

# **PUBLICATION ETHICS**

## SCIENTIFIC INTEGRITY AND RESEARCH MISCONDUCT

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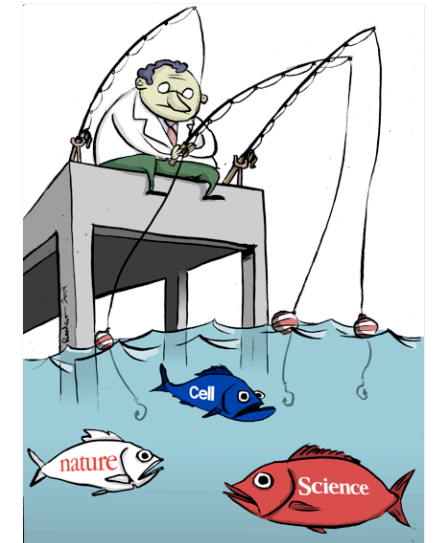
1442(2021)

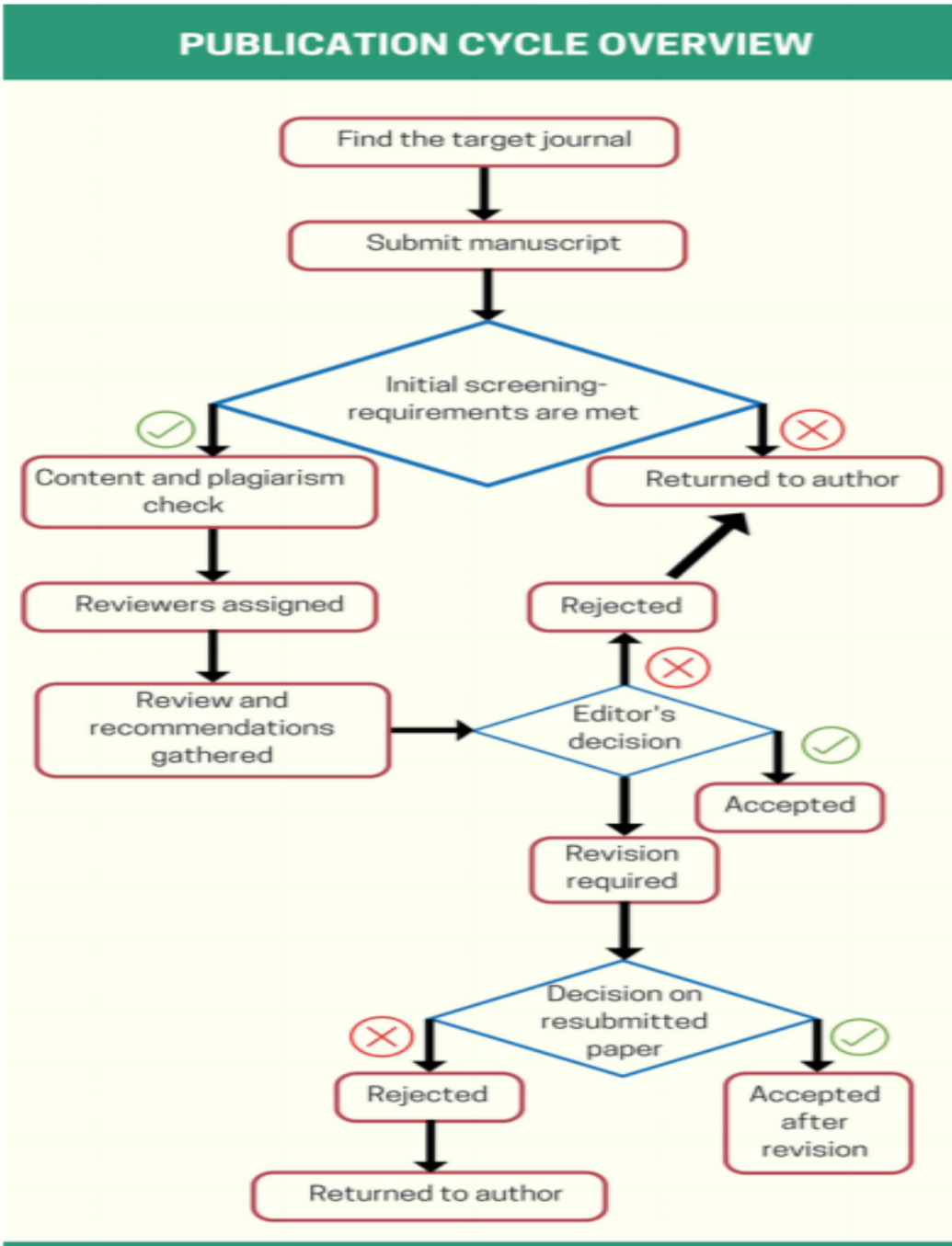
# OBJECTIVES

- IMPROVE UNDERSTANDING OF SCIENTIFIC INTEGRITY
- DEFINE RESEARCH MISCONDUCT AND ITS TYPES
- RECOGNIZE GOOD PRACTICE IN AUTHORSHIP AND THE RELATED PROBLEMS
- RECOGNIZE THE PROBLEM OF CONFLICT OF INTEREST IN RESEARCH
- THE PROBLEM OF PEDATORY PUBLISHING



- MOST IF NOT ALL RESEARCHERS DO RESEARCH AND AIM AT PUBLICATION
- THERE IS AN ETHICAL OBLIGATION TO PUBLISH
- OBLIGED TO OBSERVE AND MAINTAIN SCIENTIFIC INTEGRITY





SCIENTIFIC INTEGRITY

النزاهة العلمية

# SCIENTIFIC INTEGRITY

Adherence to professional values and practices, when conducting and applying the results of science and scholarship.

الالتزام بالقيم والمعايير الأخلاقية والممارسات العلمية عند إجراء البحوث ونشرها وتطبيق نتائجها

Active adherence to the ethical principles and professional standards essential for the responsible practice of research.



# THESE INCLUDE:

- Honesty and fairness in proposing, performing, and reporting research
- Accuracy and fairness in representing contributions to research proposals and reports
- Proficiency and fairness in peer review
- Collegiality in scientific interactions, communications and sharing of resources;



- Disclosure of conflicts of interest
- Protection of human subjects in the conduct of research
- Humane care of animals in the conduct of research
- Adherence to the mutual responsibilities of mentors and trainees."







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# SCIENTIFIC INTEGRITY

Objectivity

Clarity

Reproducibility

Utility

# RESEARCH MISCONDUCT

## Definition of Scientific Misconduct

Scientific misconduct is fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results.

