Undeserved authorship: too much of a good thing

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In this issue, Gotto and colleagues[1] invite the members of the Canadian Urological Association (CUA) to take pride in their academic productivity. *Peer Reviewed Publications by CUA Members: Then and Now* shows that active CUA members have maintained their research productivity over a 10-year period, when other surgical specialties have not. They also show a significant increase in the number of publications and authorships attributable to Canadian based members. A number of explanations for this increase are considered, including the higher standards set for academic appointments and the increased expectations for academic urologists to be involved in research. However, before members congratulate themselves, they should consider this: these same academic pressures also encourage author misconduct, which would present itself in an identical manner, with increased publications and authorships.

In the paper, authorship is quantified as an objective data point; however, without the adoption of set criteria, authorship is subjective. The authors interpret the increase in coauthorship of CUA members as an increase in collaboration, one of the CanMEDS competencies. However, the phenomena of increased coauthorship (author inflation) in biomedical journals arose primarily as a means to survive academic medicine.[2] Disturbing trends like this led to the formation of the International Committee of Medical Journal Editors (ICMJE) whose goals included standardized criteria for authorship in efforts to decrease the number of "undeserved authorships." The most common form of misconduct is "gift authorship," when authorship is granted as a favour, usually linked with some form of reciprocity. "Pressured authorship" is when a person uses their position of authority to obtain authorship. Unfortunately, in spite of ongoing efforts, the ICMJE has had little impact.[3] A critical assessment of coauthorship in a radiology journal[4] found that the inclusion of undeserved authorships correlated with the number of coauthors listed, not present in papers with only 2 authors, but occurring progressively thereafter. Academic promotion was cited as the most common reason for an otherwise honest person to accept undeserved authorship. Is there any reason to think that Canadian urologists would be immune to these pressures?

The ICMJE has suggested the following rules for authorship. Authorship credit should be based on:[5]

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
3. Final approval of the version to be published.

- Authors should meet conditions 1, 2, and 3.

To encourage appropriate authorship, the *Journal of Urology* uses an honour system, asking all authors to sign-off on their contributions.[6] Their criteria satisfy those of the ICMJE. Currently, the *Canadian Urological Association Journal* (*CUAJ*) makes reference to the ICMJE criteria, but does not enforce them. Grotto and colleagues anticipate the *CUAJ* becoming an increasingly popular venue for Canadian urologists to publish their research. This will happen if members view the *CUAJ* as a journal of high standards. Such high standards should include ensuring ethical publication.

Should CUA members take pride in Grotto and colleagues' results?[1] Each member should answer that question individually by looking at their own authorships. If misconduct exists, then the next question to ask is whether they want to continue to be part of the problem, or become part of the solution. Unfortunately, as long as the academic evaluation system rewards quantity over quality, unethical conduct will be encouraged. Those who stand against it individually and say "no" to gift authorship will suffer.[3] However, if as a group, the CUA advocates for more urology journals to adopt and enforce authorship criteria, starting with their own journal, and members encourage their peers to abide by these rules, then maybe over the next decade we can not only be proud of our increased collaboration, but also our professionalism.

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The Canadian Endourology Group is pleased to announce the 2010-2011 teleconference rounds.

These rounds are open to all CEG members and any other interested urologist, urology fellow or resident. Any hospital with telehealth capabilities should be able to connect to the telerounds.

January 19, 2011 from 4:30 to 6:00 PM EDT
Hosted by the University of Toronto
Topic: Management of ureteral strictures

April 6, 2011 from 4:30 to 6:00 PM EDT
Hosted by the University of Ottawa
Topic: TBA

Our first rounds were hosted very successfully by McGill University on Oct 14, with 10 centres from across the country participating.

For further questions, contact Kenneth Pace, President of CEG at kenneth.pace@utoronto.ca.