OPINION
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Plagiarism: a Viewpoint from India

Plagiarism, which refers to duplication of previously published information without appropriate attribution to the source, whether intended or otherwise, is a major academic offense. In this context, the article by Gasparyan et al. (1) is a comprehensive primer to this concept and educative for young scientists and researchers. Herewith, we present our experiences and viewpoints regarding plagiarism as authors, reviewers, and editors in Indian academic rheumatology settings.

To quantify the extent of plagiarism in the reported literature from India, we conducted a preliminary search through MEDLINE using keywords "Retraction" and "India" from 2010 onwards, which identified 46 retractions. The most common causes attributed for retraction were duplication of text, figures or tables without appropriate referencing (41.3%) and duplicate publication (15.2%), both of which come under the purview of plagiarism (Table 1). We could not identify any reports of plagiarism resulting in retraction of published articles from the field of Rheumatology in India. The Indian Rheumatology Association's official organ, the *Indian Journal of Rheumatology*, has the policy of putting all submitted original articles through anti plagiarism software (iThenticate) and all other type of manuscripts on acceptance. In 2016–2017, 6 out of 67 original articles were rejected at the outset due to plagiarism. The proportion was much higher (4/14) for review articles and nil for case reports. For minor/inadvertent errors, the Journal asks the authors to revise the relevant sections; during the same period, for about 20% of all manuscript types, authors were asked to revise to weed out plagiarism.

As experts have rightly mentioned (1), the root of such a problem lies in the existing social and cultural milieu in certain parts of the world with regards to education and writing, including India. From the very beginning, the traditional mode of learning has essentially focused on "rote" learning, whereby students are expected to commit to memory and then reproduce volumes of text verbatim in their examinations right from a young age. A legitimate personal understanding of the studied material expressed in one's own language is neither encouraged nor rewarded. In higher education, while this is much diminished, still, at the very least, students are expected to memorize definitions and reproduce them verbatim at the time of examination. Naturally, when the brightest of such students become academics, many have the tendency to continue with the 'rote and repeat' indoctrination in academic writing rather than express the novelty of their ideas and concepts in their own words, unless they are pre-warned by peers and mentors about the inappropriateness of such practices in scientific writing. This may reflect a lack of awareness about appropriate practices in scientific writing in young authors, wherein they just copy what they have read verbatim. This may reflect a lack of training in appropriate writing practices at a younger age. Indeed, accusations of plagiarism have been leveled against senior most faculty members from even the best institutes of India (2), indicating that not even the very best in academia are untouched.

The issue of predatory publishing in the context of a South Asian scenario had been discussed by us in an earlier letter (3). Since predatory journals are mostly not indexed in databases and generally do not undergo a rigorous peer review, it is reasonable to argue that they may be more susceptible to plagiarism. Any attempt to gauge the extent of plagiarism is restricted by the ability to identify those articles tagged for plagiarism in the databases of indexing agencies; hence, predatory publishing in its current form means that the problem of plagiarism in scientific writing is most likely understated as of today. This also includes redundant reviews, i.e., reviews published on a topic which has already been extensively reviewed in other articles in published literature. A worrying trend has been for such reviews to be commercially commissioned by editing agencies, which is a form of predatory activity (4), and there is no easy way out for editors and reviewers to identify and appropriately deal with such reviews articles as of today. Certain approaches discussed by Gasparyan et al. (1) like developing automated software that check not only text but also reference lists, specifically, the order in which they have been presented, may help identify and prevent publishing of such redundant review articles, which are a burden not only to publishers but also to readers.

From the aforementioned discussion, it is apparent that plagiarism is a major issue in India and other Southeast Asian countries. The question is what suitable measures can be put in place to prevent or mitigate instances of plagiarism. The use of excellent online software like iThenticate comes at a significant cost; however, there are few good and free options available. Software (such as http://smallseotools.com/plagiarism-checker/ or https://www.duplichecker.com) help authors detect similarity in their papers with previously published literature. Low cost and free options should encourage authors at all levels to use it to weed out the problems in their manuscripts. An important develop-

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Table 1. Analysis of retractions of papers published from India from 01/01/2010 to 04/07/2017 based on a MEDLINE search

Reasons attributed for retraction	Value (n = 46)
Duplication of text, figures or tables without appropriate referencing	19*
Duplicate publication	7*
Allegations regarding data or figure manipulation	7
Authorship dispute	3†
Inappropriate claim of ethics committee approval	1
Accidental duplicate publication by the journal	4
Retraction of summary of a henceforth retracted paper	1
Mistake on part of authors which was later identified	1
Reasons not given	3

*One paper each had additional author dispute/peer review compromise. †One paper had additional suspicion of data manipulation.

ment has been the formation of plagiarism checking committees (PCC) at certain top medical institutes in India. All graduate and PhD theses have to be certified by the PCC prior to acceptance by the institute, and the first plagiarism check is done free of cost to the student. Should plagiarism be detected, the student has to rewrite the work until it is plagiarism free, and each additional run through the plagiarism checking software (PCS) incurs an additional cost for the student (which equates to a penalty for plagiarism). Faculty are given free and unlimited use of such PCS thereby enabling them to be sure that the reporting of their own work is free from plagiarism. Automated systems such as Rightslink (http://www.copyright.com/rights-holders/rightslink-permissions/) help to provide permission for reproduction of previously published figures and tables and is a useful resource for the authors. Generally, non-commercial reproductions come at either no or minimal cost to the authors. This serves as a means of correctly reproducing prior published information and maintaining the copyright of the appropriate authority at the same time.

Lastly, the authors of this article organize Scientific Writing and Publication workshops all over their country in which the ethics of publication including plagiarism are discussed with the objective of raising awareness regarding plagiarism and to educate on the ways to avoid this academic misconduct.

To summarize, plagiarism is a problem in mainstream publishing all over the world, including India. A multipronged approach incorporating education and awareness regarding ethical scientific writing is essential and should be an integral part of undergraduate and postgraduate medical curricula. Experienced researchers can play the mentoring role and contribute and strengthen the systems identifying and addressing plagiarism and thereby its potential detrimental fallout on younger colleagues.

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AUTHOR CONTRIBUTION

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