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RESEARCH ETHICS

The White Bull effect: abusive coauthorship and publication parasitism

L S Kwok

Junior researchers can be abused and bullied by unscrupulous senior collaborators. This article describes the profile of a type of serial abuser, the White Bull, who uses his academic seniority to distort authorship credit and who disguises his parasitism with carefully premeditated deception. Further research into the personality traits of such perpetrators is warranted.

Scientific authorship is evidence of creativity and originality. For the young investigator, authorship of scientific publications is a reward for hard work and is a principal academic currency for a future career in medical research. Unfortunately, this aspirational activity can be blunted and sabotaged by the greed and dishonesty of senior collaborators. Interpersonal relationships are an important ingredient in authorship arrangements but inexperienced, junior collaborators are most vulnerable in negotiating the authorship list and order.

Unscrupulous senior researchers can use their experience to distort the membership and order of authors on publications and conference presentations. The neophyte researcher would reasonably expect first authorship after making major contributions to planning, data acquisition, and writing of the manuscript. Most surveys of medical researchers find that the first author is generally acknowledged for key contributions to planning, data acquisition, and writing of the manuscript. Most surveys of medical researchers find that the first author is generally acknowledged for key contributions to planning, data acquisition, and writing of the manuscript. Most surveys of medical researchers find that the first author is generally acknowledged for key contributions to planning, data acquisition, and writing of the manuscript. Most surveys of medical researchers find that the first author is generally acknowledged for key contributions to planning, data acquisition, and writing of the manuscript.

The White Bull exploits the plethora of "ors" in this definition. The White Bull realises that complete disregard for the ICMJE guidelines is too risky and open to exposure, and that the old convenience of gift or ghost authorship is rapidly becoming unacceptable. Thus, the White Bull is careful to exhibit a public involvement in one or more of the following activities: (i) discussions on concept and design; (ii) data acquisition, and (iii) analysis and interpretation of data. After undertaking to read the manuscript, usually drafted by a junior collaborator, he then approves it. In this way, the White Bull technically satisfies all ICMJE criteria for authorship. At no stage, however, is the White Bull compelled to make more than a token effort. If his coauthorship is challenged, he can merely confirm that he did contribute to all three areas. The issue of whether this contribution was significant then becomes a very difficult and complex issue to prove.

The White Bull has a distinct behaviour pattern. Breen has listed personality factors linked with research misconduct: (i) increasing academic expectations and increased need to publish; (ii) personal ambition, vanity, and the desire for fame; (iii) laziness; (iv) greed linked to direct financial gain; (v) mental illness; (vi) a messianic complex, and (vii) the lack of moral capacity to distinguish right from wrong. I propose that these factors be used as a starting point for defining the White Bull effect. It is an automatic corollary that when his fraud is exposed the White Bull will vehemently deny wrongdoing.

In spite of guidelines being freely available, there is a spectrum of perceived ethical practices in coauthorship of collaborative works. These perceptions can differ according to academic rank or seniority. There are many different forms of research misconduct. Simple fraud and scientific dishonesty can be easy to detect so the White Bull resorts to subterfuge. For example, he could pressure a junior collaborator to surrender the important first author position on initial publication because the White Bull wants the accolade and career benefits of first authorship, or in some cases, wishes to make money from the results. After the

Abbreviations: ICMJE, International Committee of Medical Journal Editors; NH&MRC, National Health and Medical Research Council.

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discovery has been announced, the White Bull may relinquish the first author position but he has other tricks. Although the first author is generally credited with having done most of the work and writing the manuscript, credit can be significantly shifted to the last author by merely assigning that person as the corresponding author. Other methods of enhancing the White Bull's credit in a discovery include diluting the authorship by adding other "collaborators" (that is, nepotism or author inflation) or reducing the number of authors by omitting collaborators who have left the field or host institution.

The White Bull also knows that if the junior collaborator objects, the choice of whistleblowing is daunting because of its long history of career ending ineffectiveness. Disputes over authorship—particularly first authorship—can be extremely bitter, and even lead to legal action. Many cases of whistleblowing backfire, with the accused fraudster, usually a senior collaborator, escaping punishment while the accuser, usually the junior, suffers harmful publicity and notoriety. Fraudsters who have academic seniority, like the White Bull, can prosper under a code of silence. Institutions have traditionally been reluctant to act or to take decisive and firm action for fear of litigation. Authorship disputes have been avoided by national regulatory agencies. In the United States, the Office of Research Integrity defers disputes about authorship to local authorities such as the host institution(s). In Australia, the National Health and Medical Research Council (NH&MRC) quotes the ICMJE guidelines and refers complainants to their host institution. Unfortunately, to complete the circle, many Australian universities then quote the NH&MRC guidelines, which are essentially the ICMJE guidelines. Strategies and advice for handling authorship disputes are available for junior researchers, but ideally institutions should adopt and enact effective and rigorous guidelines to protect all scientific collaborators regardless of rank.