*(Federal Register, October, 1999)*



# MISCONDUCT

**FBRICATION** is making up data or results and recording or reporting them.

**FALSIFICATION** is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.

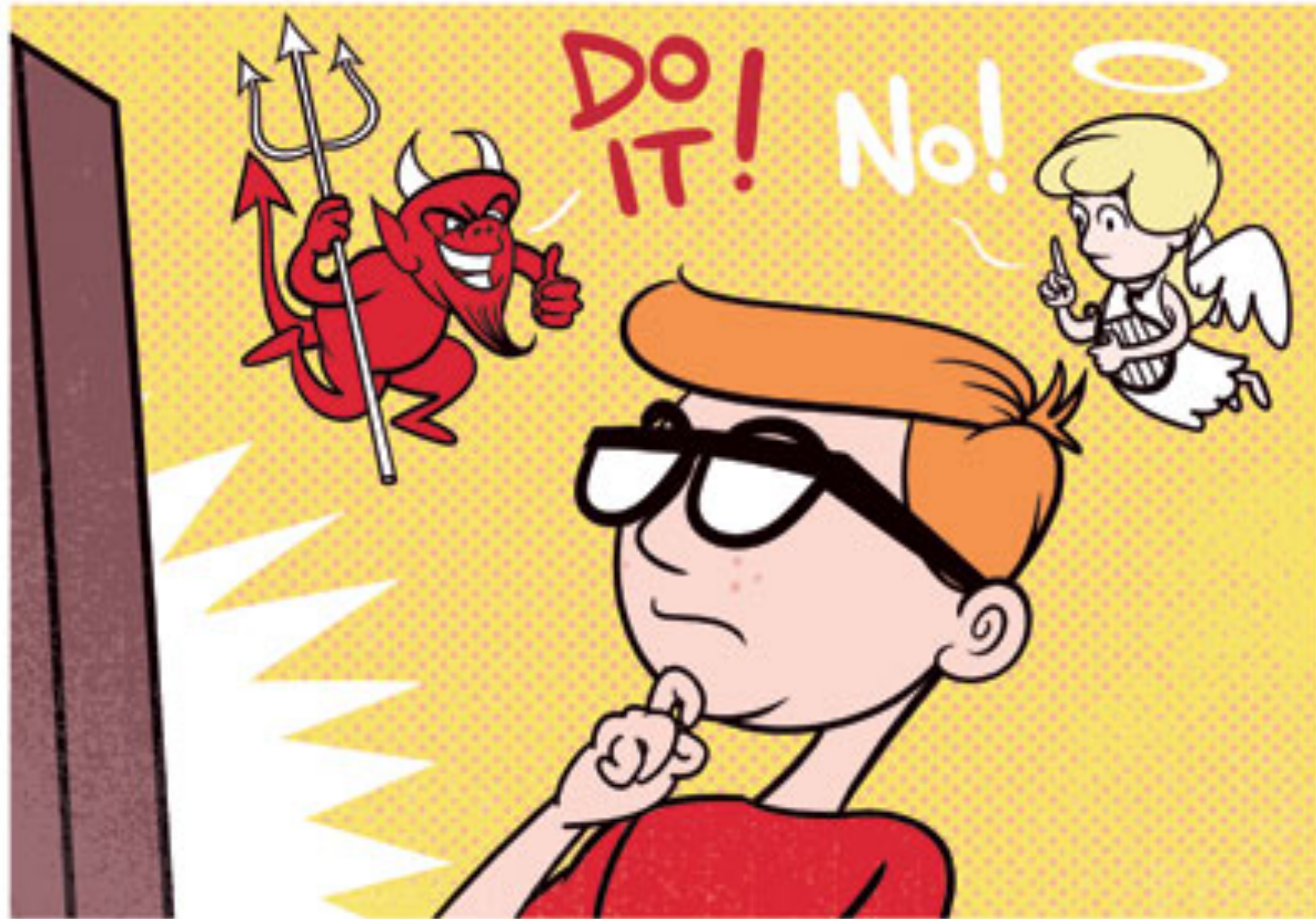
**PLAGIARISM** is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

# THE EXPANDED DEFINITION

ANY **DIVIATION** FORM OR **VIOLATION** OF PRINCIPLES OF SCIENTIF INTEGRITY , INTENTIONALLY OR AS A RESULT OF NEGILGENCE DURING DESGN,EXCUTION AND PUBLICATION OF SCIENTIFIC RESEARCH

## سوء السلوك في مجال البحث العلمي

أي انحراف او خرق لمبادئ النزاهة العلمية بقصد ،وتعمد ،أو إهمال عند اعداد البحث او تنفيذه او نشره ,ويشمل ذلك التزييف والفبركة والانتحال ، وغيرها



HOW BIG IS THE PROBLEM?





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## Commentary

*Nature* **435**, 737-738 (9 June 2005) | doi:10.1038/435737a; Published online 8 June 2005

## Scientists behaving badly

Brian C. Martinson<sup>1</sup>, Melissa S. Anderson<sup>2</sup> & Raymond de Vries<sup>3</sup>

1. Brian C. Martinson is at the HealthPartners Research Foundation, 8100 34th Avenue South, PO Box 1524, Mailstop 21111R, Minneapolis, Minnesota 55440-1524, USA.

2. Melissa S. Anderson is at the University of Minnesota, Educational Policy and Administration, 330 Wulling Hall, Minneapolis, Minnesota 55455, USA.

3. Raymond de Vries is at the University of Minnesota, Center for Bioethics, N504 Boynton, Minneapolis, Minnesota 55455, USA.

**To protect the integrity of science, we must look beyond falsification, fabrication and plagiarism, to a wider range of questionable research practices, argue Brian C. Martinson, Melissa S. Anderson and Raymond de Vries.** ▲ Top

Serious misbehaviour in research is important for many reasons, not least because it damages the reputation of, and undermines public support for, science. Historically, professionals and the public have focused on headline-grabbing cases of scientific misconduct, but we believe that researchers can no longer afford to ignore a wider range of questionable behaviour that threatens the integrity of science.






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**Table 1 | Percentage of scientists who say that they engaged in the behaviour listed within the previous three years (n = 3,247)**

| Top ten behaviours   | All  | Mid-career | Early-career |
|--|------|------------|--------------|
| 1. Falsifying or 'cooking' research data   | 0.3  | 0.2        | 0.5          |
| 2. Ignoring major aspects of human-subject requirements  | 0.3  | 0.3        | 0.4          |
| 3. Not properly disclosing involvement in firms whose products are based on one's own research           | 0.3  | 0.4        | 0.3          |
| 4. Relationships with students, research subjects or clients that may be interpreted as questionable     | 1.4  | 1.3        | 1.4          |
| 5. Using another's ideas without obtaining permission or giving due credit                               | 1.4  | 1.7        | 1.0          |
| 6. Unauthorized use of confidential information in connection with one's own research                    | 1.7  | 2.4        | 0.8 ***      |
| 7. Failing to present data that contradict one's own previous research                                   | 6.0  | 6.5        | 5.3          |
| 8. Circumventing certain minor aspects of human-subject requirements                                     | 7.6  | 9.0        | 6.0 **       |
| 9. Overlooking others' use of flawed data or questionable interpretation of data                         | 12.5 | 12.2       | 12.8         |
| 10. Changing the design, methodology or results of a study in response to pressure from a funding source | 15.5 | 20.6       | 9.5 ***      |
| <b>Other behaviours</b>  |      |            |              |
| 11. Publishing the same data or results in two or more publications                                      | 4.7  | 5.9        | 3.4 **       |
| 12. Inappropriately assigning authorship credit  | 10.0 | 12.3       | 7.4 ***      |
| 13. Withholding details of methodology or results in papers or proposals                                 | 10.8 | 12.4       | 8.9 **       |
| 14. Using inadequate or inappropriate research designs   | 13.5 | 14.6       | 12.2         |
| 15. Dropping observations or data points from analyses based on a gut feeling that they were inaccurate  | 15.3 | 14.3       | 16.5         |
| 16. Inadequate record keeping related to research projects   | 27.5 | 27.7       | 27.3         |

Note: significance of  $\chi^2$  tests of differences between mid- and early-career scientists are noted by \*\* ( $P < 0.01$ ) and \*\*\* ( $P < 0.001$ ).

