

Editorial-1**Plagiarism – Part 1: Is It Academic Dishonesty and Misconduct?**

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On the 20th of June 2008 a renowned consultant psychiatrist and television personality in the United Kingdom, Dr. Raj Persaud, was found guilty by the General Medical Council (GMC) of bringing the medical profession into disrepute, which Persaud emphatically denied¹. The council came to the conclusion that Dr. Persaud's 'fitness to practice was impaired', and he was suspended from practicing for three-months. Although the duration of the suspension might be considered very short, we should keep in mind that the GMC in deciding on the period, after a 2-year investigation, took into account that there had been no patient harm; that his plagiarism was not financially motivated; that it did not relate to research fraud and that it was unlikely to be repeated. And what probably weighed in Persaud's favor was that he actually *admitted* to and repeatedly *apologized* for not acknowledging previously published works in his book, in addition to copying the work of two other authors in five articles he had published in the British Medical Journal (BMJ), all of which were ultimately retracted by the editors. He eventually withdrew his book from the market, and resigned from his position to protect his colleagues from the ongoing controversy that dogged him.

Nevertheless, was 3-months suspension and article retraction(s) enough of a penalty once he had been convicted of plagiarism and author misconduct? Probably not, but the stigma and professional shame that will linger over his reputation for the rest of his career should serve as a powerful deterrent for anyone who might consider plagiarism. In 1999 JP Smith stated: 'Plagiarists must have a death wish for their actions can result in professional suicide'². Persaud's debacle is one of many incidents in Europe and North America, and unfortunately in our region as well. In a recent study, which included a sample of 62,213 MEDLINE citations, 0.04% of cases were found to be examples of potential plagiarism and a further 1.35% were considered duplicate publications. After extrapolation, these figures corresponded to over 3,500 and 117,500 cases of total citations, respectively^{3,4}.

Bahrain has had its fair share of plagiarism in the past and which continues in the present, so do we as clinical professionals actually know what plagiarism is? Is it easy to identify? When it is identified, what should be done about it? And how can we avoid it? We hope that this three-part editorial on plagiarism will answer these questions and serve as a best practice resource for colleagues both locally and in the region.

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Many English dictionaries argue that the word plagiarism comes from a Latin word '*plagiarius*' which literally means *kidnapper*. It is defined as "to steal and pass off (the ideas or words of another) as one's own; use (another's production) without crediting the source OR to commit literary theft; present as new and original idea or product derived from an existing source"⁵. So to be clear, plagiarism is a full out act of fraud which involves both stealing and then lying about it afterwards. But can words and ideas really be stolen? The answer is yes – the expression of original ideas is considered intellectual property, and is protected by international copyright laws, as is the case with original inventions and their patents. Almost all forms of expression fall under copyright protection as long as they are recorded in some way⁶. Plagiarism is a misconduct of science and a crime against academia; it deceives readers, hurts plagiarized authors, and provides undeserved benefits for the plagiarist⁷. The general public has a high expectation of trust and honesty from clinicians and journal editors and once these standards are compromised science is corrupted, patients are harmed and financial sponsors are deceived. Thankfully, the majority of publications are reported honestly, but a depressing series of scandals in the region show that there is a dishonest minority who exhibit subtle degrees of scientific and publication misconduct⁸.

It has to be stressed that plagiarism in academia is not a new phenomenon. Giants who made a huge mark on historical scientific development such as Galileo, Newton, and Mendel have all been accused of plagiarism by modern scientists who re-examined their work. Pythagoras is very well known for being a systematic plagiarist who stole all his knowledge and theories from ancient Egyptians priests⁹. But more recently there have been increased concerns with the exponential increase in plagiarism which is largely attributable to the development of the Internet. With the increase in number of articles appearing as electronic text the act of copying the works of others is much more tempting, and can be achieved simply by 'Copying & Pasting' easily accessible text. The sheer size of the internet seems to work in the plagiarist's advantage and the seemingly public nature of online sources can sometimes blur the boundaries between publicly and privately owned information. This raises the multifaceted question of what is 'common knowledge', which does not require citation? Armstrong wrote: 'Common knowledge in one scholarly arena may not be common in another; thus, citation would be necessary if one is in doubt that an assertion is common knowledge, and generosity in citation may be prudent'¹⁰.

