



The ABC of head and neck oncology publishing ethics

T Upile^{1,2*}, W Jerjes^{2,3,4*}, A Sandison⁵, H Sudhoff⁶, B Wong⁷, C Hopper^{2,8,9}

Abstract

As medical editors, we are faced with a host of ethical dilemmas on a daily basis. Most are recognised and dealt with expediently, but the few that remain must be challenged as a cohesive body of editorial opinion.

Introduction

As medical editors, we are faced with a host of ethical dilemmas on a daily basis. Most are recognised and dealt with expediently, but the few that remain must be challenged as a cohesive body of editorial opinion. Ethics and morals change with the vagaries of the *vox populi*^{1,2} as well as the current economic forces creating the trends that shape society^{3,4}. The impact of these modelling forces cannot be underestimated⁵⁻⁹.

We understand that intellectual property is the new currency and must be protected at any cost even if this means restricting or limiting the distribution of knowledge. However, this strategy has never led to civilizational growth; rather, it has eventually led to stagnation and spiralling

decline. Information must flow¹⁰. It must be stored and pondered on by many minds; hence, a particular ethical concern has been to maintain the free availability of manuscripts to anyone with web access without imposing a financial burden on the reader. We, as a team, have been advocates of 'Open Access' publishing, but this does not preclude upholding an ethical and scientific stance. To maintain our integrity and independence, such actions have on occasion even involved directly challenging an established organisation^{11,12}. We outline some of our decision-making approaches to difficult ethical problems^{13,14} (Table 1).

Autonomy

It is important that all our editors and reviewers have the freedom to assess and publish any deserving work for the education, advancement and critical assessment of scientific and specialist audiences without undue influence. They must be free from the taint of concealed associations so that we can be in no doubt of their objectivity. We carried out a detailed audit of the assessed articles

and are pleased to report that this is in fact the case. We promote the use of the Association for Medical Ethics' (AME) ethical rules of disclosure to reduce bias in our decision-making processes so that conflicting and competing interests are declared to the publisher. As the quality assurance guardians for the journal, our assessment criteria entail several complex decision-making processes from the initial assessment of the scientific validity of the manuscript in keeping with its level of interest to a more thorough analysis ensuring that the ethical regulatory framework has been adhered to in regard to the treatment of human (Declaration of Helsinki 1964) and animal subjects¹⁵. We encourage our reviewers and editors to recuse themselves when they perceive a conflict or competing interest. The substantiation of the manuscript and its importance to research drives our publishing decisions, which are then constrained by prevailing legal requirements^{11,12} libel, copyright infringement, plagiarism and fraud¹⁶⁻¹⁹.

Beneficence

Peer review is a proximate, informed quality assurance exercise that safeguards scholarship and science. Contributors to publications may have a moral burden to participate in peer review. We are grateful for the time and consideration our 'peer reviewers' give our manuscripts and their authors.

Manuscripts should enlighten the reader with new or clarified insights for the betterment of humanity²⁰. They should be accessible, readable and worthy of attention; otherwise, the reader's time will not be efficiently utilised. The publishing team should rapidly identify and disseminate

* Corresponding author
Email: mrtupile@yahoo.com
waseem_wk1@yahoo.co.uk

¹ Department of Head and Neck Surgery, Chase Farm & Barnet NHS Trust, Enfield, UK
² UCL Department of Surgery, University College London Medical School, London, UK
³ Leeds Institute of Molecular Medicine, University of Leeds, Leeds, UK
⁴ Department of Surgery, School of Dentistry, Al-Yarmouk University College, Baghdad, Iraq
⁵ Department of Pathology, Charing Cross Hospital, London, UK
⁶ Department of Otolaryngology, Head and Neck Surgery, Academic Teaching Hospital of University of Münster, Bielefeld, Germany
⁷ The Beckman Laser Institute and Medical Clinic, University of California Irvine, Irvine, CA, USA
⁸ Head and Neck Centre, University College London Hospitals, London, UK
⁹ Unit of Oral and Maxillofacial Surgery, UCL Eastman Dental Institute, London, UK

Table 1 Ethical responsibilities	
Editors	Full disclosure to publishing house
	Equity and fairness
	Confidentiality
	Objectivity
Reviewers	Timeline maintenance
	Full disclosure to editors
	Equity and fairness
	Confidentiality
	Objectivity
	Timeline observance



good quality-assured work into the public domain. This has occasionally meant difficult choices. To this end, the editorial board has often recommended the waiving of article processing charges for accepted submissions of great research from poorer nations.

Confidentiality and consent

The information contained within the manuscripts we assess is regarded as privileged information and kept confidential until published.

It is of fundamental importance that the subjects of an experimental study give fully informed, counselled consent to their participation²¹. Patients must not be coerced or threatened into participating in a study. Their human rights must be respected²². This extends to and includes the use of their data and images (clinical and radiological) for which consent should be obtained. Special consideration is always given to minors²³ and vulnerable adults who may not be able to give informed consent; in such cases, an individual with appropriate legal responsibility must give consent. Even if consent has been obtained, we always consider whether the material presented is really necessary and have on occasion recommended removal of such material which does not add to the argument or case presented.

Do no harm

Published submissions carry the burden of the responsibility to be accurate since they may be used as the basis of resource allocation and policy change, which may have an impact on individual health outcomes²⁴ and economies^{25,26}. When a significant error has been discovered in a submission, the author should promptly notify the journal editor or publisher and assist the editor in instituting remedies to prevent misinterpretations.

Authorship should be limited to those who have made a 'significant'

contribution to the conception, design, performance, analysis or writing of the manuscript. Again 'significance' must pass a reasonable test since publication and authorship may bring benefits, both commercial and otherwise. This means that denial of rightful authorship may constitute the basis of a legal challenge to the submitting author(s). It is the duty of the corresponding author to ensure appropriate authorship and check that the final version of the manuscript has the approval of the authors before submission.

Equity

Manuscripts are assessed based solely upon their intellectual and ethical merits and not upon their country of origin, name of author (or author's race, gender, sexual orientation, religious belief, ethnic origin) or institutional or commercial affiliations. We are sensitive to the biasing effects of some coercive industrial sponsors who may inadvertently or otherwise influence the tone or content of the manuscript for distal commercial gain. We do often ask ourselves: How was the work funded? Why was a piece of information not provided when logically it should have been? What was the real effect and was it scientifically tenable, testable and repeatable? Was enough information provided? Who benefits from the research? Could there be a concealed gain? In our quality assurance exercise, we often challenge and ask for further clarification or access to data. Are reviews conducted objectively with supporting arguments?

Discussion

When things go wrong

We take reasonable steps when ethical complaints are presented and these include, but are not limited to, contacting the authors, relevant institutions or organisations. Our remedies include the publication of an erratum, correction, retraction or note of concern in other journals and

publishing houses, etc. We are not limited by time in these actions.

By sustained vigilance and due diligence, we hope to maintain our high ethical standards. The responsibility of research probity commences with the researcher and statistician, is then shared with the editorial team including the reviewers, and is finally represented by the publishing house in the manuscript within the journal and indexed and tracked by research and search engines, e.g. PubMed, Thomson Reuters. We have a duty to maintain high standards and promote scientific method and excellence in scholarship.

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*Short communication*

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