**Table 2** Problematic COVID-19 preprint articles

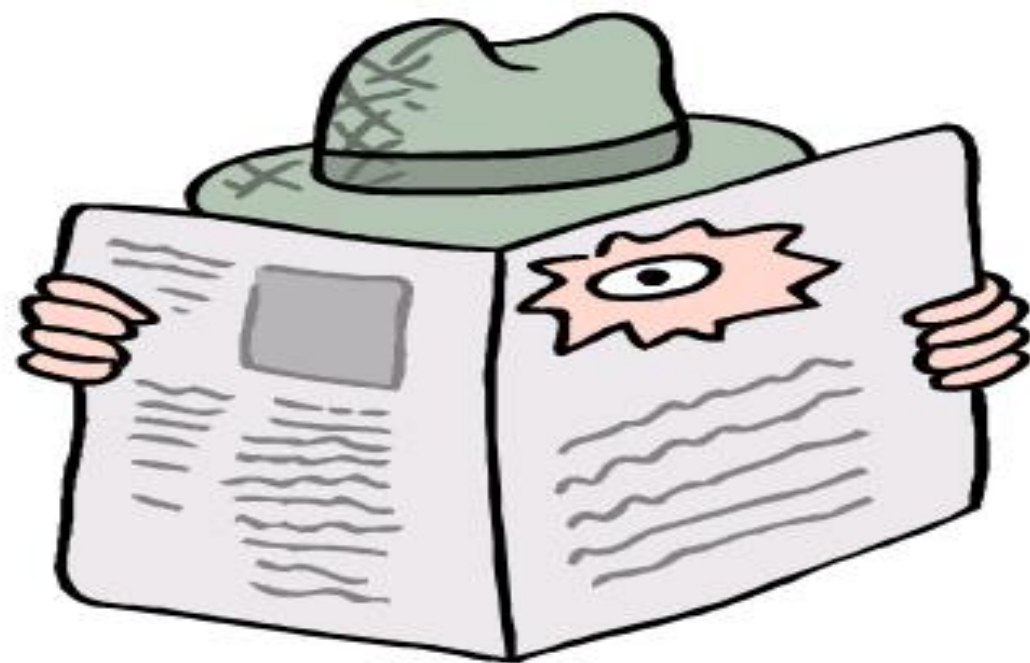
| Source                       | Issue  | Location of corresponding author's institution | Finding   |
|------------------------------|--|--|-----------|
| <i>SSRN</i> <sup>21</sup>    | Dataset is linked to two other retracted papers <sup>22 23</sup>                       | USA  | Retracted |
| <i>SSRN</i> <sup>24</sup>    | Dataset is linked to two other retracted papers <sup>22 23</sup>                       | USA  | Retracted |
| <i>SSRN</i> <sup>25 26</sup> | Numerous concerns including authorship, statistical analysis, findings                 | Indonesia                                      | Retracted |
| <i>bioRxiv</i> <sup>27</sup> | Article lacked the full consent for publication by all authors                         | China  | Withdrawn |
| <i>bioRxiv</i> <sup>28</sup> | Authors' desire to perform additional research to validate their work                  | China  | Withdrawn |
| <i>medRxiv</i> <sup>29</sup> | Authors' desire to update their dataset to enlarge it                                  | China  | Withdrawn |
| <i>medRxiv</i> <sup>30</sup> | Authors' desire to perform additional research to validate their work                  | China  | Withdrawn |
| <i>bioRxiv</i> <sup>31</sup> | Consent was not obtained for use of the study dataset                                  | Bangladesh                                     | Withdrawn |
| <i>medRxiv</i> <sup>32</sup> | Controversy about hydroxychloroquine and a retrospective study design                  | France   | Withdrawn |
| <i>bioRxiv</i> <sup>33</sup> | Concerns regarding technical approach and data interpretation                          | India  | Withdrawn |
| <i>medRxiv</i> <sup>34</sup> | Study performed beyond scope of the research ethics committee approval                 | Italy  | Withdrawn |
| <i>medRxiv</i> <sup>35</sup> | Study performed beyond scope of the research ethics committee approval                 | Italy  | Withdrawn |
| <i>medRxiv</i> <sup>36</sup> | Controversy about hydroxychloroquine; results potentially different after peer review. | South Korea                                    | Withdrawn |
| <i>medRxiv</i> <sup>37</sup> | Privacy concerns regarding research participants                                       | USA  | Withdrawn |

# أنواع سوء السلوك

- تلفيق البيانات واختلاقها ( Fabrication )
- تزيف البيانات والنتائج ( Falsification. . )
- الانتحال والسرقة الفكرية ( Plagiarism )
- قضايا التأليف والنشر

Aurhorship and Publication

تلفيق البيانات واختلاقها ( Fabrication )





**They concluded that Hauser had fabricated data in one study, manipulated results in multiple experiments, and incorrectly described how studies were conducted.**

EDUCATION

# Harvard Finds Scientist Guilty of Misconduct

By NICHOLAS WADE AUG. 20, 2010

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[Harvard University](#) said Friday that it had found a prominent researcher, Marc Hauser, “solely responsible” for eight instances of scientific misconduct.

Hours later, Dr. Hauser, a rising star for his explorations into cognition and morality, made his first public statement since news of the inquiry emerged last week, telling The New York Times, “I acknowledge that I made some significant mistakes” and saying he was “deeply sorry for the problems this case had caused to my students, my colleagues and my university.”

Dr. Hauser is a leader in the field of animal and human cognition, and in 2006 wrote a well-received book, “Moral Minds: How Nature Designed Our Universal Sense of Right and Wrong.” Harvard’s findings against him, if sustained, may cast a shadow over the broad field of scientific research that depended on the particular research technique often used in his experiments.

Harvard itself had faced growing criticism for not releasing more details of

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## Misconduct case taints research

Colleagues fear questions surrounding Harvard scientist will hurt their work



Some Marc Hauser work was retracted.

