Editors’ View
Mot de la rédaction

Authorship

All major biomedical journals are examining their criteria for authorship. In our journal many of the issues are outlined in the Instructions for Authors and are related to the ongoing publications from the Vancouver Group (The International Committee of Medical Journal Editors) in their “Uniform requirements for manuscripts submitted to biomedical journals” (available at cma.ca and go to What we publish, Canadian Journal of Surgery, Instructions for authors, manuscript preparation). The subject has been raised in the Editor’s View in the past, particularly in December 2001 on duplicate or fraudulent publications and in February 2002 on peer review. Clearly, duplicate publication of the same data in peer-reviewed journals is not acceptable. In addition fraudulent data, inappropriate manipulation of data or manufacturing data are totally inappropriate. Secondary publication also has strict rules.

In this Editors’ View we discuss the other roles and responsibilities of an author. In some cultures, the term “signing a paper” is used to indicate the responsibility the signees (i.e., the authors) take for its publication. It is comparable in any administrative circumstance to signing off on an issue, financial or otherwise, to indicate knowledge of and responsibility for the material in question.

Whereas medical journals are increasingly requesting a definition of each author’s contribution in the writing of a manuscript, there are journals (e.g., The Lancet, the Canadian Medical Association Journal) in which the roles and responsibilities of each author are clearly delineated at the end of the published manuscript.

One might wonder why all the fuss. Within the academic world “publish or perish” can be a driving mantra. Obvious author inflation has been noted repeatedly and is perhaps most clearly seen in images sections of surgical journals, where as many as 6 authors may be responsible for 1 picture and a short paragraph. In that setting it is almost impossible to define the role of each author. Indeed, we find it difficult to understand how so many would dare to claim credit.

Gift authorship is a common phenomenon and has been framed in the terms of ghost authorship. Gift authorship may be seen by some department heads as their inalienable right to sign off on every manuscript originating in their department or division. This is inappropriate in the context of intellectual integrity. Such authorship is also associated with the recruitment of patients and is sometimes seen as the price for facilitating or assisting in an observational or randomized controlled trial. Gift authorship is not tolerated in the absence of any genuine contribution to the study or manuscript from an intellectual, data management, writing or conceptual point of view.

Tenure and promotion committees at universities have contributed in some respect to author inflation as a function of the concept of “publish or perish.” At least 2 universities have addressed this issue in different manners. At the University of Toronto the role of an author for each publication must be identified as follows: primary author, secondary author, joint author or collaborator. The primary author is defined as that person whose idea the work was, who collected the data and wrote the paper. For purposes of the Department of Surgery, the idea person by their definition would qualify as a secondary author as well. The secondary author would, for instance, be a faculty member who wrote a paper with a resident or fellow who had done most of the legwork. Joint author refers to that rare situation where 2
authors have made equal contributions to the content of the paper (e.g., this Editors’ View). Collaborator refers to someone who has made a lesser contribution to a paper but who has provided, reviewed or analyzed data and at least critically reviewed the publication before submission.

At Harvard University, candidates for promotion to associate professor are requested to submit, in addition to a curriculum vitae, their 5 best papers, and the promotion is judged on the basis of those 5 papers. For promotion to full professor the 10 best papers are utilized in the same manner. By this technique the number of papers rather than their significance with respect to content or journal in which they are published is bypassed. The quality of the work becomes the most important criterion. This avoids the salami-slicing approach to research or the use of the minimal publishable unit so commonly seen today.

In its “Uniform requirements for manuscripts submitted to biomedical journals” the Vancouver Group has defined the responsibilities of authors as follows:

**Authorship**

All persons designated as authors should qualify for authorship, and all those who qualify should be listed. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. One or more authors should take responsibility for the integrity of the work as a whole, from inception to published article.

Authorship credit should be based only on 1) substantial contributions to conception and design, or 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. Conditions 1, 2, and 3 must all be met. Acquisition of funding, the collection of data, or general supervision of the research group, by themselves, do not justify authorship.

Editors may ask authors to describe what each contributed; this information may be published.

Increasingly, multicentre trials are attributed to a corporate author. All members of the group who are named as authors, either in the authorship position below the title or in a footnote, should fully meet the above criteria for authorship. Group members who do not meet these criteria should be listed, with their permission, in the Acknowledgement or in an appendix (see Acknowledgements).

The order of authorship should be a joint decision of the coauthors. Because the order is assigned in different ways, its meaning cannot be inferred accurately unless it is stated by the authors. Authors may wish to explain the order of authorship in a footnote. In deciding on the order, authors should be aware that many journals limit the number of authors listed in the table of contents and that the NLM lists in MEDLINE 25 authors (it lists 24 and the last author if there are more than 25 authors).

As coeditors of the *Canadian Journal of Surgery* we are interested in the views of our readership with respect to these issues. Indeed, the concept behind the University of Toronto’s designation for their authors appears appropriate to us. However, our inclination is to move toward accepting the Vancouver Group’s definitions and therefore reducing the number of ghost or honorary authorships by requesting a definition of the role of all authors for each manuscript submitted for possible publication. We look forward to responses from our readership. These we will publish in subsequent issues.

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**References**


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