Ethics and the Psychiatry Journal Editor: Responsibilities and Dilemmas

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ABSTRACT

An array of potential ethical stumbling blocks awaits the editors of scientific journals. There are issues of particular relevance to mental health journals, and others unique to local journals with a relatively small circulation and low impact factor. The blind review system, conflict of interests, redundant publication, fraud and plagiarism, guest and ghost authorship and ghost writing, advertising, language and stigma, patient consent, and “rigging” the Impact Factor are all issues of importance. It is critical that editors are aware and informed of these important issues, and have an accessible forum for evaluating problems as they arise.

INTRODUCTION

Editing a journal is not a simple task. There are many challenges: finding finance, authors, reviewers, publishers, and a reading public. One challenge not commonly addressed is the ethical considerations that go hand in hand with the responsibility of editorship. In general Roberts (1) has defined ethics as “ways of understanding what is good and right in human experience. It is about discernment, knowledge, self-reflection, and it is sustained through seeking, clarifying, translating. It is the concrete expression of moral ideals in everyday life. Ethics is about meaning, and it is about action.” With respect to academic publishing, while “ethical considerations” may be defined in several ways (2, 3), many would refer to the definition of ethics in editorship as conforming to a well-founded set of moral principles or to the rules of appropriate conduct in such endeavor. It relates to rightness and wrongness of certain behaviors and motives relating to the evaluation and publishing of academic manuscripts ensuring that standards of moral principles and appropriate conduct are maintained in the process. Ethical conduct in publishing does not exist in a philosophical vacuum or without various dilemmas including conflict at times between several competing philosophical principles including that of deontological (absolute right and wrong in individual cases) versus utilitarian considerations (the greater good for the greater number) (2).

While some of the ethical issues are addressed in the literature and are commonly known to members of the medical profession (fraud, plagiarism, salami publishing, ghost authorship, “honorary authorship,” etc.), there are several issues, such as language and stigma, and confidentiality which are somewhat unique or have a unique connotation and require particular sensitivity in a psychiatric journal. In addition, a small journal such as the Israel Journal of Psychiatry (IJP) has to deal with matters not always faced by larger and more international journals. For example, manuscripts have been submitted, often for a special edition, which have already been published in a very similar form in other formats, be they academic journals, popular media, etc. It may be that the author considers republishing the article in a peripheral journal to be likely to pass unnoticed without considering the ethical implications. We see our function as editors to be sensitive but uncompromising on ethical standards for the journal despite limited exposure and readership compared to other international journals.

Walter and Bloch (4) wrote an early review on ethics in psychiatric journals, at which point they were able to conclude that “publishing misconduct” was rare. It would
see that since then more has been revealed of what has been happening over decades.

**PEER REVIEW**

Manuscripts must be evaluated and the method of peer review is generally accepted. More than one review is sought, and, with the rapid expansion in the number of journals, this has created a huge industry of editors seeking reviewers, with the responsibility to find a suitably informed and willing reviewer. For decades, the method of double-blind reviewing was accepted. However, since a 1994 report published in Cardiovascular Research, despite their finding that most authors and reviewers favored anonymity (5), leading journals have moved to open reviews in which the authors' and reviewers' identities are known to each other. Regehr and Bordage (6) surveyed 2,435 authors and reviewers of Medical Education, with a response rate of only 34.4%, 838 out of 2,435. When asked what system they favored, 68% preferred no author names and 72% no reviewer names. Less experienced reviewers and authors were more in favor of anonymity. Blind review was favored as being more fair, honest, with less rivalry and conflicts, while reasons for open review were accountability and transparency. A team from the British Medical Journal (BMJ), van Rooyen et al. (7), compared open and blind reviews and did not find that open reviewing improved quality; open reviewing had a higher refusal rate: 35% versus 23%. The authors emphasize the overriding importance of transparency, as a blind reviewer can delay publication, prefer publication of like-minded researchers, and can even rob authors of ideas expressed in the manuscripts they have received for review. Taking transparency a step further, van Rooyen et al. (8) compared open review with online publication of the signed review and found online publication did not change the quality of the reviews. However, 55% of their sample of reviewers refused to participate on this understanding.