The problem with relying on local bodies is that no national or international code of conduct is achieved. Authorship practices can vary widely between countries. Research misconduct can also have different definitions, depending on the host country. In some countries senior academics have enormous power, which extends to publishing practices. Such power asymmetries can make a junior researcher extremely vulnerable to the White Bull effect. The junior researcher is seemingly disadvantaged by the formulaic evaluation of medical research funding, which is often based on publication rates. The White Bull fraudster thrives in such a performance based funding environment, which especially suits senior academics who have easy access to research students and resources. A long term trend in scientific publishing has been the increase in authors per paper. In an analysis of original articles published in the BMJ, Drenth found that a rise in the number of authors was mainly attributed to the rise in authorship among professors and department chairpersons. The numbers of authors per paper in medical journals has risen at a faster rate than it has for science journals. A recent survey of prestigious US medical journals showed that the average number of authors per paper has risen from 4.5 in 1980 to 6.9 in 2000. A recent analysis of high impact medical journals indicates that some original research articles can have as many as 22 authors or more (Kalapesi and Kwok, unpublished results). It is difficult to imagine the logistics involved in satisfying all three of the ICMJE guidelines where there is such a large number of collaborators. Scientific journals have recognised the problems that can arise in assigning fair and proper authorship credit, and have implemented guidelines for authorship. The majority of these benchmarks are voluntary and rely on honesty and hence their effectiveness against dishonest conduct is problematic. A recent call for older, well established scientists to show active leadership in upholding research integrity is noteworthy and potentially useful.

CONCLUSIONS

This article introduces a new entity in scientific fraud, the White Bull. This is more than just a new premeditated way to avoid the accusation of gift authorship. The White Bull is driven by laziness and greed, and resents the interference of institutional or international bodies such as the ICMJE, because the concepts of fairness and proper acknowledgement of juniors do not fit in with his values. The White Bull realises that "...the higher up the greasy pole of academia one climbs, the greater the fall when things go pear shaped". Therefore, the White Bull studiously avoids leaving evidence of his fraudulent activities. The White Bull is emboldened by the general avoidance of strong institutional action even when misconduct is proved. Frazetto notes: "...there are no sanctions or other forms of punishment for fraudulent authors beyond firing them or denying them access to funding". To counter this new breed of fraudster, professional societies need to take a leadership role on the issue of research integrity. Host institutions need to establish compulsory educational programmes on the concepts and principles of research integrity for all researchers. Whistleblowers need protection and exposing fraudsters should be accepted as the duty of every ethical researcher. There is a need to have fairer and clear rules, on a global and local scale and across all medical disciplines. Education is especially indicated for medical staff who are new to research. There is an urgent need to revise current rules, especially those relying on the ICMJE to define research ethics. Deception in medical science is emerging as an issue for reconsideration, with the new concept of "authorised deception" applied to the masking of patients in clinical research where patients are deliberately misled during data gathering. Scientific misconduct is an important but poorly understood aspect of medical research. A survey by Nature of German scientists revealed that a majority of respondents confirmed they had had personal experience of scientific misconduct, and that it was a major problem in clinical research (80% respondents) and the life sciences (59%). Only 4% however, felt it was a problem in the hard sciences such as physics and chemistry. More research is needed on possible attitudinal differences toward scientific misconduct in medicine compared with other disciplines.

Finally, the personality profile of the scientific fraudster is a largely ignored area of study. More research is required on the personality and psychological aspects of scientific misconduct, and the sociology of scientific fraud. The White Bull effect has been introduced here with masculine connotations, because most of the publicised cases of scientific misconduct involve male scientists. The White Bull can, however, be either male or female. More data on gender related aspects of scientific misconduct is needed, both on victims and perpetrators. The White Bull, like Zeus in the Zeusean legend, can be charming, convincing, and even charismatic. Methods such as psychological profiling may assist in the education of new researchers and perhaps raise institutional awareness of such possibilities of personality based scientific fraud.

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