



Statutory regulation needed to expose and stop medical fraud

It's increasingly hard to ignore the need for a statutory body for research misconduct

Richard Smith *chair of the board of trustees*

icddr,b, Bangladesh

Anjan Kumar Banerjee, a surgeon, spent the years 2002 to 2008 erased from the medical register for serious professional misconduct related to research fraud, financial misconduct, and substandard care, yet in 2014 he was awarded an MBE “for services to patient safety.”¹ This embarrassing mistake was quickly rectified, and the MBE forfeited. But he remains a fellow of three medical colleges. Each either awarded him or reinstated a fellowship after his erasure, and the University of London has not withdrawn his MS degree, which has been known for 15 years to be based on fraudulent data. The long sorry story of Banerjee that cardiologist Peter Wilmshurst tells in the linked analysis article,¹ and has told in part before,² raises serious questions about the integrity of medical and scientific institutions.

Wilmshurst's story comes a few weeks after an article in the *Times Higher Education* about a report to government that says: “Senior figures in UK science have warned that despite decades of awareness of the cultural problems driving misconduct in science, little progress has been made ... The draft ... concludes that some research institutes, university administrators, funders, journals and science leaders have been covering up malpractice.”³ It's splendidly ironic that this report is an unpublished “secret dossier.”

But what the report says is not news. The United States had several high profile cases of research misconduct in the 1970s and '80s, and in 1989 the government established the body that became later the Office of Research Integrity.⁴ It covers only medical research that is government funded, but it has real powers. Anxieties about research misconduct in Britain began to be raised in the '90s, with Stephen Lock, the editor of *The BMJ*, taking a lead.⁵ It seems fair to say, however, that Britain has never taken the problem seriously.

Despite a high level consensus statement on research misconduct organised by *The BMJ* and the Committee on Publication Ethics,⁶ the UK Research Integrity Office (where I was a trustee) is poorly resourced and has no powers,⁷ and the *Concordat to Support Research Integrity* is largely a bureaucratic exercise that critics would say is designed to give the appearance of taking action but without the necessary commitment of resources

to make a difference.⁸ The “secret dossier” may be a prelude to government action because, as the Chinese have recognised, an economy built on science has to have robust ways of ensuring the integrity of that science.⁹

Britain has failed to mount an adequate response for two main reasons. Firstly, many scientific leaders still do not acknowledge the seriousness of the problem, fooling themselves that research misconduct is rare, science is self correcting, and misconduct is a victimless crime. Secondly, universities jealously guard their independence: even though they depend heavily on government funding they don't want government bodies having powers to investigate possible misconduct of their researchers.

But universities clearly have a major conflict of interest when one of their researchers is accused of misconduct, particularly if he or she is eminent. It is tempting to try to bury the whole thing, perhaps encouraging the miscreant to retire early or move on rather than be investigated. Until recently, and probably even now, universities and other institutions could be confident that they would get away with burying the case.

Wilmshurst has many other disturbing stories in addition to the Banerjee one; these, as he writes, can often not be told publicly because of the expense and difficulty of getting them through lawyers.¹ *The BMJ* recently published an account of the case of R K Chandra, who was investigated by his Canadian university in the 1990s and found to have produced fraudulent research.^{10 11} The university took no action, and all that it has done so far is agree that a paper retracted 10 years ago was fraudulent.¹² *The BMJ* and other journals belonging to the Committee on Publication Ethics have over the years asked many other research institutions to investigate worries, and often nothing has happened.¹³

We have no way of knowing how many cases are successfully covered up, but when talking to meetings on research misconduct, including one of European medical school deans, I ask how many people know of a case of research misconduct. Usually a half to a third of people put up their hands. I then ask whether the case was fully investigated, and if appropriate the perpetrator punished and the record corrected: hardly any hands remain raised.

Burying bad news and other forms of cover up are not, of course, unique to universities. In Britain high profile inquiries into the Bloody Sunday shootings in Northern Ireland and the crushing of football fans in the Hillsborough disaster have covered up malfeasance by authorities. Subsequent prolonged, and highly expensive inquiries eventually disclosed the cover ups. And cover up of sexual abuse of children was normal in the church and other institutions.

