

Acknowledgments and authors

We are all inundated by requests for data for national and even international surveys, by individuals and by organisations. I am concerned that in many publications based on these surveys, no acknowledgment is made to those who contribute much of the clinical data. These data are supplied by consultants, junior doctors, general practitioners, nurses, social workers, teachers, parents, patients, and so on. Often long questionnaires follow the original request and cause considerable amounts of work. For example, the protocol from the Medical Research Council for the current acute lymphoblastic leukaemia trial requires well over a thousand entries, and many of those providing these data are not acknowledged in subsequent publications. Sometimes we are asked to supply information from the obstetric notes or from surgical notes, which means consulting our professional colleagues and adds more work for us to do.

One of the reasons for these surveys and collection of data from many other doctors is that research fellows, and sometimes consultants, who are short of a sensible project can then write a paper about patients they had never seen or treated. One of the main benefits of research to the researcher, namely the discipline of collecting one's own data, is thus completely lost. Sometimes authors may simply include other consultant's patients in their papers, without asking and without acknowledgment. Some of this raises the whole question of authorship of articles. Should articles be written by doctors who have never seen or treated any of the patients described? What about gift authorship? This is the insistence by the head of a depart-

ment or a consultant that their name be on all the papers coming from that department or firm, even if little or no contribution has been made. Is this right? Can any clinician really make a significant contribution to 20 or even 10 papers a year? I think that we, mostly clinicians, should ask ourselves why we have allowed publications to become so important that recently a doctor invented his results and an eminent professor put his name to the paper to which he had contributed nothing and about which he knew nothing!

I strongly support clinical research and publication that is carried out by small groups of individuals who do most of the work themselves, or if a consultant gets the registrar to collect data on his patients with both writing the ensuing paper. I was lucky enough in my registrar past to have such a consultant. I can see that some subjects are so unusual that data must be collected from many other doctors. In these circumstances I think it is most important to acknowledge and thank those who supply the data. This might improve the response rate to surveys and would set a good example to our juniors. After all, courtesy must be a hallmark of good clinical practice, or is it just very old fashioned?

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