

## Plagiarism in Review

For more than 35 years, the editors of *Pediatrics in Review (PIR)* have turned to content experts to write review articles that can be used by pediatricians in daily practice. We also understand that our “Index of Suspicion” and “Visual Diagnosis” sections provide opportunities for young physicians to build their portfolios, and we welcome case submissions by junior faculty and residents when supervised by more experienced pediatricians. When I joined the Editorial Board 2 years ago as the first *PIR* editorial fellow, I was shocked by a disturbing trend in submitted articles: plagiarism.

Plagiarism is not unique to *PIR*. In fact, it is so prevalent in medical literature that Miguel Roig’s 2013 PubMed search for “plagiarism” resulted in 1,086 articles. (1) As of August 24, 2016, that number has risen to 1,461. Plagiarism threatens the authority of our peer-reviewed journal and puts our publisher, the American Academy of Pediatrics (AAP), at risk for copyright infringement. In an effort to prevent plagiarized material from being published, all manuscripts submitted to *PIR* are screened with Crossref Similarity Check, powered by iThenticate (Crossref, Lynnfield, MA, and Turnitin, LLC, Oakland, CA) and compared against a database containing more than 60 billion documents. This process is described in our author instructions, but we continue to receive plagiarized manuscripts. Therefore, we feel it is important to share some deeper insight into the issue of plagiarism.

Reading through a small selection of the 1,461 PubMed results, I recognize that it is far easier to condemn plagiarism than to define it. There is general agreement that plagiarism always involves theft or deception; that is, reusing another’s words or ideas without properly acknowledging the original author. (2) However, there is variation among journal editors as to exactly what is acceptable. (1) The issue is further complicated by attempts to characterize different types of plagiarism, depending on the context. Steven Shafer, former Editor-in-Chief of *Anesthesia & Analgesia* describes 5 types of plagiarism: “intellectual theft, intellectual sloth, plagiarism for scientific English, technical plagiarism, and self-plagiarism.” (3)

Intellectual sloth is the most common type of plagiarism we see at *PIR*. This is a function of poor copy-paste habits. I believe that many writers do not recognize the flaw in this behavior. After all, it seems to be encouraged in so many aspects of modern medical communication. Each traditional medical school multiple-choice examination is, in essence, an exercise in copy-paste; the student is expected to reproduce, verbatim, the lesson material that was presented in the textbook. In the clinical years, bedside teaching reinforces this behavior when higher grades are awarded to those students who can best regurgitate medical facts rather than to those students who ask the most challenging questions. In the world of inpatient medicine, residents become masters of the electronic medical record

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copy-paste function. This ensures that all progress note data are reproduced daily until the final note can simply be retitled as a discharge summary.

Peer-reviewed medical literature, however, must maintain a higher standard; there is no role for the copy-paste function. When an author employs copy-paste to “use of the words of another author simply to avoid the effort of writing new text,” (3) the author deceives the reader by empirically claiming that the written words are those that have come from careful review of the literature that is summarized in the author’s language. The copying of entire paragraphs is the most blatant example and can be easily recognized as deception. More frequently, we find mosaic plagiarism in which an author copies multiple sentences from another source and stitches them together by changing 1 or 2 words. This practice is no less deceptive and erodes the trust that the reader places in the author. Even a small amount of copy-paste plagiarism can cause a reader to question the authenticity of an entire article or journal.

We commonly find that Wikipedia (Wikimedia Foundation, Inc, San Francisco, CA) is the source for plagiarized material in submitted manuscripts. This occurs two ways. First, the submitting author may use Wikipedia as a source and reference it appropriately, but the plagiarism screening software recognizes the text as having been copied from another source. Such plagiarism may occur without the author’s knowledge, that is, the Wikipedia content was copied from the original source. Second, the author may copy Wikipedia text into the manuscript without reference, taking advantage of Wikipedia’s open license to freely copy and reuse material. This is an interesting phenomenon because Wikipedia does encourage readers to use, copy, and adapt content. Nonetheless, the license requires proper attribution. A second stipulation of the license is that content adapted from Wikipedia must retain the same copyright license as the original material. This may suggest that *PIR* articles containing content sourced from Wikipedia must be licensed to the public, which could violate copyright agreements made between the submitting author and the AAP. Personally, I feel that Wikipedia should never be cited as a source of medical literature. The openly editable content is not peer-reviewed, and its reliability varies, depending on whoever last updated the content. Citing Wikipedia puts the credibility of *PIR* at risk, and the open license requirements may put the AAP in legal jeopardy.

As previously described, *PIR* seeks authors who are leaders in their field and expects that they have previously

written on the invited topic. This brings up the challenge of self-plagiarism. Although we do not discourage an author from reusing his or her own words, the appropriate citation is necessary to prevent copyright violations and to acknowledge the coauthors and publisher who first produced the material.

Technical plagiarism, as described by Shafer, is the simple omission of quotation marks when a reference has been cited word-for-word. (3) This may be a result of sloth or accident, but in either case, it is not acceptable and remains a misrepresentation of one’s work. Intellectual theft and plagiarism for scientific English rarely occur in submissions to *PIR*; these are more applicable to primary scientific literature.

Since we began plagiarism screening of all submissions, we have come to realize that the process is much more sensitive than specific. Nearly every submission has several phrases identified in the review, and each is examined by a member of the editorial staff. Common phrases such as “a 15-year-old girl” are ignored. We also see that vital signs, laboratory values, and simple clinical descriptions are frequently flagged; these are also generally ignored. Any remaining large areas of flagged text are reviewed by an editor, matched against the source, and evaluated on a case-by-case basis.

If the editors of *PIR* suspect plagiarism after reviewing the plagiarism screening report, we follow the recommendations of the Committee on Publication Ethics (COPE). Generally, this means that we may allow the author to revise minor copying of short phrases or add quotation marks as appropriate. More substantial plagiarism, however, results in a rejection with possible notification to the author’s academic institution. The AAP has a plagiarism policy that is consistent with COPE guidelines and standardized across all AAP publications.

I share these thoughts with you as readers and aspiring authors. As readers, I hope you continue to trust that *PIR* will offer clinically relevant peer-reviewed content to help guide your pediatric practice. As authors, I hope that you understand that submitting to *PIR* should be the culmination of extensive literature review and meticulous manuscript preparation. I ask that you review COPE resources available at <http://publicationethics.org/> and consider checking your manuscript with plagiarism screening software before submission. Several screening programs are available, but you can use Crossref Similarity Check, powered by iThenticate, by paying a usage fee for each document at <http://www>.

ithenticate.com/products/crosscheck. This will protect you from unknowingly submitting plagiarized material and will ensure that your manuscript moves quickly through plagiarism screening so you can share your work with *PIR* readers across the world.

*Mark Weems, MD*

*Associate Editor*

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