Skandalakis stated that 'the point at which the process moves from originality to plagiarism is not easily defined and creates the great paradox that surrounds plagiarism'⁹. Confusion on what constitutes plagiarism is inevitable, especially since there is no general consensus on the matter. But it is agreed upon that all of the following are considered forms of plagiarism one way or the other¹⁰:

1. *Word for word (verbatim) lifting of passages without attribution*: this type of blatant plagiarism is easily detected.

Recently, in a Bahraini professional Newsletter, a major section was copy and pasted 'word-for-word' from a medical journal without citing the original authors. Additionally two radiographs were lifted from the original text and pasted into the publication without any attribution to the source. Permission for the use other's illustrations and images should be clearly stated in the publication.

The following image (Image 1) provides a good example of the above. The boxed text on the left is from the submitted article with plagiarism, and the boxed text on the right is from the original article:

that leads to inactivation of genetic material with consequence cancer predisposition(5). Diagnostic
teria (2): Major features: . Multiple or single Basal Cell Carcinomas (BCC)

appearing before age 20 years. . Odontogenic keratocysts, (OKC). . 1

Palmar or plantar pits (>3). . Bilamellar calcification of the falx cerebri. .

Positive family history of NBCCS. Minor features: . Congenital skeletal anomaly (ie, bifid ribs, vertebral anomalies). . Macrocephaly (>97% with frontal bossing). .

Cardiac or ovarian fibroma. . Medulloblastoma, lymphomesenteric cysts. . Congenital malformations (ie, cleft lip/palate, polydactyly, eye anomaly). Case Report: A

degree relative. or multiple BCCs in childhood. Major features - Multiple BCCs or 1

appearing before age 20 years, odontogenic keratocysts confirmed by histology. palmar or plantar pits (>3), bilamellar calcification of the falx cerebri, positive family history of NBCCS Minor features - Congenital skeletal anomaly (ie, bifid ribs, vertebral anomalies), macrocephaly (>97th percentile with frontal bossing), cardiac or ovarian fibroma, medulloblastoma, lymphomesenteric cysts, congenital malformations (ie, cleft lip/palate, polydactyly, eye anomaly) Causes: A

defect in a tumor suppressor gene on chromosome band 9q23.1-q31 causes NBCCS. No clear evidence exists for chromosome instability or cellular radiation sensitivity. DIFFERENTIALS Section 4 of 10 Author Information Introduction Clinical Differentials Workup Treatment Medication Follow-up

Image 1: This is Reproduced from a Plagiarized Article Detected by iThenticate®¹¹

2. *Rewording of ideas from the original in the supposed author's own style without citation:* this can naively be thought of as innocent but is still considered plagiarism in poor disguise.
3. *Unaccredited paraphrasing from another author's work:* more a labor of laziness since it actually takes longer to paraphrase than to put the effort and vocation needed in writing an original piece of work.
4. *Noting the original source of only some of what is borrowed:* the author correctly quotes and cites sources in only some parts, but goes on to paraphrase other information from those same sources without citation. In this way, the writer tries to pass off the paraphrased material as his own work.
5. *Blatant appropriation of thoughts, ideas, language, techniques, or data from another and the representation of these as one's own original work, which includes complete theft of entire articles.*
6. *'Blanket referencing' is also considered a form of plagiarism where a large number of references are given together. The same can be said about 'second-generation' references, as well as duplicate or repetitive publication of one's own previously published work i.e., self-plagiaris⁹.*

In many of these instances authors are, or seem to be, unaware of what actions represent plagiarism and believe they have fulfilled their obligation by citing the appropriate reference, and may even be genuinely unaware of the inadequacies of their approach^{10,12}. In a lot of these situations it is very doubtful that authors who plagiarize do so deliberately, and we are confident that motivation is a critical factor in attempting to understand plagiarists. However there is rarely an excuse for plagiarism in our profession and moreover, any expression of naivety particularly by a senior professional should be considered as inadequate and indeed unacceptable. One of the unfortunate victims when senior professionals plagiarize is the junior co-authors who are exposed to these academic

dishonesties, and made to think it is the norm. It would take great courage for a victimized young academic to act against a senior who plagiarizes.

The disturbing artificial term of *publish-or-perish* is merely academic hysteria, and with that poor mentality plagiarists end up with *publish-and-perish*. It might sound harsh but a quote by Stephen Gosson a 17th century English artist sums up a plagiarist well: '*He that readeth good writers and pickes out their flowers for his own nose, is lyke a foole*'.

In subsequent articles we will shed further light on how plagiarism can be detected, how it should be dealt with, and lastly how it can be avoided.

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