As editors, we can understand the benefits of online publication of reviews, for the process is often highly educative. It can, however, be humiliating. Further, while non-blind reviewing may seem more ethical for authors, could it be less ethical for reviewers, as a more powerful author could become vengeful, and could the author's name alone bring about acceptance? Baggs et al. (9) found that 93.6% of reviewers to nursing journals preferred blind review. An editorial in Nature (10) reported that most academics prefer blind review, although they saw it as less preferable for reasons of accountability.

Several other factors require mention on the subject. The high reviewer refusal rate in open reviewing has an important implication. Most of the studies quoted above were of high-impact factor journals, most of which have salaried administrative staff. Many journals, however, like the IJP, have no administrative staff whose task is to hunt for reviewers. An additional truth particularly apparent in smaller journals is that reviewing is a thankless task that is done by busy professionals in addition to all their other functions. They are a species that should be protected.

In conclusion, after decades, the subject has still not been resolved. The reasons are clear on either side: transparency and the possibility of delay and idea theft, versus the impact of reputation over content, and the possibility of adversely affecting a reviewer's career. As editors of a small journal in a small country, finding able and willing reviewers is not simple, and such pragmatic considerations have dictated that we do not follow the BMJ. Other ethical issues that the editor may need to deal with include how best to manage delayed reviewer responses and how to locate reviewers with appropriate proficiency for the task (11). The outcome of the review process may even be a foregone conclusion, for every experienced editor knows which reviewers are stringent or lenient, detailed or cursory, aggressive or polite, rapid or tardy. The editor's best friend, besides the reviewer who sends a detailed review quickly, is the one who declines but recommends a suitable alternative. The editor's worst friend is the colleague who agrees to review and does not answer all subsequent mail. This may be considered unethical behavior on the part of the reviewer at worst and at best unprofessional.

**ETHICS IN ADVERTISING IN JOURNALS**

The attitude of most journals to advertising is of the righteous sinner: “We really shouldn't deal with these people, but what can we do? We allow them to decorate our journals but of course we remain independent to form our own knowledge base.”

Neill (12) reviewed the psychotropic advertisements from 1955-1980 and suggested the changing images served a function to reflect the psychiatrist's identity, from 50s psychoanalysts, for whom medication was facilitating psychotherapy, through to 70s psychopharmacologists, for whom the drug was the message. Spielmans et al. (13) found that over 50% of claims in advertisements for psychiatric medications in two psychiatric and two general medical journals were unsubstantiated. In those with supporting citations, only 65% of the citations sup-
ported the claims, and when the citation source was the drug company, they invariably refused to provide data. The authors concluded that advertisements may be misleading and journal editors should be more active in vetting advertisements.

In 1992, the Annals of Internal Medicine published a study critical of the content of advertising in ten major journals (14), along with an editorial and response by the Commissioner of the FDA. The response to the publication was an orchestrated set of industry-financed negative evaluations of the study, reflecting the basis of the marriage between the medical publishing and the drug industries. To clarify the extent that the journal was free to publish, the Annals lost an estimated $1–1.5m in advertising as the drug companies responded by withdrawing their support, and the journal’s editors resigned (15).

A further conflict of interests exists in that there is a clear motivation for a journal to publish a study that shows an advantage to a particular medication, in the knowledge that drug companies may spend sums on reprints (the IJP is spared this temptation as reprints are freely available online) (16). Despite these ethical problems, Ryan et al. (16) presume that drug advertising in psychiatric journals will not end, as both sides benefit in a symbiotic relationship, but they recommend the editors vet the content of advertisements, declare no link with the content of advertisements, advise readers to be skeptical as to the claims made, ensure that advertisements are separated from papers, avoid themes suggested by the drug industry, and advertisements that appear as academic contributions. Richard Smith, then editor of the BMJ, stated that the BMJ does not vet the contents of advertisements (17), as advertisers claims are restricted by law, and competitors will complain if they make excessive claims, as can readers. Journal owners, and therefore editors, have an interest in accepting advertisements, and he believes they should spend their time improving editorials, and not vetting advertisements unless for offensive imagery. This position seems over simplified to us, as most advertisers presumably will not attack their competitors unbiased claims for fear of retaliation.