By Carolyn Y. Johnson

Globe Staff / September 20, 2010

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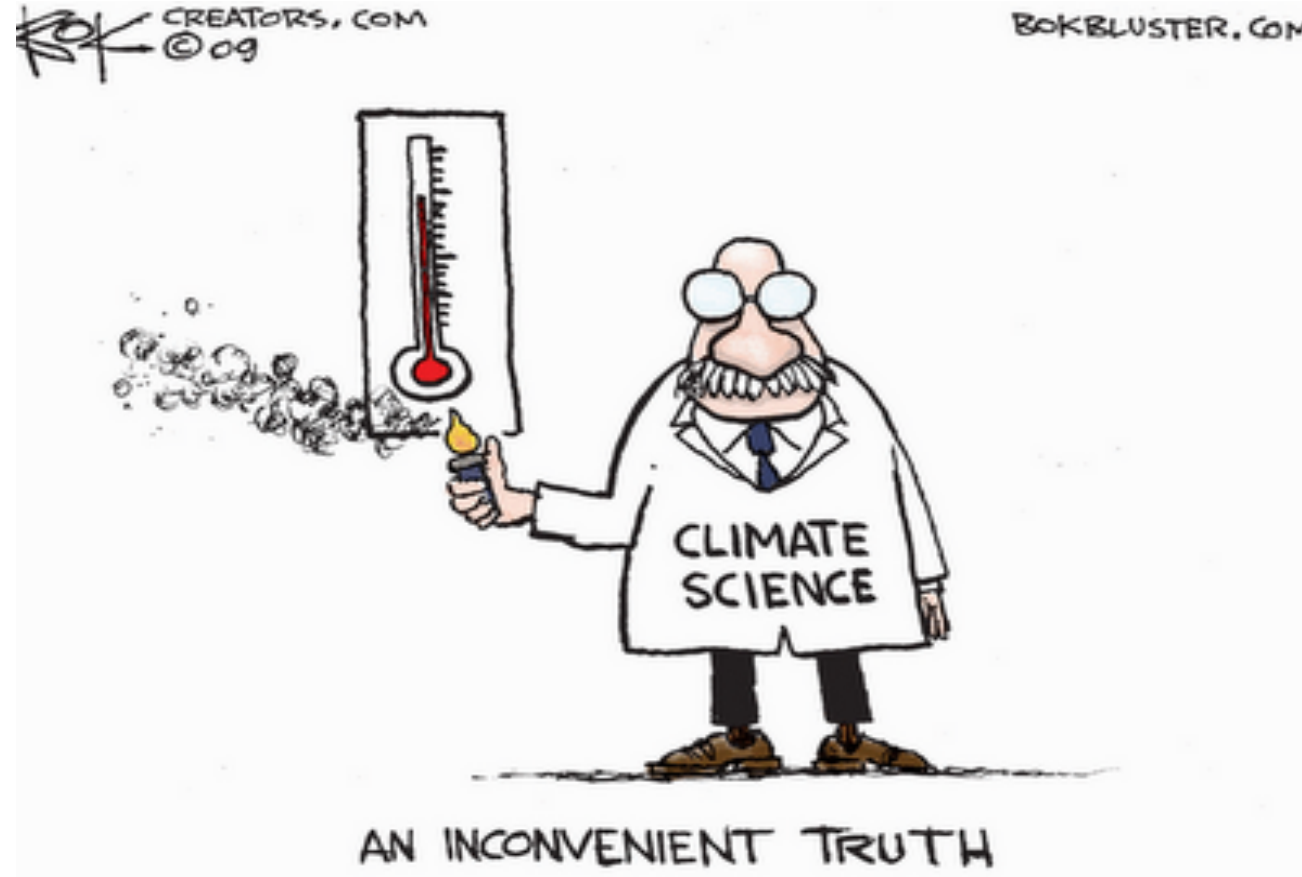
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# تزيف البيانات والنتائج (Falsification. .)



***"Raphael B. Stricker, M.D., University of California at San Francisco. An investigation conducted by the University found that Dr. Stricker falsified data for a manuscript and a PHS-supported publication reporting research on AIDS.***

***In the manuscript, Dr. Stricker selectively suppressed data that did not support his hypothesis, and reported consistently positive data where only one of four experiments had produced positive results. In the publication, Dr. Stricker reported that an antibody was found in 20 homosexuals, but not found in non-homosexuals.***



***However, Dr. Stricker's control data, which he suppressed, showed antibody in 33 of 65 non-homosexuals. The falsified data was used as the basis for a grant application to the National Institutes of Health. The ORI concurred in the University's finding. Dr. Stricker executed a Voluntary Exclusion and Settlement Agreement in which he has agreed not to apply for Federal grant or contract funds and will not serve on PHS advisory committees, boards or peer review groups for a three year period beginning April 1, 1993."***

Also reported in the same notice:

***"Tian-Shing Lee, M.D., Joslin Diabetes Center, Harvard Medical School. An investigation conducted by Harvard found that Dr. Lee, a former post-doctoral fellow at the Joslin Diabetes Center, fabricated and falsified data in research on diabetes supported by the National Eye Institute. Primary data was missing for almost half of the figures and tables in a series of published papers and manuscripts prepared by Dr. Lee. Many instances of data fabrication and falsification were found, including presenting data for cell counts that were never performed,***

# Blood pressure research by scientist Anna Ahimastos retracted over faked data

By Nicky Phillips

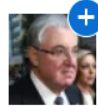
Updated September 17, 2015 – 5.23pm, first published at 12.30pm



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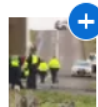
Lawyer 'categorically' denies advising Labor boss to cover up \$100,000 donation



### VALE

AFL legend Danny Frawley killed in car crash

53 minutes ago



### COURTS

Man accused of murdering



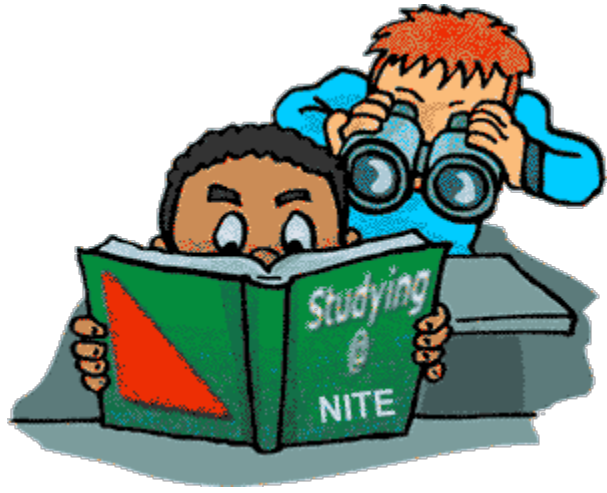
The research of a promising Australian scientist has been retracted after an investigation found she faked results in the trial of a blood pressure drug.

Dr Anna Ahimastos was a researcher at the Baker IDI Heart and Diabetes Institute in Melbourne when she fabricated data that was published in two international journals.

On Tuesday, the *Journal of the American Medical Association (JAMA)* [retracted](#) Dr Ahimastos' paper on a three-year clinical trial of a blood pressure drug, Ramipril. The study found the drug, a safe and effective treatment for lowering blood pressure, also helped patients with artery disease walk for longer and with less pain.

While the study has been retracted, Baker IDI said participants involved in the trial were not exposed to any danger. Subsequent studies also suggest the original finding may still be correct.

In June, another Baker IDI researcher noticed inconsistencies in the original study data, which promoted an internal investigation.



# PLAGIARISM



The use of others' published and unpublished **ideas or words** (or other **intellectual property**) without attribution or permission, and presenting them as new and original rather than derived from an existing source.

# PLAGIARISM

“**Theft or appropriation** of intellectual property and the substantial unattributed textual copying of another’s work.”

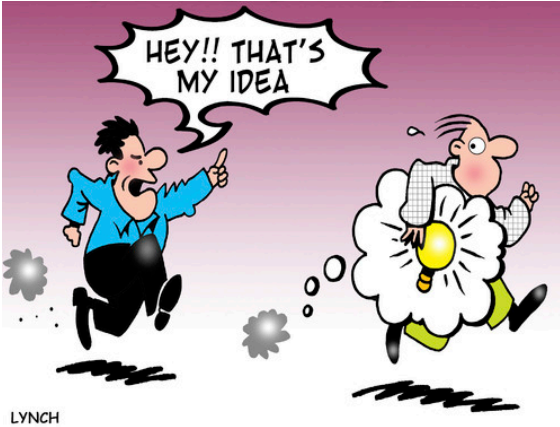
Office of Research Integrity (ORI) of the United States

# PLAGIARISM

IDEAS

TEXTS

INTELLECTUAL PROPERTY



# SELFPL-AGIARISM

Self-Plagiarism is defined as a type of plagiarism in which the writer republishes a work in its entirety or reuses portions of a previously written text while authoring a new work

<http://www.ithenticate.com/plagiarism-detection-blog/bid/65061/What-Is-Self-Plagiarism-and-How-to-Avoid-It#.V5nKq7h97IU>





# DUPLICATE PUBLICATION

# REDUNDANT PUBLICATION

understanding what duplicate, copied content is and how you can help stop the thieves stealing the content you have worked hard to produce.

