The misconduct of redundant publication

Misconduct in medical research publication has been increasingly debated in the last two decades. There are various levels and forms of misconduct ranging from unequivocal fraud (forgery, piracy, plagiarism), through manipulation of data (“trimming” and “cooking” of results) and undeclared interest, to unintentional errors through bias and self delusion. There are few defined boundaries and many grey zones. Conscious intent to deceive is often difficult to judge. Nevertheless all such misconduct reflects badly on the integrity of the perpetrators. It is counterproductive to the advancement of medical knowledge and is widely condemned.

Duplicate and redundant publication are two examples within this spectrum of misconduct. “Duplicate” reports are rarely identical because of conscious manipulation by the authors, differences in journal style, or varying revisions during peer review and editing. Nevertheless they share the same hypothesis, dataset, information, discussion points, and conclusions. Such publication may occur occurring in up to 13% of published papers in one United Kingdom journal. Few would condone such duplicate publication except in certain circumstances, most notably publication in two languages. In these situations the fact that the work has already been published should be clearly stated and referenced. More common than duplicate publication, however, is the reporting of overlapping and related facets of the same work under different titles, often with reordered or altered authorship, without disclosure.
Such publication is best defined as "redundant" in that it is repetitive and presents little or no new data or information. Apart from the issue of ethical conduct there are several reasons to deplore redundant publication:11:

- It may infringe international copyright law
- It unnecessarily overburdens the finite resource of expert peer reviewers
- The already overloaded medical literature is made more extensive by unnecessary, repetitive information
- Dividing rather than combining closely related data from a single group impedes scientific communication
- Multiple reports may result in unfounded overemphasis of the importance of the findings
- It may interfere with subsequent meta-analysis by apparent boosting of patient numbers with specified outcomes
- It distorts those academic career and research funding systems that judge researchers by the numbers of their publications.

It may of course be legitimate for one study, for example a large population survey, to generate more than one publication if each addresses an important, distinct question, even though the same dataset is being examined. However, the division between this and "salami slicing" ("meat extender") publication is often indistinct. Some researchers continually test the "minimal publishable unit" to achieve the maximum number of publications.12 By comparison, most editors strive to provide all the necessary information in as concise a form as possible. Authors rarely accept the charge of redundant publication. They argue the importance of their data and the need for its dissemination to different audiences, or perceive less substantial overlap between their papers than do editors. However, a reasonable yardstick by which to judge redundancy is to ask whether a single paper would be more cohesive and informative than two, without being excessively long.9 This, of course, requires that the editor and peer reviewers have knowledge of related reports by the same authors, either submitted, in press, or published.

In this issue of the Annals we announce an instance of redundant publication (p.). In September 1995 two papers by Morelli et al on plasma endothelin-1 (ET-1) in patients with systemic sclerosis appeared simultaneously in the American Journal of Medicine13 and the Annals of the Rheumatic Diseases.14 The first study13 (submitted in August 1994, accepted in revised form in December 1994) involved single estimations of plasma ET-1 in 20 patients with systemic sclerosis, some of whom had pulmonary hypertension, pulmonary fibrosis, or both. The Annals study14 (submitted in October 1994, accepted in revised form in May 1995) involved single estimations of plasma ET-1 in 48 patients with systemic sclerosis, some of whom had pulmonary hypertension, systemic hypertension, or both. The methodology of ET-1 estimation and the control group (n = 18) were identical in both studies. Two of three principal conclusions from each study were identical, specifically: (1) blood ET-1 concentrations are increased in systemic sclerosis patients; and (2) this increase is not influenced by coexistent pulmonary hypertension. The other conclusions from the two reports were that ET-1 concentrations are not influenced by coexistent lung fibrosis13 or arterial hypertension.14 Four individuals were authors on both papers; 13 others appeared as authors on just one.

Despite obvious overlap and considerable repetition there is no cross referencing between these two papers. Furthermore neither editor was informed of the other paper as being submitted or in press, despite numerous opportunities at the submission, revision, acceptance, and page proof stages. In their submitting letter to the Annals, Morelli et al categorically state that their study is original, has not been submitted elsewhere, and is "the first one on the influence of pulmonary and systemic arterial hypertension on plasma ET-1 in patients with systemic sclerosis". Had either editor been fully informed the manuscripts would not have been accepted as two extended reports. Combining the two clearly would have produced a comprehensive report that more fully addressed the question in hand, that is "is plasma ET-1 elevated in systemic sclerosis and if so does it relate to the extent of pulmonary or systemic vasculature abnormality?". Dr Morelli refutes the charge of redundant publication and feels that both papers are sufficiently different to warrant separate extended reports. During post-publication inquiries it transpired that the signature of Professor Guido Valesini on the copyright form had been affixed by Dr Morelli in his stead without Professor Valesini's knowledge or consent. Professor Valesini was unaware of the existence of the paper and its attribution to him until after its publication. Professor Valesini therefore has no association with, or responsibility for, the published Annals paper.14

In suspected cases of duplicate or redundant publication involving the Annals the following procedure is initiated:

- The Editor of the other journal is informed
- The two papers are sent for independent expert peer review for comment on the degree of overlap
- The corresponding author is invited to state on behalf of all the authors their perspective with regard to such an accusation and the circumstances in which it arose.
The misconduct of redundant publication

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15 Dewey ME. Authors have rights too. BMJ 1993;306:318-20.
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