

Research letter

The prevalence of honorary authorship in the dermatological literature

DOI: 10.1111/bjd.16678

Linked Editorial: Anstey. *Br J Dermatol* 2018; **178**:1229–1232.

DEAR EDITOR, Publication is confirmation of scholarly accomplishment in which each coauthor has a substantial role. The International Committee of Medical Journal Editors (ICMJE)¹ recommends that authorships should be based on four criteria. To qualify for authorship authors should meet all criteria. Authors not qualifying are dubbed as honorary authorships (HAs).² In this study, the aim was to assess the prevalence in 2016 of HAs in dermatology.

An online survey, based on previous studies, was conducted.^{3–5} The survey covered: (i) the professional history of the respondent; (ii) use of guidelines in determining authorships with an explanation of the ICMJE criteria; and (iii) the presence of HAs in the article they (co)authored (questionnaire available from the authors on request). Furthermore, respondents were asked to state if a coauthor performed solely 'nonauthorship' tasks. These are tasks such as contributing illustrations, which should not result in coauthorships according to the ICMJE (ICMJE-defined coauthorship). The five journals with the highest impact factor in general dermatology were chosen: *British Journal of Dermatology* (BJD), *Journal of Investigative Dermatology* (JID), *Journal of The American Academy of Dermatology* (JAAD), *JAMA Dermatology* (JAMAD) and *Journal of Dermatological Science* (JDS). In August 2017, all journals were screened for manuscripts published in 2016. Manuscripts with more than one author and an available e-mail address were included. Authors were only approached once per journal. From September 2017, questionnaires were sent with three reminders with a 1-month interval. All statistical analyses were performed with SPSS (version 21.0, IBM, Armonk, NY, U.S.A.), with a $P < 0.05$ indicating statistical significance.

A total of 1989 articles were screened for eligibility, after which 1359 surveys were mailed to corresponding authors. Eventually, 343 authors responded leading to a response rate of 25.2% (a table detailing responses to the survey is available from the authors on request). Responses were as follows: 33.2% BJD, 25.1% JAAD, 19.5% JID, 16.6% JAMAD and 5.5% JDS. Respondents were employed in 39 countries and most (53.1%) had worked for more than 10 years in their profession. When deciding the order of authors in most cases the

authors decided as a group (38.8%) followed by the senior author (32.9%) and the first author (21.6%) deciding the order. Most respondents listed the authors in order of the amount each author contributed (35.5%) or in the order of contributions except the last author who supervised (55.1%). A total of 18.5% of the respondents stated the senior member of their department is automatically listed on all manuscripts. However, 36.0% stated that this is never justified.

Of all respondents, 79.0% were aware of the ICMJE guidelines, while 11.7% did not follow any guidelines. Of the respondents, 41.4% indicated having coauthors who performed one or more 'nonauthor tasks'. The most frequent of those tasks were reviewing manuscripts (32.1%) followed by approving the manuscript before submission to a journal (26.5%) and recruiting study participants (19.8%). There were 49 (14.3%) respondents who felt that at least one coauthor did not make a sufficient contribution to merit being included as a coauthor given their current understanding of ICMJE guidelines (Fig. 1). Having a senior member automatically listed as an author was associated significantly with both ICMJE-defined and perceived HA (χ^2 -test, $P < 0.001$). In total, 34.8% of ICMJE-defined and 46.9% of perceived HAs resulted from a senior member being included on all manuscripts. Furthermore, 6.4% of studies were funded by the industry. There was no association between studies funded by the industry and HA.

This study is the first to report the prevalence of HA in the dermatological literature. Despite the ICMJE criteria, the prevalence of HA is challenging to assess but seems to be between 14.3% and 41.4% in top dermatology journals. However, there is a high awareness of the ICMJE guidelines. Tauber and Paul investigated authorship qualification in industry-sponsored trials.⁶ They showed that sponsors were responsible for deciding authorship in 49% of those surveyed. This differs from our study where the funding source decided the authorship in only one case.

The current study is not without limitations. One is the low response rate of 25.2%, possibly leading to selection bias. We expect the prevalence of HA to be underestimated by our survey. Firstly, because the topic of HA is sensitive. Furthermore, in many research groups the corresponding author usually is a more senior member, who may be the 'offender'. This might be a factor to our study as the majority of our respondents were employed as a professor. Another limitation might be the retrospective questionnaire leading to recall bias. Finally, the question regarding performing nonauthorship tasks may

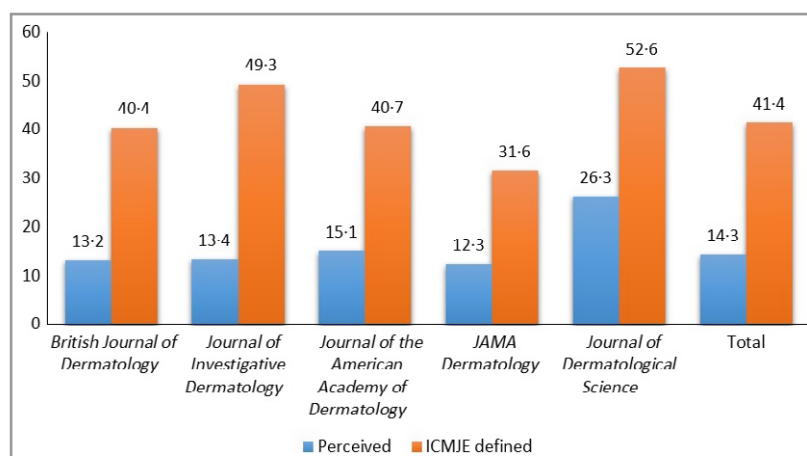


Fig 1. Prevalence of honorary authorships per journal. ICMJE, International Committee of Medical Journal Editors.

overestimate the rate of HA (i.e. it is a subject for debate if authors perform, for example, five nonauthorship tasks, should they still not qualify as a coauthor). The study results suggest that awareness of and especially compliance with ICMJE criteria guidelines need to be improved. Further, more detailed research is needed to investigate this topic.

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Funding sources: none.

Conflicts of interest: none to declare.

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