

## EDITOR'S CHOICE

## Research misconduct is widespread and harms patients

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The best writing transforms the writer as well as the reader. I can't claim transformation for you when you read the editorial on research misconduct in the UK (doi:10.1136/bmj.d8357), but I do claim it for me. Writing it with Elizabeth Wager changed my own views, largely thanks to conversations with those we sent it to for comment.

The editorial prefaces a joint *BMJ/COPE* meeting on 12 January on research misconduct in the UK. As Aniket Taware makes clear, the UK is lagging behind other developed countries in still having no proper system for tackling misconduct (doi:10.1136/bmj.d8212). Discussions and initiatives have focused on research fraud, defined as fabrication, falsification, and plagiarism. These things are considered rare in the UK, which is how I and others have tended to explain this country's resistance to action. But email conversations over the past few days with Peter Wilmschurst and Iain Chalmers, both of whom will speak at the meeting, brought home to me that this narrow definition doesn't do justice to the breadth and depth of behaviours that damage the integrity of science. I got the same important message from talking last week with Aubrey Blumsohn, the researcher who blew the whistle on misconduct at Sheffield University (*BMJ* 2009;339:b5293).

Both Blumsohn and Wilmschurst have, in different ways, sacrificed their careers to draw attention to research misconduct. Chalmers has spent his career fighting for full publication of clinical trial results. All three believe that misconduct is widespread and highly damaging to patients.

Wilmschurst says the reason that misconduct is not dealt with properly in the UK is not because it's uncommon, but because

it is common and people don't see it as serious. "They see lots of people doing it and not being punished," he says. He wants a sea change in public and professional opinion, as has happened with MPs' expenses and phone hacking. "We need to make sure that people know that research fraud harms patients and that it goes beyond fabrication and falsification."

Blumsohn says people don't know who to go to if they have concerns about a colleague's behaviour. They may be advised or bullied to keep quiet. He wants a move away from limited definitions of fraud and closed decisions on whether it took place or not, to an open discussion of behaviours that asks: "should we tolerate this type of conduct? Is it in the best interests of science and patients?"

Chalmers says that reporting bias and suppression of data result in people suffering and dying, which is rarely the case with narrowly defined fraud. The editorial now reflects this view, and so too does this whole issue of the *BMJ*. A call for papers last year resulted in a wonderful crop of research into the extent, causes, and consequences of unpublished evidence from clinical trials. So by happy coincidence, we have married research misconduct with missing data, and we hope the union is fruitful. As Richard Lehman and Elizabeth Loder conclude in their overarching editorial (doi:10.1136/bmj.d8158), "concealment of data should be regarded as the serious ethical breach that it is, and clinical researchers who fail to disclose data should be subject to disciplinary action by professional organisations."

Cite this as: *BMJ* 2012;344:e14

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