The hub is broken into three sections; a short discussion on using copied material yourself, instructions on how to find your content that has been copied by someone else and a final section on how to get that stolen material removed from the web. I will apologize in advance if the next section seems a little less relevant - I've had a considerable amount of my work stolen by content thieves - but many people don't understand the ramifications of copying web content and what it means to do so.

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Pirillo  
& Fitz

Whaddya mean all my facts are *wrong*?!?

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# SOLUTIONS

- BE HONEST
- USE YOUR OWN WORDS
- ACKNOWLEDGE PEOPLE
- CITE YOUR QUTES PROPERLY



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# PLAGIARISM CHECKERS

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| 3    | <a href="#">ProWritingAid</a>                    | <a href="#">Try it Now »</a> |
| 4    | <a href="#">Duplichecker</a>                     | <a href="#">Try it Now »</a> |
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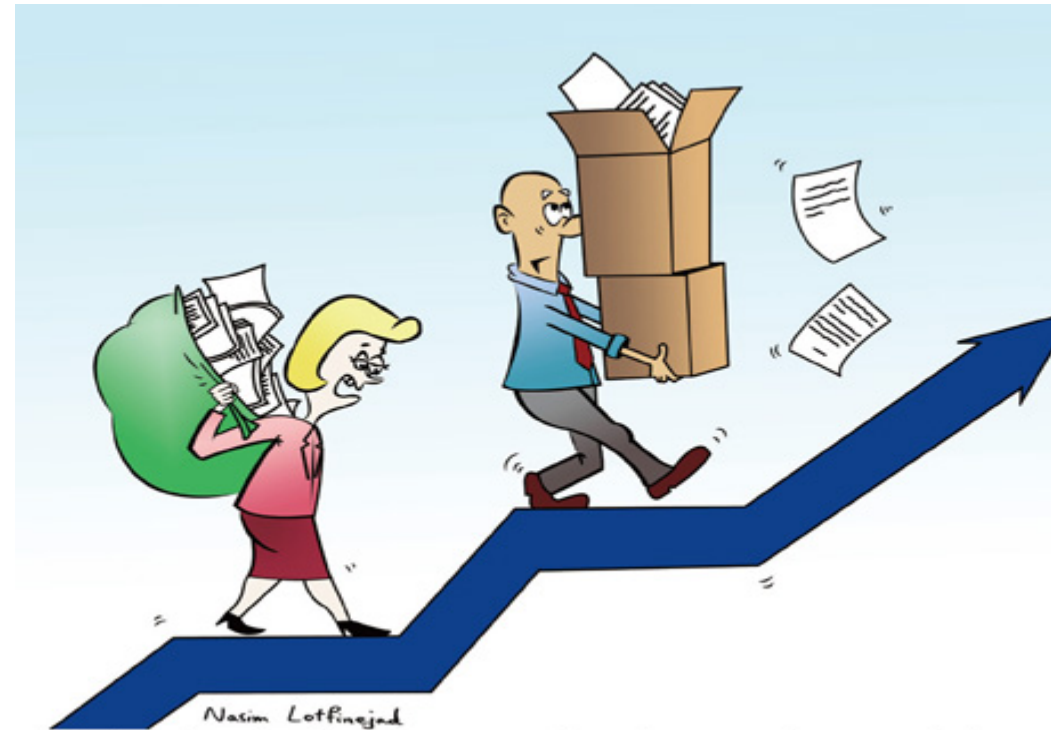


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# WHO QUALIFY TO BE AN AUTHOR?

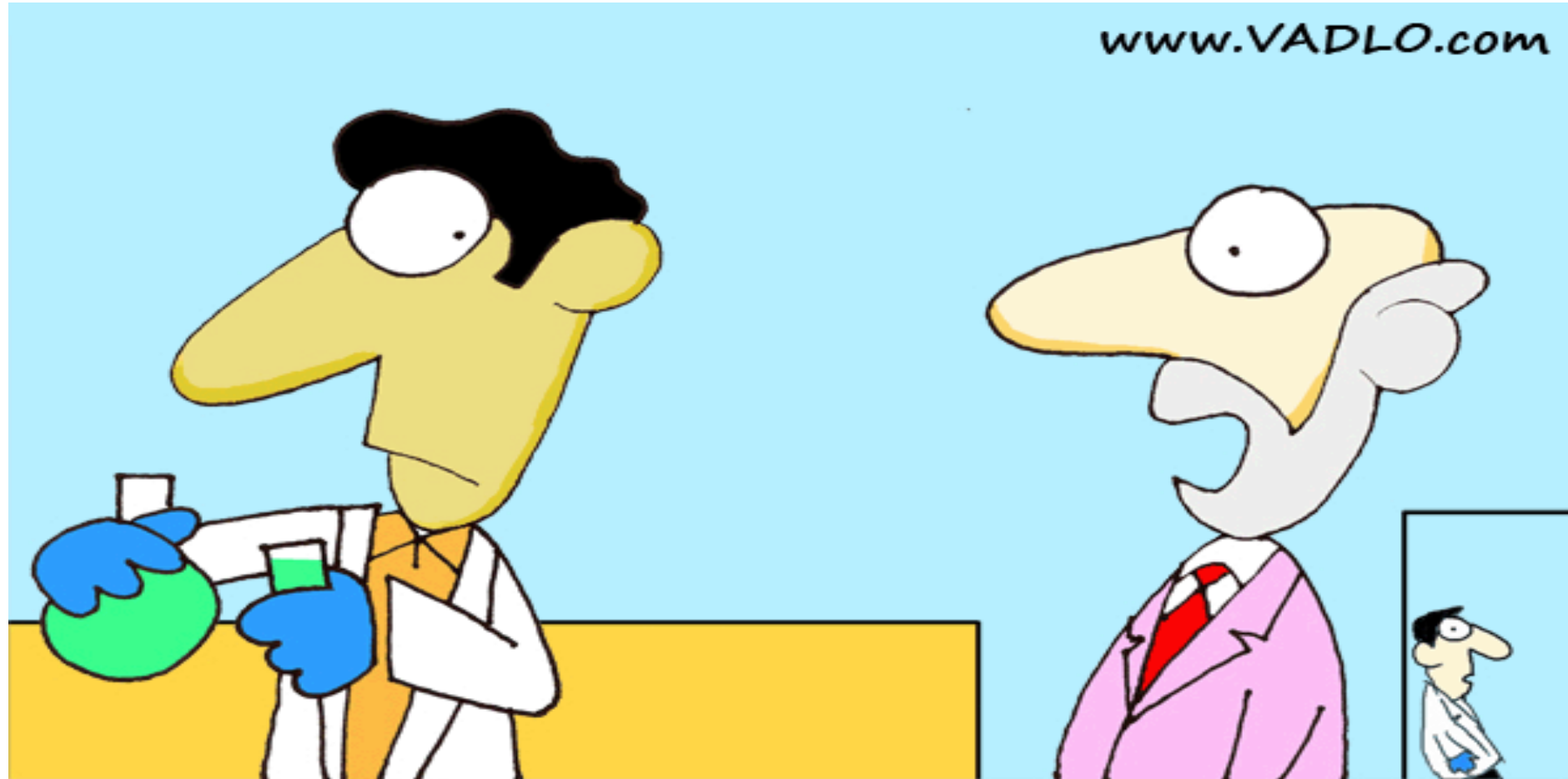
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- **Substantial contributions** to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- **Agreement to be accountable** for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
- In addition to being accountable for the parts of the work he or she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their co-authors.

