

Protecting and promoting editorial independence

Kamaldeep Bhui, Aileen O'Brien, Rachel Upthegrove, Alexander C. Tsai, Mustafa Soomro, Giles Newton-Howes, Matthew R. Broome, Andrew Forrester, Patricia Casey, Anne M. Doherty, William Lee and Kenneth R. Kaufman

Summary

We argue that editorial independence, through robust practice of publication ethics and research integrity, promotes good science and prevents bad science. We elucidate the concept of research integrity, and then discuss the dimensions of editorial independence. Best practice guidelines exist, but compliance with these guidelines varies. Therefore, we make recommendations for protecting and strengthening editorial independence.

Keywords

Editorial independence; research integrity; publication ethics; partnerships; ethics.

Copyright and usage

© The Author(s), 2024. Published by Cambridge University Press on behalf of Royal College of Psychiatrists.

Why research integrity matters

Clinical practice and health policies require high-quality scientific evidence. Such evidence is produced when research is adequately funded and conforms to guidance that sets out 'standards' for research integrity and publication ethics.^{1,2} Psychiatric research and practice have historically been undermined by a lack of the investment seen in other areas, and may be affected by competing interests of individuals or groups. Evidence is often contested; we are dealing with complex and multiple interacting causal influences and complex interventions. For example, environmental, social, cultural, psychological and biological factors are relevant, as are specific forms of adversity such as poverty, racism and trauma. There may be much disagreement or challenge. These complexities make the task of journal editors and editorial boards challenging and even more important for advancing science. We need to respond by promoting high-quality scientific evidence to inform mental health practice, policy and legislation. This includes following ethical standards, which mandate that editorial decisions are made independent of external vested interests.

What is editorial independence?

Editorial independence can be defined as the freedom of editors to make decisions about the scientific publication record. To promote good science, editorial independence must be a non-negotiable cornerstone of all scientific journals seeking to prevent influence from journal owners or from interest groups.³ However, editorial independence is a multidimensional and complex concept, as laid out in guidelines from the World Association of Medical Editors (WAME), the Committee on Publication Ethics (COPE) and the International Committee of Medical Journal Editors (ICMJE) (see Table 1 for a summary). This places full responsibility for advancing scientific debate on the Editor in Chief, working with editorial boards, authors and reviewers, in order to uphold standards. Editors' responsibilities are to the public and patients (for health journals), as well as to professional, scientific and commissioning organisations.

The guidelines make clear that journal owners should provide the conditions for editorial independence to be realised and protected. Owners may hire and fire editors and, from a distance, be satisfied that appropriate editorial policies are in place. They should not influence editorial decisions, nor prioritise their financial

concerns over good ethics and science. These standards are the oxygen of editorial practice, and editors work hard to uphold them, working with reviewers, boards, authors and public commentators under an implicit contract of trust in editorial equipoise, judiciousness and authority. The editorial role is to find and present the best research for peer review, scientific critique and public scrutiny, and not take specific political or policy positions.

Correct or retract?

Too much published research is unsound: 25% of randomised trials and about 10% of large-scale randomised trials suffer from major flaws.⁴ Research cultures are part of the problem. For example, in a Nuffield Council on Bioethics study, 26% of researchers were tempted to or felt under pressure to falsify data.⁵ Clarivate delisted 82 journals in March 2023, citing concerns about bypassing peer review and publishing articles that lacked scientific rigour in exchange for publication fees, mostly funded by taxpayers. Corrections and retractions may be perceived to challenge trust in science, but eventually such honest and explicit actions should improve it and must be carefully considered by Editors in Chief, who in accord with guidance have the final say. Corrections and retractions should not be stigmatised but are an accepted part of the contract between authors, editors, readers and the wider group of stakeholders. All work in trust to establish and correct the scientific record.

Famous retractions or expressions of concerns about Hans Eysenck's research, Rosenhan's discredited study of feigning (which remains unretracted), as well as the retraction of a paper on measles, mumps and rubella (MMR) vaccinations, suggest that reliability, validity and dependability are the drivers of retractions. In our experience, flawed research designs, unclear search strategies, selective reporting, outcome switching, p-hacking and failure to replicate are commonly seen. Blatant data fabrication is less common. Many errors are picked up not at the time of publication but much later. Dealing with older papers is especially complex, given the amount of time that has passed since publication. Scientific knowledge is contextual. Dismissing 'old' research entirely based on modern standards may overlook the incremental contributions that were the foundation for subsequent advancements. Retracting seminal papers because they fail to meet current academic criteria could entirely negate the importance of their advances in their respective field at the time. However, older papers can and should be legitimately appraised and judged against best practice at the time of publication; if found to be

