

ETHICS MAN Daniel K Sokol

The dilemma of authorship

Adhering to authorship criteria in research while maintaining good relations with colleagues may be difficult, but it is an ideal to which we must continually aspire

As a graduate student in the humanities I remember being surprised at the tales of bogus authorship recounted by my counterparts in the sciences. One person would do virtually all the work, another would give useful feedback, another would glance at the final version, while yet another would be just someone who worked in the same department—and all would be coauthors of the published manuscript. “It happens all the time,” the scientists would say. I nevertheless ascribed such practices to a few ambitious, amoral scientists in the cut throat environment of a major research institution.

With time I discovered that this was not at all unusual in science and indeed in other disciplines. In the months leading up to the UK Research Assessment Exercise, whose outcome determines a department’s academic reputation and share of government funding, I heard of academic ethicists adding the names of struggling colleagues to their publications. Thus I cannot but look on multiauthored publications with suspicion, despite the authorship criteria and other strategies adopted by many academic journals with fine intentions.

Recently a young surgeon approached me with a “tricky situation.” Earlier that day a more senior surgeon had asked to be a coauthor of his now completed paper. He had not contributed in any way to the project but needed the publication for career reasons. The other surgeon’s consultant had advised him to piggyback on the junior colleague’s work. The awkwardness arose because the other surgeon now asking to be a coauthor had been most helpful in training that young surgeon in the operating theatre. “He’s been so nice to me,” he remarked, “but he hasn’t done a thing related to this paper.” Furthermore, the surgical team worked well together, and the surgeon did not want to sour relations in the firm by turning down the request

and upsetting his colleague and the consultant. “And does it really make a difference?” he continued. “I won’t compete with him for jobs, and I’ll still be first author, right?” What advice would you give this troubled surgeon?

It will come as no surprise that I suggested he politely refuse, explaining that the journal requires him to sign a form listing authorship criteria, which in his case would not be met. The junior surgeon could also tell his colleague that, although this particular project is complete, he would be delighted to work with him on another paper. I did not advise him to give a detailed justification for the decision, unless asked for it by the colleague. Invoking words such as honesty, trust, fairness, professionalism, and academic integrity would only highlight the inappropriateness of the initial request, make the colleague feel morally attacked, and sound obnoxiously self righteous.

The eagle eyed among you will have noted that the formulation “the journal requires me to sign a form” could imply that, were it not for that wretched form, the young surgeon would be happy to grant coauthorship. If the phrasing is disingenuous, this cannot be more than a moral peccadillo. If it is morally wrong, it is trivially so. The twin goals of declining a request for undesired coauthorship and maintaining good relations with a kind colleague take priority and require skilful diplomacy.

But was this advice, however tentative, too demanding? By placing so much moral weight on the requirements of justice and lofty principles, did I evince an insensitivity to the practical realities of the situation and the hierarchical structure of the surgical team? Did I overlook the surgeon’s self regarding duties of preservation? Team harmony and personal relationships are important considerations. Personal disputes at work create an unpleasant environment and may lead, through



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poor communication or low morale, to poorer care of patients. Without the help of his senior colleague, the young doctor’s clinical skills may not develop as rapidly. And of course these are anxious times for doctors seeking scarce training posts—all the more so for surgeons. Rightly or wrongly, applicants are turned down for lack of peer reviewed publications. To risk irritating a senior colleague who has regular contact with a consultant who writes references is, in the current climate, a dangerous game to play.

Although I feel strongly that this lamentable situation needs to change, I struggle to see workable solutions to the problem. I do not even know whether I gave the surgeon sound advice. Words of William Osler seem pertinent here: “I have tried to indicate some of the ideals which you may reasonably cherish. No matter though they are paradoxical in comparison with the ordinary conditions in which you work, they will have, if encouraged, an ennobling influence.”

As an ethicist I draw comfort from the surgeon’s moral unease at the request. Less reflective colleagues may not have perceived it as an ethical issue at all. It is sad, however, that he should even be confronted with this moral dilemma. To claim authorship in an article to which one has made no contribution is to perpetrate a fraud on the reader. It is incompatible with the ideals of authenticity and honesty espoused by the profession. Despite the indisputable nature of these ideals, the practical task of changing bogus authorship is a daunting one, requiring a change in mentality across the medical hierarchy, from old school consultants to newly minted doctors.