So what should be done? Cultural change seems to be the answer to almost everything these days, but we do need to move to a world where universities recognise the rightness of investigating allegations of misconduct and commit to punishing those found guilty and to publishing the results of their investigations, correcting the research record, and retracting fraudulent research. There is no shame that misconduct occurs in your institution, but there is disgrace in failing to deal with it properly. Training in ethical conduct is needed for all researchers, but it's hard to escape the need for a statutory body with powers that can oversee research institutions, including universities.

And what about royal colleges dispensing their fellowships? The colleges play an important role in specialist training, but this process is overseen by the General Medical Council, a statutory body. Wilmshurst raises serious questions about the GMC in *The BMJ* and elsewhere,¹⁴ but it is a creature of parliament and can have its decisions overturned by the courts and by the Professional Standards Authority for Health and Social Care. But when it comes to dispensing fellowships, the colleges operate like private clubs. A fellowship explicitly endorses a doctor's competence and probity so it's shameful that the colleges do not retract Banerjee's fellowships, and their failure to do so raises questions about their competence and integrity.

Something is rotten in the state of British medicine and has been for a long time. Statutory regulation is needed.

Pull quote: There is no shame that misconduct occurs in your institution, but there is disgrace in failing to deal with it properly

Competing interest: RS was editor of *The BMJ* when it published the 2002 article by Peter Wilmshurst that led to a libel action against *The BMJ* and the article being taken down from the journal's website. He was a trustee of the UK Research Integrity Office from 2006 to 2014. He is an honorary fellow of four royal colleges, including two that have given fellowships to Anjan Kumar Banerjee—the Royal College of Physicians of Edinburgh and the Royal College of Surgeons of Edinburgh. He was a fellow of the Royal College of Physicians of London until he stopped paying its fees.

Provenance and peer review: Commissioned; not externally peer reviewed.

- 1 Wilmshurst P. Poor governance in the award of honours and degrees in British medicine: an extreme example of a systemic problem. *BMJ* 2016;352: h6952.
- 2 Wilmshurst P. Institutional corruption in medicine. *BMJ* 2002;325: 1232-5. doi:10.1136/bmj.325.7374.1232. 12446544.
- 3 Matthews D. Secret dossier on research fraud suggests government concern over science. *Times Higher Educ Suppl* 2015 Dec 3. www.timeshighereducation.com/news/secret-dossier-research-fraud-suggests-government-concern-over-science
- 4 Steneck NH. An interpretive history of research misconduct policy in the USA and Canada. In: Wells F, Farthing M, eds. *Fraud and misconduct in biomedical research*. Royal Society of Medicine, 2008: 55-71.
- 5 Wells F. Historical aspects of research misconduct: Europe. In: Wells F, Farthing M, eds. *Fraud and misconduct in biomedical research*. Royal Society of Medicine, 2008: 72-88.
- 6 A consensus statement on research misconduct in the UK. *BMJ* 2012;344: e1111. doi: 10.1136/bmj.e1111. 22344300.
- 7 Dyer C. The fraud squad. *BMJ* 2011;342: d4017. doi:10.1136/bmj.d4017. 21712330.
- 8 Universities UK. *The concordat to support research integrity*. 2012. www.universities.ac.uk/highereducation/Documents/2012/TheConcordatToSupportResearchIntegrity.pdf.
- 9 Ana J, Koehlmoos T, Smith R, Yan LL. Research misconduct in low- and middle-income countries. *PLoS Med* 2013;10: e1001315. doi:10.1371/journal.pmed.1001315. 23555197.
- 10 White C. Ranjit Chandra: how reputation bamboozled the scientific community. *BMJ* 2015;351: h5683. doi:10.1136/bmj.h5683. 26514155.
- 11 Smith R, Godlee F. A major failure of scientific governance. *BMJ* 2015;351: h5694. doi: 10.1136/bmj.h5694. 26514391.
- 12 Significant problems with Ranjit Chandra's research, says now-released MUN report. 2009 report finally released after lawsuit dismissed. *CBC News* 2015 Dec 15. www.cbc.ca/news/canada/newfoundland-labrador/ranjit-chandra-academic-investigation-1.3346774
- 13 Wager E. Coping with scientific misconduct. *BMJ* 2011;343: d6586. doi:10.1136/bmj.d6586. 22016451.
- 14 Wilmshurst P. Dishonesty in medical research. www.medico-legalsociety.org.uk/articles/dishonesty_in_medical_research.pdf.

Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>