

## Retraction Watch

Tracking retractions as a window into the scientific process

### How does it feel to have your scientific paper plagiarized? And what can you do about it?

[with 86 comments](#)



*Plagiarism is a frequent reason for retraction. Today, we're pleased to present a guest post by [Marya Zilberberg](#), a physician health services researcher and faculty member at the University of Massachusetts at Amherst School of Public Health and Health Sciences. In this post, she describes what it's like to find out one of your papers has been plagiarized — and how to get satisfaction. Well, sort of.*

Right or wrong, peer-reviewed publications in my trade are academic currency. They provide name recognition, invitations to review, edit and speak, and in general make you feel like a part of the “in-crowd.” Of course the most important metric that publications feed are the [infamous h-index](#), which measures how “influential” your studies are by the number of citations they engender. So, like any other artificial grade, it makes sense to engage in intermittent care and watering of your h-index, and [mine](#) is pretty good for where I am in my career. Little did I realize that there is an even more important impact metric than the h-index: plagiarism.

Yes, plagiarism. Let me explain.

About two months ago I was trolling the literature and came upon a [review paper on ventilator-associated pneumonia \(VAP\)](#) by S. Efrati et al, published in 2010 in the *Journal of Clinical Monitoring and Computing*. I am definitely a VAP nerd, so I started to read the paper. It did not take me long to come upon this passage:

The standard component of IHI's approach is “bundles” of care, defined as “a small, straightforward set of practices—generally three to five—that, when performed collectively and reliably, have been proven to improve patient outcomes” [9]. The IHI's ventilator bundle was originally aimed at reducing complications of mechanical ventilation, and not specifically at VAP prevention [9]. Of the four components in this bundle, three—head of the bed elevation, daily sedation interruption and daily screening for readiness to extubate—are aimed specifically at VAP prevention [9]. Each of these three IHI bundle elements has behind it either a level I (head of the bed elevation and stress bleeding prophylaxis) or level II (use of sedation holidays) evidence individually. In view of this, it is difficult to argue that implementing each of the proposed measures does not amount to good care of patients on mechanical ventilation, supporting the original intent of the mechanical ventilation bundle development [9].

My first thought was “damn, this is a well written passage” followed by “looks familiar.” A split second later I realized why it was familiar: these were my words. Consider the similarities from page 1 of this [paper of mine from 2009](#):

The standard component of IHI's approach is “bundles” of care, defined as “a small, straightforward set of practices—generally three to five—that, when performed collectively and reliably, have been proven to improve patient outcomes” (10).

And then more, on page 4:

In this context, and in the interest of clarity, the IHI's ventilator bundle was originally aimed generally at reducing complications of MV, and not specifically at VAP prevention (10). Of the four components in this bundle, three—head of the bed elevation, daily sedation interruption and daily screen for readiness to

extubate, and stress bleeding prophylaxis—are aimed specifically at VAP prevention (10), mirroring some of the recent guideline recommendations from the American Thoracic Society and the Infectious Diseases Society of America (6). Each of these three IHI bundle elements has behind it either a level I (head of the bed elevation and stress bleeding prophylaxis) or level II (use of sedation holidays) evidence individually (6). In view of this, it is difficult to argue that implementing each of the proposed measures does not amount to good care of patients on MV, supporting the original intent of the MV bundle development (10).

Hmmm, I thought, naturally, the authors must have cited my paper where they plucked my words, just neglecting to enclose them in quotes. Reference 9, reference 9, reference 9... Hmmm, reference 9 was to the [IHI ventilator bundle implementation](#) page. (Guess what the reference 10 in my paper is.) Scanning the rest of the references, not one of the forty-eight had my name in it.

With a mounting indignation, I went back to the text and read on. A more careful reading revealed yet another place where my words were lifted en bloc without bothering to quote or attribute: The final sentence of the “Definition and Epidemiology” section:

Clearly, the combination of the need to improve patient outcomes, the financial impact of improving throughput, and the proposed cut in VAP Medicare reimbursement, is serving as a strong impetus to implement practices and policies aimed at reducing the risk of VAP.

It looked suspiciously like what I said in my discussion section (notice, I did capitalize “Medicare”):

Clearly, the combination of the need to improve patient outcomes, the financial impact of improving throughput, and the proposed cut in VAP Medicare reimbursement, is serving as a strong impetus to implement practices and policies aimed at cutting the risk of VAP.

Up until this point, I had had no experience with such blatant theft of my work. So, for advice I turned to one of the two obsessives who runs Retraction Watch, my friend and colleague Ivan Oransky. First, I wanted to make sure I wasn’t crazy, that this really was what plagiarism looked like — I know, duh! And second, I needed to know how to deal with it and what to expect. Ivan confirmed my suspicions, and advised that I correspond with the journal.

I promptly commenced such correspondence on January 6, 2012, with Laura Walsh, the Senior Editor for Medicine at Springer, the publisher of the journal that had published Efrati’s et al’s paper. When three days later I had not yet heard from Walsh, I sent another message, this time loaded with a tad less patience, and cc’ing Ivan. This did get a reply the following day, January 10, referring me to Springer’s [“Ethics in Publishing Policy.”](#) Walsh added:

These matters are addressed as quickly as possible with due consideration to all parties involved. Our first step is to bring this to the attention of the Editor-in-Chief, which has been done. I expect to have his reply very soon and will keep you informed.

I prepared to wait, but intermittently sent an email to check on how things were progressing. In responses to my messages from January 18 (answered same day), February 2 (answered on 2/7) and March 2 (answered the same day) I was told that the matter was in progress, and the Editor-in-Chief was making contact with the authors. Then, at last, on March 5, I received this e-mail from Chief Editor Stephen Rees:

The status with this situation is that I have written to Dr Efrati passing on our concerns. He has acknowledged these problems as a an unfortunate and undeliberate mistake for which he and fellow authors apologize. In line then with the usual Springer policy, we have offered him the opportunity to write an erratum to the paper to this effect which will then be published. In addition, he has been given your email address and offered the opportunity to write to you directly. I have been asked to be copied in on his correspondence.

I am very sorry for your inconvenience with this matter and hope you feel that we have treated it with the seriousness that it deserves.

It has now been a week, and I haven’t heard anything from Efrati.

So, what do I conclude from this kerfuffle?

- Plagiarism can happen to any of us.
- Journals do not seem to do due diligence when accepting papers.
- No offense to this journal, but exactly how many people are going to read the “erratum” and become aware of these authors’ misconduct? And what are the implications for checking their prior and future work?

But the most important point is this: I have made it! Yes, because when your words so mesmerize that others are compelled to channel them, subconsciously and unstoppably, through their keyboards, it has to be the highest form