

## **Limiting Authorship in Indian Pediatrics: An Initiative to Curb Gift Authorship**

**Piyush Gupta, Bhawna Sharma and Panna Choudhury\***

*From the Department of Pediatrics, University College of Medical Sciences, Delhi 110 095, India and \*Maulana Azad Medical College, New Delhi 110 002, India.*

*Correspondence to: Dr. Piyush Gupta, Block R-6-A, Dilshad Garden, Near Telephone Exchange, Delhi 110 095, India.*

*E-mail: drpiyush@satyam.net.in*

*Indian Pediatrics limited the number of authorship to 5, 4 and 2 for Brief Reports (BR), Case Reports (CR), and Letters to the Editor (LE), respectively from January 2003, to curb gift authorship. To analyze the impact of this policy, a comparative analysis was conducted for years 2002-2004. Mean (SD) number of authors was comparable for the three categories over 2002-2004 [BR: 4.2(1.7), 3.8(1.4), 3.9(1.5); CR: 3.3(0.8), 3.3(0.8), 3.2(0.8); LE: 2.1(1.3), 1.9(0.9), 1.8(0.5);  $P > 0.05$ ]. There was a significant reduction in the number of Senior authors during 2003-2004, as compared to 2002 ( $P < 0.05$ ). The policy resulted in fewer authorship credits for Senior authors.*

**Keywords:** *Gift authorship, Indian Pediatrics.*

Gift authorship refers to inclusion of authors in a manuscript to which they have contributed nothing intellectually(1). As per the guidelines of International Committee of Medical Journal Editors (ICMJE), revised in 2004(2), the authorship credit should be based on (a) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; (b) drafting the article or revising it critically for important intellectual content; and (c) final approval of the version to be published. To be an Author, all three conditions 1, 2, and 3, must be fulfilled. Yet it is common knowledge that authorship is granted on grounds of kindness, respect, fear, repayment for some other favor, or on exchange basis.

Indian Pediatrics limited the number of authorship to 5, 4 and 2 for Brief Reports (BR), Case Reports (CR), and Letters to the Editor (LE), respectively from January 2003, to curb gift authorship. This study was conducted to analyze (i) the impact of limiting authorship on quantity and quality of submissions to Indian Pediatrics; (ii) whether it resulted in fewer authorship credits in published articles; and (iii) the status of sacrificed authors.

### **Methods**

A comparative analysis was conducted on BR, CR and LE, submitted and published over a period of 3 calendar years. The years were chosen so as to represent the pre-policy (2002), transitional (2003) and implementation (2004) phases. Though the policy of limiting authorship was published in January 2003; it took almost 1 year for the impact of policy to be seen in print material, because of a substantial backlog of manuscripts, which were accepted in the pre-policy phase but published during the transitional phase *i.e.*, 2003.

Number of submissions in each of these 3 categories was ascertained; rejection rate served as the parameter to assess overall quality of submissions. All articles in these 3 categories were tabulated according to their year of publication, and type of publication; number of authors for each of these articles was recorded. Author status was further categorized as Senior, Middle and Junior based on designation/duration of experience. Professors and practitioners with at least 20 year standing in the profession were categorized as Senior authors; those with a post PG experience

between 5-20 years were designated Middle level; the rest were Junior authors. Quantitative contribution from each level of authorship was compared for different categories of published manuscripts between years 2002-2004. Analysis of variance (ANOVA) and Chi square tests were used to compare quantitative and categorical variables, respectively.  $P < 0.05$  was considered significant.

## Results

During 2002, 2003 and 2004, overall submissions were 680, 800 and 805 with corresponding rejection rate of 56.6%, 62.7% and 62.5%, respectively. BR, CR, and LE comprised 66 to 72% of overall submissions. The submission and rejection rate in these 3 categories was comparable over the study period (data not shown).