Foster (18) compared the imagery and text in a year of advertisements of psychiatric versus non-psychiatric medication in the BMJ and British Journal of Psychiatry and found the former had less text, the text was uninformative, and the images were more stigmatic representations: general medical advertisements showed the patient after treatment, happy and well employed, while the psychiatric patient was invariably shown before treatment, “passive, deviant and inactive” (p. 29). In conclusion, drug company advertisements are often misleading and stigmatic. It is up to a journal’s policy whether to vet these matters. Advertisements are apparently very financially rewarding for the drug companies, and at present are a sine qua non of medical publishing.

**ETHICS OF AUTHORSHIP**

The ethical problems with authorship are of two types: gift and ghost authorship. Gift or honorary authors are listed in a publication for reasons of authority or as reciprocation for gift authorship, or for providing data, while ghost authors are those low in the hierarchy whose superiors decide they should not appear despite their significant contribution. There is an increasingly reported form of ghost authorship referred to as ghost writers whereby positive and flattering studies or reviews are written by the drug company staff or medical communication companies in their employ for known names in academia to publish – thus providing significant legitimacy to the product.

Over the decades the average number of authors per paper has increased. While this was understood to be a result of the increasing sophistication of medical research, it was apparent that gift or honorary authorship also contributed. In an attempt to curb the phenomenon, the International Committee of Medical Journal Editors (ICMJE) defined the scientific contribution that justifies authorship of a paper as follows: “1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3” (19). As is the case with the IJP, it was recommended that these criteria should appear in the instructions to contributors of a journal. Not all journals include these criteria, and many journals, including the IJP, do not require that each author signs and submits a declaration of authorship. Baerlocher et al. (20) compared leading medical journals to note the impact of authors having to complete declarations of authorship. They found that the trend of increasing numbers of authors was unaffected by the introduction of authorship declarations, suggesting it does not deter gift authorship. However, Wislar et al. (21) found in a survey of 630 authors (70.3% response rate) of six leading medical journals that the prevalence of honorary and ghost authorship decreased from 29.2% in 1996 to 21% in 2008. In the accompanying editorial, Baskin and Gross (22), editors of Neurology,
suggested the ICMJE criteria (meeting all three criteria) were impractical. Neurology requires participation in only one of the three areas and requires disclosure of specific contributions. They recommend increased transparency, with inclusion of professional ghost writers as authors.

Some of the most public cases of ghostwriting have been in the remunerative field of psychiatric medication (23): a randomized control trial of treatment of adolescent depression published in JAACAP was ghostwritten, stating use of Paxil was safe and effective, although the trial’s data supported neither claim; a medical communication company was preparing 85 papers for the manufacturers of Zoloft, 55 of which appeared in leading journals until 2003; the manufacturers of Paxil employed a company to prepare letters downplaying its withdrawal effects, published in a leading journal by a leading psychiatrist. A committee in the House of Commons found evidence of ghostwriting in 50% of controlled trials. Attempting to find a formula for revealing ghostwriting, McHenry (23) recommends not only defining authorship, but requiring authors acknowledge and describe the role of others who helped prepare the manuscript.

In conclusion, it would appear that both gift authorship and ghostwriting are unaffected by the measures that have been recommended. Ghostwriting is particularly sinister, as both sides to the agreement are benefitting themselves and misleading the medical and general public. In the publicized case of Vioxx this cost many lives. Whatever steps are taken, the sums at stake will mean that the perpetrators will usually be one step ahead of journal editors. The only means of limiting the phenomenon would seem to be severe sanctions taken by employing institutions.