Table 1 Editorial independence: guidance and protections

Staff and material resources for running journals are the responsibility of the owner. The resources must be sufficient to ensure implementation of publication ethics, scrutiny of research integrity and smooth publication schedules.
Editors need the full conditions in which editorial independence can operate, including indemnity and commensurate insurance, to guarantee appropriate ethical actions.
All final decisions about submission, peer review, acceptance or rejection, correction or retraction should be made by the Editor in Chief.
All editorial decisions about content and complaints must be made by editors. Non-editorial staff need to protect confidentiality, and the integrity of editorial decisions and independence of these from the journal owner.
If disputes are encountered between authors and editors, independent legal advice and indemnity are essential, as owners should support rather than disrupt editorial independence based on financial interests or policy views.
If there is disagreement between editors and owners following an editorial decision, a specific pre-agreed process must be followed, including membership of the panel, terms of reference and an arbitration process. A legal chair is advisable.
Compromises and breaches of editorial independence should be made transparent and published.

flawed in some fundamental scientific way, removal from the scientific record is appropriate. Older publications undertaken with best research practice of the time should be retained.

Threats to editorial independence and recommendations

COPE, WAME and ICMJE provide some fundamental standards. Despite the plethora of guidance, the reality is not always so rosy. Why do poor studies remain in the scientific record? There are no or few requests for correction or retraction of uninfluential or uncited papers. There is often a pressure to not retract if a paper is contributing to debate, is controversial or is topical, as it raises the profile of a journal. For example, the recent COVID-19 pandemic saw large numbers of submissions being processed rapidly, with many retracted by May 2023. However, the retracted papers are still highly cited.

Public scrutiny, for example by Retraction Watch, and peer review by scientists provide a form of self-regulation. However, membership of COPE is not enough of a safeguard if its members are violating principles, and there are no powers to expel or to enforce compliance. Some larger publishers or owners take charge of complaints, calls for retractions and any legal threats to the publisher or owner, rather than following the guidance on editorial independence from COPE, WAME and ICMJE. This risks non-scientific interests becoming the basis for decisions on how to respond to flawed science.

There are examples of the guidance being ignored. For example, an owner and membership society tried to influence editorial decisions and the wording of the retraction and of subsequent correspondence which criticised the owner's position.⁶ WAME guidance encourages editors to make public any violations of publication ethics:










'Editors should resist any actions that might compromise these principles in their journals, even if it places their own position at stake. If major transgressions do occur, editors should participate in drawing them to the attention of the international medical community.'²

This can be challenging if an owner removes editors, does not support the guidance and disrupts the execution of decisions.

A recent but alarming trend is the strategic use of legal threat to control the dissemination of public opinion, journalism and scientific findings. There are examples of companies and individuals threatening litigation on grounds of defamation in response to scientific critique.⁷ Legal challenges to editorial independence are especially difficult as settlements can be costly. To avoid this risk, owners may choose to not follow editorial recommendations. Thus editorial independence is a dynamic concept, only realised when tested in specific contexts. There are pilots in Sweden where the courts, rather than journal owners or editors, decide what is or is not retracted. This expensive legal proposal cannot replace scientific scrutiny and may weaken scientific judgement as the basis of what is and is not retracted. Such processes are potentially as vulnerable to political and financial pressures. Only those with the most resources are likely to resort to the courts to defend editorial independence and the scientific record. Indeed, the industry is not designed to operate in such an environment. We need better guidance to deter legal threats designed to intimidate and influence editorial decisions; for example, one proposal is that legal threats be posted on journal websites to ensure that such threats are transparent.⁸

When there are complaints or allegations of error, it is imperative that the editor and author can discuss potential remedies, for example corrections, data re-analysis or the reporting and interpretation of the findings, long before retraction is considered necessary. Even when retraction is necessary, this should ideally be by mutual agreement. Sometimes authors themselves request (or agree to) retraction after discovering errors in data gathering or processing or reporting.⁹ A mutually satisfactory decision to retract may not be possible if authors object, or worse, if they resort to legal threat, thereby blocking any meaningful dialogue about the validity of their research.

The most important quality-control mechanism for research integrity is editorial independence guided by publication ethics to ensure that there is an uncompromising insistence on meeting the highest standards of scientific research, reporting and publication. A number of issues require further discussion. For example, regulation could include a register of breaches and scrutiny to learn lessons, as well as legal advice on issues of public interest. How might we assess journal owners' compliance, competence and capability? Should insurance for clinical roles be extended to editorial roles? Continuing professional development should include editorial independence. We look forward to debate and discussion on how to protect and promote editorial independence.