# الضابط في أحقية التأليف

- أن يشارك الباحث مشاركته فعالة في البحث وان تكون له مساهمة فكرية علمية جوهرية وذلك في مراحل البحث أو بعضها مثل : تصميم الدراسة البحثية والحصول على البيانات وتحليلها وتفسيرها
- كتابة مسوده الورقه العلمية الأولى او مراجعتها النقديه من حيث محتواها الفكري والعلمي
- الموافقه النهائيه على النسخه التي يراد نشرها
- الموافقة على أن يكون مسؤولاً مسؤوليه كامله عن محتوى الورقة العلمية ودقة المعلومات المدونه فيها وعدم وجود اي امر يخل بالنزاهة العلمية



# PROBLEMS WITH AUTHORSHIP



“No, it’s my wife’s turn to be the first author  
on **your** paper.”

- GIFT /GUEST AUTHORSHIP



- GHOST AUTHORSHIP



\*An individual makes a substantial contribution to the research or the writing of the report, but is not listed as an author (WRITERS FOR DRUG COMPANIES )

- PRESSUERED AUTHORSHIP

Authoriorative( Head of department...etc)



- HORONARY AUTHORSHIP

Well-known figures in the field



# ANALYSIS OF 630 MANUSCRIPT

| AUTHORSHIP | PREVALENCE |
|------------|------------|
| HONORARY   | 17.6%      |
| GHOST      | 8%         |
|            |            |

WISLAR,et al .BMJ. 2011; 343: d6128.

Published online 2011 Oct 25. doi: [10.1136/bmj.d6128](https://doi.org/10.1136/bmj.d6128)

# RETRACTION OF MANUSCRIPTS

EARLY REPORT

## Early report

### Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

#### Summary

**Background** We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

**Methods** 12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

**Findings** Onset of behavioural symptoms was associated by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities ranging from lymphoid nodular hyperplasia to granuloid ulceration. Histology showed patchy chronic inflammation. In 11 children and reactive ileal lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (two). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls ( $p=0.03$ ), low haemoglobin in four children, and low serum IgA in two children.

**Interpretation** We identify associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time with possible environmental triggers.

Lancet 1998; **351**: 637–41  
See Commentary page

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#### Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and bloating and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features of these children.

#### Patients and methods

12 children, consecutively referred to the department of paediatric gastroenterology with a history of a pervasive developmental disorder with loss of acquired skills and intestinal symptoms (abdominal pain, bloating and food intolerance), were investigated. All children were admitted to the ward for one week, accompanied by their parents.

#### Clinical investigations

We took histories including details of immunisations and exposure to infectious diseases, and assessed the children. In 11 cases the history was obtained by the senior clinician (JW-S). Neurological and psychiatric assessments were done by consultant staff (PH, MB) with HMS-4 criteria.<sup>1</sup> Developmental records included a review of prospective developmental records from parents, health visitors, and general practitioners. Four children did not undergo psychiatric assessment in hospital; all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis.

After bowel preparation, ileocolonoscopy was performed by SHM or MAT under sedation with midazolam and pethidine. Paired frozen and formalin-fixed mucosal biopsy samples were taken from the terminal ileum; ascending, transverse, descending, and sigmoid colons, and from the rectum. The procedure was recorded by video or still images, and were compared with images of the previous seven consecutive paediatric colonoscopies (four normal colonoscopies and three on children with ulcerative colitis), in which the physician reported normal appearances in the terminal ileum. Barium follow-through radiography was possible in some cases.

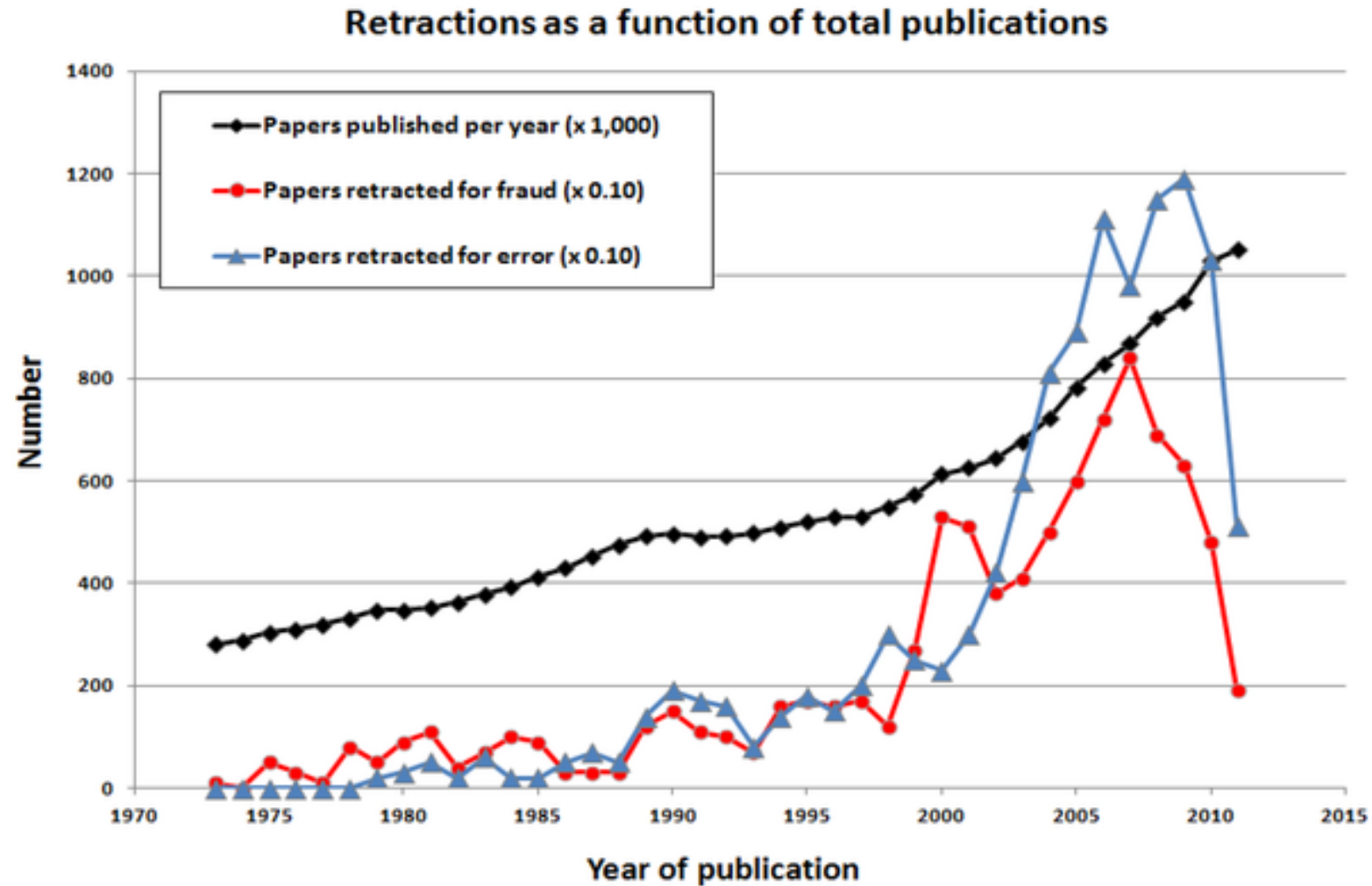
Also under sedation, cerebral magnetic-resonance imaging (MRI), electroencephalography (EEG) including visual, brain stem auditory, and sensory evoked potentials (where compliance made these possible), and lumbar puncture were done.