**REDUNDANT PUBLICATION**

“Salami” publishing (dividing a single study into several papers) and publishing the same findings in more than one journal have well reported examples in psychiatry (see response of the editors of the psychiatric journals involved [24]) and even publishing the same study in three journals (see editorial, 25 and the whistle blowers’ letter, 26). In our experience, the IJP has on two occasions been sent a manuscript that was found to have already been published verbatim. Walter and Bloch (4) report four cases of plagiarism in psychiatric publications. As the stolen material is often “buried” within a paper, it is usually difficult to detect, although an erudite reviewer has reported one case in our experience. The editors wrote to the author, who does not work in Israel and is not a native English speaker. The author was apologetic, and no further action was taken (Babalola et al. [11] bring a vignette in which the editor wrote to the departmental head of an author who denied a new submission was identical to a previous publication (“self plagiarism”). See also the Committee of Publication Ethics on plagiarism (27), and recent moves by journals to use programs to identify plagiarized texts (28).

**FRAUD**

In the 1980s a series of studies of the use of tranquilizers in mentally retarded children were investigated by the NIMH, who concluded the studies had not been performed. The main researcher pleaded guilty to making false statements on grant applications and was sentenced to 60 days in a halfway house, community service and five years probation (29). In 1988 the journal editor of one of the papers published a detailed account of the responses of the author, yet to stand trial, and his coauthors. The editor noted: “Journals cannot retract – that is the obligation of authors, who must personally vouch for the accuracy and opinion their report contains. We can repudiate our association with a study” (30). The author’s publications investigated by NIMH appear in Pubmed along with links to the retractions.

**LANGUAGE AND STIGMA**

Of all disorders, psychiatry is arguably associated with the greatest stigma. Stigma is an attitude of society, experienced by the sufferer and often their family, affecting their self-esteem, work, living arrangements and relationships. Mental health professionals have been found to have stigmatic attitudes towards their clients (31), and this may appear in professional publications. We view the use and avoidance of stigmatizing language as an ethical issue. In 2006, Psychiatric Services published a letter by Corrigan, a researcher and advocate of recovery and the effects of the media on stigma. Corrigan complained at the use of language in the title of a paper on “difficult patients”: “It frames a person’s experience in the pejorative. It implies that people with mental illness are responsible for the symptoms and disabilities that they face. It is patriarchal and suggests that the service provider, not the person, knows what is best. It chastises the person with mental illness for having a poor relationship with the health care provider” (32, p. 1218).

Although accused of being awkward and politically correct, people-first language is gradually predominat-
Conflict of Interest
Conflict of interest (COI) is when a person has a personal or financial link to the subject they are researching that may influence their handling of the subject. In medical research, this will apply to all authors, reviewers and editors. Presence of conflict of interest does not ipso facto mean that bias has occurred; however, the presence of a potential conflict must be reported. The ICMJE continues to update its form on COI, available for downloading by all journals at http://www.icmje.org/coi Disclosure.pdf. Journals should therefore enquire about COI and publish the response with the paper. Perlis et al. (34) looked at the clinical trials in psychiatry published over three years in four major journals. Of the 397 studies surveyed, 60% had pharmaceutical company funding, and 47% had an author with COI. Of the 162 randomized double-blind placebo-controlled trials, having an author with COI was 4.9 times more likely to report a positive result for the medication. Of interest, Roseman et al. (35) found that while studies may publish statements on COI, meta-analyses usually do not give this detail about the studies they are surveying. They found that only two out of 29 meta-analyses in high impact journals in general medicine included data on drug company funding and none reported authors’ COI or drug company employment, despite the studies on which they were based having drug company funding (69% of the 62.5% that reported funding sources) and an author with COI (69% of the 30% that reported authors’ financial ties), and an author employed by a drug company (26% of the 95% that reported authors’ affiliations). Aware of the significant role played by the authors of reviews in selecting and interpreting the studies reviewed, Kopelman et al. (36) evaluated the declarations of COI of the authors of reviews in ten high impact factor psychiatric journals and two general medical journals. Although 32% of the psychiatric journal reviews had links with industry, the details provided were not a useful guide for the average reader to understand the possible impact on the reviews, leading Kopelman et al. to suggest journals that invite reviews should select the many potential authors who do not have these conflicts of interest.