Kamaldeep Bhui , Department of Psychiatry, Nuffield Department of Primary Care Health Sciences, University of Oxford, UK; Oxford Health NHS Foundation Trust, UK; East London NHS Foundation Trust, UK; and World Psychiatric Association Collaborating Centre, Oxford, UK; **Aileen O'Brien** , Population Health Research Institute, St George's University of London, UK; **Rachel Upthegrove**, Institute for Mental Health, University of Birmingham, UK; Birmingham Early Intervention Services, UK; and Birmingham Women's and Children's NHS Foundation Trust, UK; **Alexander C. Tsai** , Center for Global Health and Mongan Institute, Massachusetts General Hospital, Boston, Massachusetts, USA; Harvard Medical School, Boston, Massachusetts, USA; and Harvard T. H. Chan School of Public Health, Boston, Massachusetts, USA; **Mustafa Soomro**, Southern Health NHS Foundation Trust, Southampton, UK; **Giles Newton-Howes** , Department of Psychiatry, University of Otago, Wellington, New Zealand; **Matthew R. Broome** , Institute for Mental Health, University of Birmingham, UK; Birmingham Women's and Children's NHS Foundation Trust, UK; and Oxford Uehiro Centre for Practical Ethics, University of Oxford, UK; **Andrew Forrester**, Department of Psychological Medicine and Clinical Neurosciences, School of Medicine, Cardiff University, UK; **Patricia Casey** , Hermitage Medical Clinic, Dublin, Ireland; and University College Dublin, Ireland; **Anne M. Doherty** , School of Medicine, University College Dublin, Ireland; **William Lee** , Cornwall NHS Foundation Trust, Bodmin, UK; **Kenneth R. Kaufman** , Departments of Psychiatry and Neurology, Rutgers Robert Wood Johnson Medical School, New Brunswick, New Jersey, USA; and Department of Psychological Medicine, Institute of Psychiatry, Psychology & Neuroscience, King's College London, UK

Correspondence: Kamaldeep Bhui. Email: kam.bhui@psych.ox.ac.uk

First received 22 May 2023, final revision 10 Nov 2023, accepted 29 Nov 2023

Data availability

Data availability is not applicable to this article as no new data were created or analysed in this study. This paper is the final version of an early discussion document available as a preprint here: <https://osf.io/preprints/psyarxiv/eau6r>.

Author contributions

K.B. proposed the editorial and completed a first draft, took suggested revisions and finalised the manuscript. All authors contributed to responses to external reviewers and editorial comments and editing the editorial. All approved each re-submission, and the final version.

Funding

This research received no specific grant from any funding agency, commercial or not-for-profit sectors.

Declaration of interest

The authors include current and former Editors, Deputy Editors, Senior Editorial Board members of *BJPsych* and RCPsych journals. K.B. was Editor in Chief of *BJPsych* and M.R.B. was Deputy Editor of *BJPsych* until June 2023. K.R.K. is Editor in Chief of *BJPsychOpen*, and A.F. is Editor in Chief of *BJPsych Bulletin*. P.C. was Editor in Chief of *BJPsych Advances* until June 2023. A.O'B., R.U. and A.C.T. were until May 2023 members of *BJPsych* editorial board. G.N.-H. is a former *BJPsych* Editor, and M.S. and W.L. remain as editors of *BJPsych*. The authors contributed to the Research Integrity Group of *BJPsych*. None of the authors

took part in the review or decision-making process of this paper. This paper was externally peer-reviewed.

References

- 1 Universities UK. *The Concordat to Support Research Integrity*. Universities UK, 2019 (<https://ukrio.org/about-us/the-concordat-to-support-research-integrity/>).
- 2 World Association of Medical Editors. *Recommendations on Publication Ethics Policies for Medical Journals*. WAME, 2023 (<https://wame.org/recommendations-on-publication-ethics-policies-for-medical-journals>).
- 3 Davies HT, Rennie D. Independence, governance, and trust: redefining the relationship between JAMA and the AMA. *JAMA* 1999; **281**: 2344–6.
- 4 Ioannidis JP. Why most published research findings are false. *PLoS Med* 2005; **2** (8): e124.
- 5 Joynson C, Leyser O. The culture of scientific research [version 1; peer review: 2 approved, 1 approved with reservations]. *F1000Res* 2015; **4**: 66 (<https://doi.org/doi:10.12688/f1000research.6163.1>).
- 6 Gunn E. Fire of the week: maintaining editorial independence. *Sci Ed* 2021; **44**: 60–1.
- 7 Rennie D. Thyroid storm. *JAMA* 1997; **277**: 1238–43.
- 8 Persaud N, Ringer T, Lemmens T. How can journals respond to threats of libel litigation? *PLoS Med* 2014; **11**(3): e1001615.
- 9 Kaufman KR, Malhi GS, Bhui KS. When a corrigendum is not sufficient. *BJPsych Open* 2019; **5**(4): e55.