#### Laboratory investigations

Thyroid function, serum long-chain fatty acids, and cerebrospinal-fluid lactate were measured to exclude known causes of childhood neurodegenerative disease. Urinary methylmalonic acid was measured in random urine samples from eight of the 12 children and 14 age-matched and sex-matched normal controls, by a modification of a technique described previously.<sup>2</sup> Chromatograms were scanned digitally on computer, to analyse the methylmalonic-acid zones from cases and controls. Urinary methylmalonic-acid concentrations in patients and controls were compared by a two-sample *t* test. Urinary creatinine was estimated by routine spectrophotometric assay.

Children were screened for antiendomysial antibodies and boys were screened for fragile-X if this had not been done

Figure 1. Papers published and retracted per year since 1973.



Steen RG, Casadevall A, Fang FC (2013) Why Has the Number of Scientific Retractions Increased?. PLoS ONE 8(7): e68397.  
doi:10.1371/journal.pone.0068397  
<http://journals.plos.org/plosone/article?id=info:doi/10.1371/journal.pone.0068397>

**TABLE 2**  
**Reason for Retraction**  
**(Total Number of Retractions = 1,112.)**

| <b>Reason</b>  | <b>Number (%)</b>        |
|--|--------------------------|
| <b>Misconduct, admitted</b>                                  | <b>486 (44%)</b>         |
| <b>Misconduct, presumed</b>                                  | <b>152 (14%)</b>         |
| <b>Could not replicate results</b>                           | <b>127 (11%)</b>         |
| <b>Error: problems with data</b>                             | <b>113 (10%)</b>         |
| <b>Error: problems with method, analysis, interpretation</b> | <b>76 (7%)</b>           |
| <b>Error: problems with sample</b>                           | <b>31 (3%)</b>           |
| <b>Accidental duplication, publisher</b>                     | <b>26 (2%)</b>           |
| <b>Accidental duplication, author</b>                        | <b>10 (less than 1%)</b> |
| <b>Other</b>   | <b>19 (2%)</b>           |
| <b>No reason given</b>                                       | <b>72 (6%)</b>           |

**Table 3**

Proportion of retractions per country of origin (2013-2016).

| Country      | Total publications | Retractions | Proportion/10,000 |
|--------------|--------------------|-------------|-------------------|
| Iran         | 55,407             | 86          | 15.52             |
| Egypt        | 9,358              | 11          | 11.75             |
| China        | 481,888            | 398         | 8.26              |
| India        | 143,884            | 96          | 6.67              |
| Malaysia     | 17,072             | 6           | 3.51              |
| Turkey       | 64,951             | 21          | 3.23              |
| Thailand     | 16,521             | 5           | 3.03              |
| Saudi Arabia | 20,678             | 6           | 2.90              |
| Korea        | 124,763            | 33          | 2.65              |
| Italy        | 168,109            | 33          | 1.96              |
| Singapore    | 25,477             | 5           | 1.96              |
| U.S.A.       | 816,464            | 157         | 1.92              |
| Sweden       | 63,369             | 10          | 1.58              |
| Taiwan       | 51,895             | 8           | 1.54              |
| Spain        | 112,588            | 13          | 1.15              |
| Japan        | 200,623            | 23          | 1.15              |
| Denmark      | 46,865             | 5           | 1.07              |
| Brazil       | 88,915             | 9           | 1.01              |
| Switzerland  | 69,433             | 7           | 1.01              |
| Canada       | 156,555            | 14          | 0.89              |
| U.K.         | 240,414            | 21          | 0.87              |
| Australia    | 142,701            | 11          | 0.77              |
| France       | 157,316            | 12          | 0.76              |
| Germany      | 222,501            | 16          | 0.72              |
| Netherlands  | 105,487            | 6           | 0.57              |

# Author Responsibilities

## – Preparation and Submission of Manuscripts:

### Follow General Rules:

- Ensure work is new and original research
- All Authors are aware of submission and agree with content and support submission
- Agree that the manuscript can be examined by anonymous reviewers.
- Provide copies of related work submitted or published elsewhere
- Obtain copyright permission if figures/tables need to be reproduced
- Include proper affiliation



# CONFLICT OF INTEREST






"You are completely free to carry out whatever research you want, so long as you come to these conclusions."

# الأمانة

- الأصالة والإبداع
- مراجعة البحوث السابقة بشكل جيد
- عدم التعدي على حقوق الآخرين
- عدم تعريض الناس للأخطار أو خديعتهم وغشهم
- الكفاءة العلمية



شيء لم يسبق إليه يخترعه  
شيء ناقص يتمه  
شيء مستغلق يشرحه  
شيء طويل يختصره  
شيء مختلط يرتبه  
شيء أخطأ فيه مصنعه يبينه  
شيء مفرق يجمعه

# الأمانة

- إتباع الطرق العلمية بدقة ومصداقية
- عدم تزوير طرق البحث أو نتائجه أو إدعاء الحصول على نتائج لم يتوصل إليها فعلا
- التجرد وعدم التحيز
- إختيار فريق البحث الملائم
- البعد عن الاستغلال

# الأمانة

- أن لا يتعارض البحث مع الأحكام والقيم والأخلاقيات الإسلامية
- البعد عن الأبحاث التي أضرارها أكثر من منافعها
- عرض النتائج بمصداقية وشفافية
- البعد عن إختلاق النتائج أو تزيفها
- عدم حجب النتائج
- عدم إدعاء ما لم يتوصل إليه من النتائج

# الضوابط الأخلاقية

• الامانه في النقل :

• يقول الامام النووي رحمه الله (..... ومن النصيحة ان تضاف الفائدة التي تستغرب الى قائلها . فمن فعل ذلك بورك في عمله وحاله ومن أوهم فيما يأخذه من كلام غيره انه له فهو جدير ان لا ينتفع بعلمه , ولا يبارك له في حال , ولم يزل اهل العلم والفضل على اضافة الفوائد الى قائلها

• عدم الانتحال وادعاء ملكية ما لا يملك:

يقول النبي صل الله عليه وسلم "المتشبع بما لم يعط كلابس ثوبي زور" (

ويعلق الامام ابن القيم على هذا الحديث فيقول : (التشبع افتخار الانسان بما لا يملكه)