COI is a complex subject in complex times. Studies with a large sample and sophisticated design usually require financial support, and the drug companies are willing contributors. It is important that reporting of positive and negative findings is not influenced by the sponsors. To combat such a possibility, an open-access registry of clinical trials was set up by NIH at ClinicalTrials.gov, although it is early to evaluate its impact (37). In the interest of ethical publishing, the journal editor needs to be sensitive to these issues and encourage and ensure transparency and full disclosure along these lines.

Consent and Confidentiality in Case Studies
A hallmark of medical literature is the improvement of clinical management of individuals or groups of patients. This is attained by the sharing of experiences, successful or unsuccessful, of medical phenomenology or management, which may assist others in the field by virtue of disseminating information worldwide in a manner that would allow other practitioners to benefit from one’s experience. However, it is now accepted as critical that
patient consent is obtained prior to any individual case study being published. This is not a new stipulation of journals, although it has been made especially strict following several celebrated examples where the patient described in the medical literature has been able to be identified or has been identified by others. One prominent example was an account in the *British Journal of Psychiatry*, including the patient's profession and external physical disabilities, that led to her identification by friends when a local newspaper picked up the story. As the case report included clinical and personal details and even expressed doubt at the veracity of her account, the patient turned to the General Medical Council as she had not given explicit consent and was understandably offended (38). This case led to a change in policy by ICMJE, requesting that the patient sees the written case report and signs consent prior to its publication (39).

Many journals now demand patient consent prior to any case study being published, or insist on changes in features of the patient such that there would be no way that the patient would be identifiable by any details quoted in the case study. Some journals require both, some only one of these criteria. For example, the *British Journal of Psychiatry* guidelines make it clear that consent should be obtained, and that if it is not, adequate attempts should be made to ensure that the patient's identity is disguised, to the degree that the patient cannot identify himself (39). Our journal requires that all reports on human subjects “must include a statement that the subject gave informed consent and patient anonymity should be preserved.” The reason for patient consent is clear – the dignity and autonomy of the individual patient need to be preserved despite the utilitarian greater good that may arise from disseminating such a case to the general medical community.

Levine and Stagno (40) observe that while patient consent avoids the risk of legal redress, it does not prepare patient or therapist for the effect that publication may have on the patient, the effect on others of the publication, and the effect on the therapeutic relationship. Gabbard (41) contends that utilizing clinical experience with patients for educational purposes or for publication creates “a conflict of interest between the protection of the patient's privacy and the educational and scientific needs of the field” (p. 1071). Moreover, confidential clinical information becomes used for professional advancement of the patient's treating professional. In order to confront this issue, Gabbard (41) suggests several possible solutions to the dilemma including making use of thick disguise, patient consent, the use of composites and substituting a colleague as author.

The issues are indeed complex. Most forensic cases, where a therapeutic relationship is often not present, are unlikely to give consent. Alternatively, patients with marked narcissistic or sado-masochistic tendencies may cooperate and try to insist on including lurid material that implicates others (42). Further, there is a growing general literature in which patient and therapist collaborate on a publication. While apparently ethical, patients and therapists often do not foresee the impact of this publicity on their lives and working relationships.