Table I depicts the number of BR, CR and LE published during 2002-2004. Mean (SD) numbers of authors for each of the three categories of articles was comparable over 2002-2004. However, during 2003-2004, there was a significant reduction in the number of Senior authors contributing to the authorship of BR, CR and LE, as compared to 2002 ( $p = 0.001$ ). Proportion of LE with  $>2$  authors declined from 35.6% (2002) to 3.7% (2004) ( $p < 0.001$ ); this decline was also attributed to lesser number of authorship credits for the Senior authors.

## Discussion

The study shows that limiting authorship in

certain sections had no adverse effect on quantity or quality of overall submissions. This policy resulted in fewer authorship credits for senior authors, presumably due to a decline in gift authorship. The effect was much more marked for manuscripts published under the Letters to the Editor category.

There has been a rise in the authorship of original articles published in BMJ over last 20 years, mainly because of the rise of authorship among professors and department chairpersons(3). Though the study did not attempt to find the exact reasons; it speculated that increase in number of senior scientists, increased pressure on senior scientists to publish could be the reason. Surprisingly, the paper ignored the possibility of gift authorship at all, despite evidence being cited in earlier literature(1).

Gift authorship is a global evil(1,4). A study revealed that more than half of the major papers published in the American Journal of Roentgenology (AJR) had five or more coauthors(5). The incidence of "undeserved" coauthors increased from 9% on papers with three authors to 30% on papers with more than six authors (mean, 17%;  $r = .97$ ;  $p < 0.001$ ). Gift authorship was primarily attributed to individuals who had some control over the first author by virtue of either fear or obligation. A temporary staff member was more likely to gift the authorship than a permanent faculty person (45% vs. 28%;  $p < 0.02$ )(5).

**TABLE I**– Number of Authors for Brief Reports, Case Reports and Letters for 2002-2004

Article type	Brief Reports			Case Reports			Letters		
	2002	2003	2004	2002	2003	2004	2002	2003	2004
Year*									
Number published(%)	65(35.1)	49(26.9)	46(25.5)	47(25.4)	45(24.2)	52(28.9)	73(39.5)	88(48.3)	82(45.6)
Mean (SD)									
Number of authors**									
Total	4.2(1.7)	3.8(1.4)	3.9(1.5)	3.3(0.8)	3.3(0.8)	3.2(0.8)	2.1(1.3)	1.9(0.9)	1.8(0.5)
Senior	1.3(0.8)	1.1(0.9)	1.0(0.8)	1.0(0.7)	0.7(0.7)	0.7(0.5)	0.7(0.8)	0.5(0.6)	0.4(0.5)
Middle	1.5(0.9)	1.2(1.0)	1.5(1.1)	0.9(0.9)	1.3(0.9)	0.9(0.8)	0.6(0.7)	0.8(0.8)	0.6(0.6)
Junior	1.3(1.4)	1.4(1.1)	1.1(1.0)	1.4(1.0)	1.3(0.8)	1.3(0.8)	0.6(0.8)	0.6(0.8)	0.7(0.7)

Analysis of variance results of significance for 'between subjects effect' of \*Year (Independent variable) on \*\*Mean number of authors: total ( $p = 0.083$ ); senior ( $p = 0.001$ ); middle ( $p = 0.655$ ); junior ( $p = 0.827$ )

### What this Study Adds

- Limiting authorship in Indian Pediatrics resulted in fewer authorship credits for senior authors, presumably due to a decline in Gift authorship.

The extent of gift authorship in Indian Biomedical literature is known by the word of mouth only; there is no supporting documentation. The present study is also limited by its inability to provide a direct, conclusive evidence regarding the menace of gift authorship. We had evidence that number of senior authors was curtailed because of our policy to limit authorship; though it was just a speculation that this is because of decline in gift authorship. Planned studies are needed to assess the nuisance of gift authorship, reasons thereof and ways to reduce it in Indian publications.

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work for Indian Pediatrics in an honorary capacity and do not stand to gain financially by increase in its authorship/readership.

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