• الأمانة في عرض المادة العلمية

• التجرد وعدم اتباع الهوى وعدم التحيز

• تجنب الغش والخداع



# SOLUTIONS

- EDUCATION , AWARENESS AND TRAINING
- PROMOTION OF SCIENTIFIC INTEGRITY
- PROMOTION OF ETHICAL CONDUCT
- CODES AND REGULATIONS
- DEALING WITH MISCONDUCT ALLEGATIONS
- EASINESS OF REPORTING AND PROTECTION OF WHISTELBLOWERS
- DISCLOSURE OF CONFLICT OF INTEREST

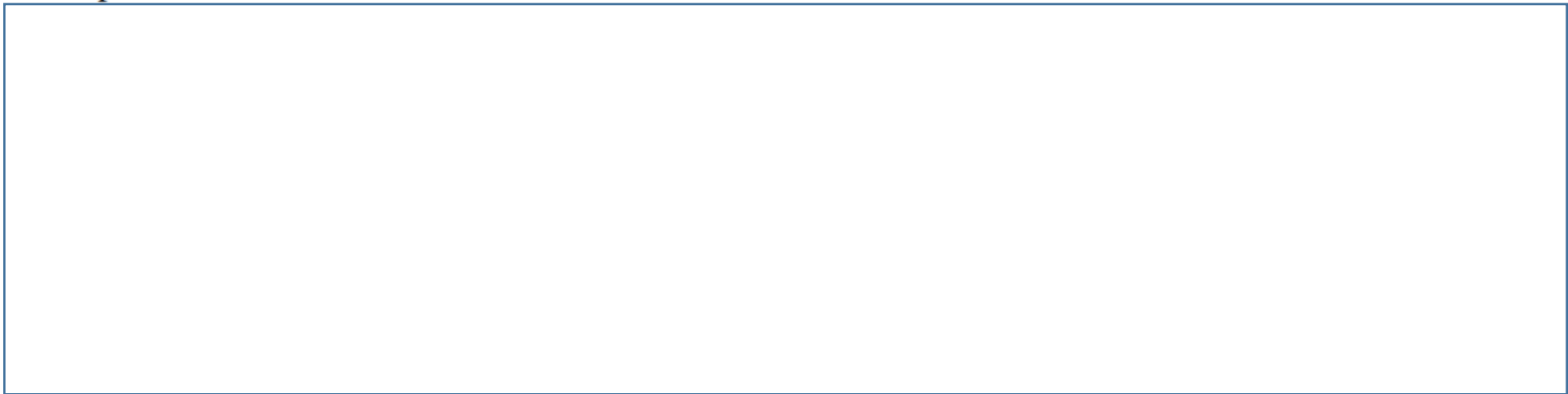
**Box 1** Principles and best practices for scientific integrity

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Best practices for fostering scientific integrity

1. Require universal training in robust scientific methods, in the use of appropriate experimental design and statistics, and in responsible research practices for scientists at all levels, with the training content regularly updated and presented by qualified scientists
2. Strengthen scientific integrity oversight and processes throughout the research continuum with a focus on training in ethics and conduct
3. Encourage reproducibility of research through transparency
4. Strive to establish open science as the standard operating procedure throughout the scientific enterprise



# PREDATORY PUBLISHING

predatory

Journals



“Predatory journals and publishers are entities that prioritize self-interest at the expense of scholarship and are characterized by false or misleading information, deviation from best editorial and publication practices, a lack of transparency, and/or the use of aggressive and indiscriminate solicitation practices.”

# SOARING CRISIS: PREDATORY PUBLISHING

Authors from Asia & Africa make up **> 75%** of the authors who published in predatory journals

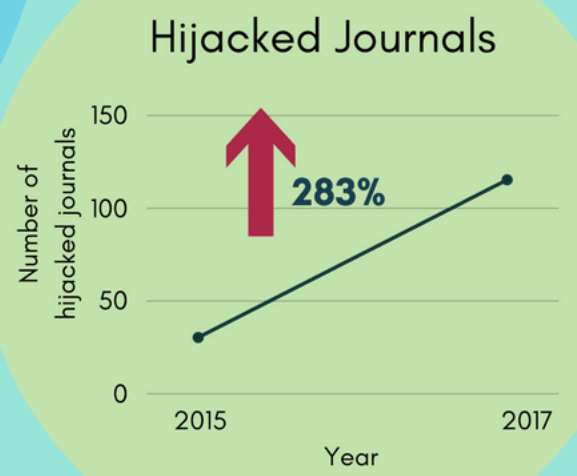
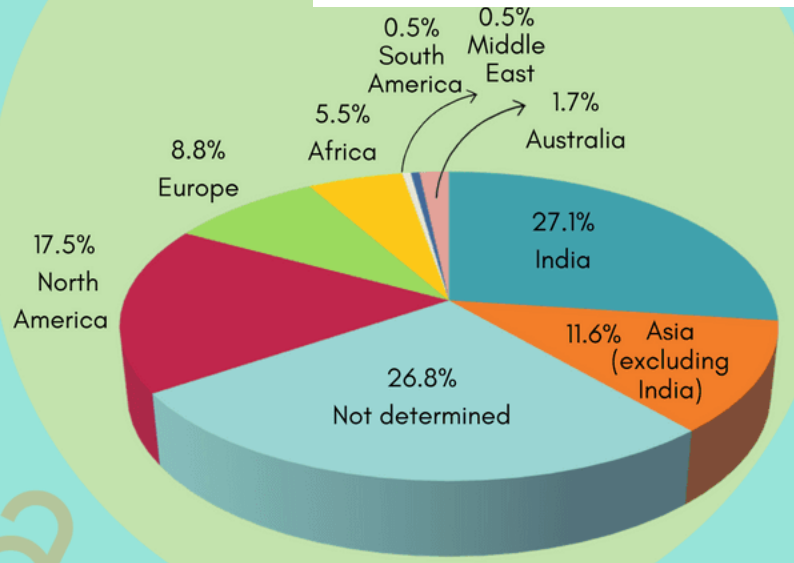
Based on a BMC Medicine study



**2014**  
Predatory Publishers  
Earned USD 74 million

Hijacked journals are duplicate or fake websites of legitimate ones utilizing the title, ISSN and other information of the reputable journal. They are often created by a malicious third party for the purpose of fraudulently offering academicians the opportunity to rapidly publish their research online for a fee [1,2].

Global  
Predo



Source: \*<https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-015-0469-2>  
<http://blogs.nature.com/naturejobs/2017/06/26/sciences-fake-journal-epidemic/>  
<http://onlinelibrary.wiley.com/doi/10.1111/ceo.12836/full>

**Table 10** Salient characteristics of potential predatory journals

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1. The scope of interest includes non-biomedical subjects alongside biomedical topics
  2. The website contains spelling and grammar errors
  3. Images are distorted/fuzzy, intended to look like something they are not, or which are unauthorized
  4. The homepage language targets authors
  5. The Index Copernicus Value is promoted on the website
  6. Description of the manuscript handling process is lacking
  7. Manuscripts are requested to be submitted via email
  8. Rapid publication is promised
  9. There is no retraction policy
  10. Information on whether and how journal content will be digitally preserved is absent
  11. The Article processing/publication charge is very low (e.g., < \$150 USD)
  12. Journals claiming to be open access either retain copyright of published research or fail to mention copyright
  13. The contact email address is non-professional and non-journal affiliated (e.g., @gmail.com or @yahoo.com)
-



**THANK YOU**