-Based Study in Taiwan.</td>
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<td>High Risk of Herpes Zoster among Patients with Advance Acute Kidney Injury–A Population-Based Study.</td>
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<td>High Prevalence of Herpes Zoster in Patients With Depression.</td>
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<td>Increased Risk of Herpes Zoster Following Dermatomyositis and Polymyositis: A Nationwide Population-Based Cohort Study.</td>
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<tr>
<td>Increased incidence of herpes zoster and postherpetic neuralgia in adult patients following traumatic brain injury: a nationwide population-based study in Taiwan.</td>
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<td>Short-term dipeptidyl peptidase-4 inhibitor use increases the risk of herpes zoster infection in Asian patients with diabetes.</td>
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Multiple publications from the same database: thin slices: Studies from the National Health Insurance Research Database in Taiwan (2)

<table>
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<tr>
<td>Association between herpes zoster and alopecia areata: A population-based study.</td>
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<tr>
<td>Dyshidrosis is a risk factor for herpes zoster.</td>
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<td>Increased risk of varicella zoster virus infection in inflammatory bowel disease in an Asian population: a nationwide population-based cohort study.</td>
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<tr>
<td>Increased incidence of herpes zoster in adult patients with peptic ulcer disease: a population-based cohort study.</td>
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<td>Asthma status is an independent risk factor for herpes zoster in children: a population-based cohort study</td>
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<td>Adult asthma is associated with an increased risk of herpes zoster: A population-based cohort study</td>
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<tr>
<td>Increased risk of herpes zoster in children with cancer: A nationwide population-based cohort study</td>
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<tr>
<td>No increased risk of herpes zoster found in cirrhotic patients: a nationwide population-based study in Taiwan.</td>
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<tr>
<td>Association between herpes zoster and end stage renal disease entrance in chronic kidney disease patients: a population-based cohort study.</td>
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**Multiple publications from the same database: thin slices: Studies from the National Health Insurance Research Database in Taiwan (3)**

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<td>Increased risk of chronic fatigue syndrome following herpes zoster: a population-based study.</td>
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<tr>
<td>Herpes zoster infection associated with acute coronary syndrome: a population-based retrospective cohort study.</td>
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<tr>
<td>Herpes zoster and subsequent risk of cancer: a population-based study.</td>
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<td>Herpes zoster is associated with an increased risk of subsequent lymphoid malignancies-A nationwide population-based matched-control study in Taiwan.</td>
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<td>Herpes Zoster Is Associated with An Increased Risk of Subsequent Lymphoid Malignancies—A Population-Based Matched-Control Study in Taiwan.</td>
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<td>Herpes zoster correlates with pyogenic liver abscesses in Taiwan</td>
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<td>Herpes zoster infection increases the risk of peripheral arterial disease: A nationwide cohort study</td>
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<tr>
<td>Herpes zoster as a risk factor for osteoporosis: A 15-year nationwide population-based study</td>
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<tr>
<td>Risk of depressive disorder among patients with herpes zoster: a nationwide population-based prospective study.</td>
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Defenses for editors and peer-reviewers: Ask the author:

• Have you published other risk factors for the same affliction from the same (or similar) database?
• Are these risk-factors taken into account in the present analysis, and your analysis proper adjusted for multiple comparisons?
• Have you included in your analysis strong risk factors and confounders that were found in studies other than yours?
• Do you guarantee that no other risk factors for the same disease will be published from your database?
• Have you published (or do you plan to publish) the association of this risk factor with other diseases?
Multiple publications from the same database

• Not always a bad thing: there are good reasons to do that.
• Be sure to quote every publication that issued from the same database.
Avoid biased reporting of results:

- Distinguish between statistical and clinical significance.
- Be clear about the flow of patients/observations in the study.
- Always report actual numbers and not only p values or ORs or RRs.
- Always give numerator and denominator for rates or percentages.
- Don’t manipulate illustrations.
- For life-table analysis, report the number of patients available at the beginning of each time interval.
- Report on missing data and what did you do about it.
- Avoid over-fitting in multivariable analysis.
- Detailed reporting of multivariable analysis.
Thank you