A further complication arises in forensic psychiatry when information regarding the patient is already in the public domain and a psychiatrist merely takes this public information and analyzes it, sometimes in a very intimate and probing fashion. Since consent is now critical to publication in psychiatry, we believe there is no room for compromise and it would be unethical to publish such a case study without patient consent. As physicians, medical editors need to be cognizant of this and safeguard patient autonomy and dignity even if this is not always protected by law in the public domain. As medical professionals, confidentiality should not be breached regardless of what the media may publish. This is especially true since the “analyzing physician” may add professional comments in such a manner that new material would be added to what is in the public domain and thus further potentially adversely affect the patient's dignity.

**ETHICS AND THE IMPACT FACTOR**

The purpose of a journal should be to publish good research, stimulate discussion and keep its readers informed and up-to-date. The Impact Factor (IF) is a measure of how many times a journal has been quoted by other journals in the last two years. The existence of the IF has created a league table whereby one journal is evaluated numerically against others, and, more critical, the authors who publish in it are evaluated, so that it has become the most vital component in a researcher's chances of academic advancement, and research funders and faculty respect publication only in the premier league (43). This has lead to a new primary criterion for a journal, and Gallagher (44) has suggested this leads editorial boards to lose their way and proper purpose.

Editors have noted that it is possible to “rig the IF” by selecting articles of dubious value that will provoke controversy (44, 45) or have a policy of publishing reviews. Indeed Falagas and Alexiou (46) note that 16 of the top 25 top-flight science journals publish reviews only and
There are several approaches to ethical decision making. How is this achieved? Identifying ethical concerns, a process of optimal ethical decision making is demanded. How is this achieved? There are several approaches to ethical decision making, and, while ethical decisions may differ, it is critical that the process begins, is comprehensive, has some element of peer review and discussion and is open to revisitation.

Falagas and Alexiou (46) have listed the top ten “tricks” for rigging the IF: 1) return the accepted manuscript asking to add citations from the journal’s recent publications, 2) summarize and cite papers recently published, 3) cite the journal’s papers in editorials and correspondence, 4) decrease the IF denominator (number of citable articles) by including articles with no abstracts, and editorials, with few references, 5) publish more reviews, less original research and even fewer case reports, 6) reject negative studies and confirmatory studies, 7) publish from large known groups with many authors, 8) publish renowned scientists even if dubious quality research, 9) publish on popular controversial subjects, 10) have a short turn-around time to publication so that citations do not pass their IF “sell-by” date of two years.

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**ETHICAL DECISION MAKING AND THE JOURNAL EDITOR**

It is clear from the above that ethical issues are abundant in medical publishing in general, and psychiatry in particular. It is important, however, not only to know what the issues are, but also how to deal with them. After identifying ethical concerns, a process of optimal ethical decision making is demanded. How is this achieved? There are several approaches to ethical decision making, and, while ethical decisions may differ, it is critical that the process begins, is comprehensive, has some element of peer review and discussion and is open to revisitation.

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**DISCUSSION**

What is apparent from the above, and from other discussions of the ethics of editorship (11) is that every act of the editor has the potential of being performed unethically: delaying sending a manuscript out to review, selecting aggressive or tardy reviewers, not editing offensive remarks by the reviewers, refusing, or, perhaps worse, delaying publication. The author also has a large onus: did the research reported actually take place, does the actual author’s name appear, did all the listed authors actually participate adequately, has the study already been published, is conflict of interests declared? So too, the editorial staff: is people-first language used, are stigmatic terms removed, are adverts stigmatic, do they make invalid claims? Are there active maneuvers of IF rigging?

The editorial board of the IJP meets twice a year. At these meetings it has become common for at least one ethical issue to be discussed. Similarly, the journal’s four editors are in regular contact, and it is not uncommon for questions of ethics to be discussed, and sent on to acknowledged experts for their opinion. It may be that each journal should have a standing ethics committee similar to many medical institutions to discuss ethical issues. In these ways, we try to be awake to potential ethical stumbling-blocks. The process of encouraging ethical sensitivity and dialogue in medicine is not confined to the practice of clinical medicine and research. Rather it extends as well to the publication of medical information and, as presented, the journal editor plays an important role.
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