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MEDICINE AND THE MEDIA

From hero to zero

Andrew Wakefield was once the media's darling—but a new study unravels why they turned against him.

Michael Fitzpatrick reports



JUSTIN SUTCLIFFE/REX

The British media, once captivated by Andrew Wakefield, the former researcher at London's Royal Free Hospital whose pronouncements a decade ago launched the scare linking autism and the measles, mumps, and rubella (MMR) vaccine, have now turned against him. In February 2008 a study of measles antibodies in 250 children who had been given the vaccine (including 98 children with autism and control groups of children with special educational needs and typically developing children) provided further powerful evidence against any link with autism. The media response was extensive and overwhelmingly supportive of the case for the safety of the MMR vaccine. How times change.

In her new book—an authoritative survey of media coverage of the MMR controversy at its height in 2002—Tammy Boyce, a researcher in media studies at Cardiff University, details the media's influential bias against the MMR vaccine.¹ As she puts it, "The media coverage told parents not only what to think, but also how to think about the MMR vaccine, that the vaccine might be unsafe and science and the government could not be trusted." She shows how much of the press took Dr Wakefield at face value, as a maverick and martyr, and failed to give the public an accurate account of the weakness of his case when weighed against the scientific evidence. The result was that newspaper, radio, and television coverage exacerbated popular fears, leading to a significant fall in uptake of the vaccine and leaving a substantial number of children vulnerable to measles outbreaks.

The press took Dr Wakefield (above) at face value as a maverick and martyr and failed to give the public an accurate account of the weakness of his case

But the media are fickle in their loyalties. In 2002 Lorraine Fraser was lauded as health reporter of the year for her series of militantly anti-MMR articles in the *Daily Telegraph*. By the close of 2003 the climate had begun to change, and the *Guardian's* Ben Goldacre won the best feature prize at the British science writers awards for an article that criticised Dr Wakefield and his anti-MMR campaign. In summer 2007 the *Observer* published a routine anti-MMR feature. This included all the familiar elements: the leak of an unpublished (and rapidly discredited) paper purporting to substantiate the anti-MMR case; the endorsement of a hitherto unknown scientist (who was soon shown to be a close collaborator of Dr Wakefield and also on the expert witness payroll in the anti-MMR litigation); and a sycophantic interview with Dr Wakefield by a journalist who was not a specialist science or health writer. Whereas a few years

earlier such a feature might have given this journalist a chance of an award, now it provoked a storm of complaint from the pro-MMR lobby, in a display of vigour that was conspicuously absent at the height of the controversy.

Dr Wakefield has learnt to his cost the capriciousness of the celebrity culture of which he was once a beneficiary. In June 2002 he was described as "a handsome, glossy-haired, charismatic hero to families of autistic children in this country and America," in one of many fawning accounts (this one was in the *Telegraph Magazine*). He was played as the "caring, listening doctor" by Hugh Bonneville in the hagiographical television docudrama *Hear the Silence in*

December 2003. Yet in November 2004 Dr Wakefield was being pursued by investigative journalist Brian Deer in another television programme, refusing to answer questions about allegations of financial conflicts of interest and ethical violations in his research (the subject of ongoing fitness to practise proceedings at the General Medical Council).

By the summer of 2007 Dr Wakefield found himself linked in the press to reports of a settlement made by his former employer, the Royal Free Hospital, in respect of complications claimed to have been sustained by a patient after a colonoscopy carried out by another doctor. He was also stigmatised for outbreaks of measles in 2006 and 2007, which were concentrated among Irish travellers and orthodox Jews, despite these being communities in which neither the mass media nor Dr Wakefield has much influence and in which a low uptake of MMR vaccine long predates his notorious *Lancet* paper. After briefly basking in the limelight Dr Wakefield has now been cast into the gutter. Once readily absolved by journalists of all responsibility for falling vaccine uptake, he now gets the blame for things over which he has no direct responsibility.

Much can be learnt from the MMR story, by doctors and scientists, journalists, politicians, and also, Tammy Boyce insists, by parents, who although sceptical of professional authority remain resistant to adopting the role of active consumer in matters of health—a role that the government increasingly thrusts upon them.

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1 Boyce T. *Health, Risk and News: the MMR vaccine and the media*. New York: Peter Lang 2008.