

What do you think the Best for Medical Clinical Research Authorship? Single Author is enough or Group of Authors: Secrets of Twenty- Five Years of Clinical Research Experience

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To the editor

As it is well known that the medical field is considered as one of the target fields for wide spectrum research activities. A large part of these research activities is related to basic general medical sciences as biochemistry, physiology, anatomy, histology, pathology, immunology, pharmacology, microbiology, and parasitology. In addition to the clinical related research activity including those of surgical applications, which are equally important as basic medical sciences research contributions.

Talking deeply, the basic medical sciences related research activities are mainly experimental dependent studies rather than descriptive or analytic studies. Therefore, usually these studies are performed via teamwork actions with delegated tasks dividing.

On the other hand, the clinical sciences related researches are mainly descriptive or analytic pattern of studies. Thus, these studies are mostly clinical observation dependent studies. In the same context, as this pattern of researches is observer dependable and certified studies, therefore according to our long-term experience, these varieties of research activities to be more conclusive and realistic it is preferred to be conducted completely by the researcher who already planning and proposing the research, why?. This is the main cornerstone point based on which this presenting letter

has been written. For more detailed explanation and discussion of this point, we can say considering that, the clinical researches are usually performed to either analyze the effect of certain technique, procedure, or maneuver in comparison with control (case-control study) or in comparison with other proposed technique, procedure, or maneuver (cohort study). Whatever the type of the results as objective measurable or subjective non-measurable, and for more accurate consequences, I think if the study was performed by one clinician or technician the outcomes will more conclusive, informative, and definitive as compared to those which proceeded by a group of participants. This is reasoned by the increasing unreliability due to the person factor variation. Almost of these studies are person factor dependent studies, from the performance of the technique itself point either of view or from the observation of the outcomes and the results point of view too. Thus, the performance of the clinical studies by single researcher increases the strength of the research accuracy due to the ignorance and overcome of the person variation errors.

However, this does not prevent from the presence of more than author at the same clinical research, but this should be done systematically and not randomly following these instructed bases: 1) The work should be divided into items, and each author should be responsible for certain defined item. 2) The type of the job for each

shared author should be described in details during the writing of the article under its corresponding author.3) The total number of the shared authors should not exceed the three maximum.

In accordance, there is another unexpected dilemma in the clinical research activities, which I came personally through it via my twenty-five years of the research experience, and I faced it during my posting as a member of faculty committee at my university from 2008 to 2010. Many of clinical teaching staff members who publishing certain research activities they are complimenting each other by sharing their publishing names without real evidence of their participation at those particular researches. Therefore, this resulting in the spreading of a negative phenomenon at clinical research publishing activities, which is the appearance of large number of authors at single clinical study that may not reach the level of the original article.

Moreover, sometimes the author may need help of certain non-medical specialties as statistic analyzer or language reviser. Those people by concerning their help are not considered as co-authors, thus it is not indicated to be included as corresponding authors for the research. It is sufficient to be included under the acknowledgements subtitle. Because, they have no direct relation to the proposed specific aims of the research.

On the other hand, there are certain kinds of the studies, which may need a participation of a group of researches and contributors as Delphi- studies and authorization as well as edition of the guidelines. In this circumstance, the research may published by a group of authors who describe clearly the contribution and the type of participation of each author.

Finally, on the bases of my significant long-term experience at clinical medical research, I would like to recommend my colleagues to perform and publish their research activity with minimal number of participating authors away from the complimenting each other and to be honest with scientific honesty. The conduction of the research article by single author at clinical branches is not difficult at all, and clear evidence of this can be elucidated at the Master degree, and Medical Doctorate degree theses at which one candidate postulates the research.

Yours sincerely.

References

- Shapiro DW, Wenger NS, Shapiro MF. The contributions of authors to multiauthored biomedical research papers. *JAMA*. 1994; 271: 438-42.
- Osborne JW, Holland A. What is authorship, and what should it be? A survey of prominent guidelines for determining authorship in scientific publications. *Practical Assessment Research and Evaluation*. 2009; 14(14).
- Wislar JS, Flanagan A, Fontanarosa PB, DeAngelis CD. Honorary and ghost authorship in high impact biomedical journals:A cross sectional survey. *BMJ*. 2011; 343: d6128.
- Drenth JP. Multiple authorship: The contribution of senior authors. *JAMA*. 1998; 280: 219-21.
- Matheson A. How industry uses the ICMJE Guidelines to manipulate authorship – and how they should be revised. *PLoS Med*. 2011; 8: e1001072.
- International Committee of Medical Journal Authors (ICMJE). Defining the role of authors and contributors 2014.
- Shaffer E. Too many authors spoil the credit. *Can J Gastroenterol Hepatol*. 2014; 28(11): 605.
- Omary MB, Wallace MB, El-Omar EM, Jalan R, Nathanson MH.J. A multi-journal partnership to highlight joint first-authors of manuscripts. *Hepatol*. 2015; 62(2): 255-6.
- Corley DA, Peek RM. The Dawning of a New Editorial Board for Gastroenterology. *Jr.Gastroenterology*. 2016; 151(1): 4-8.
- Paneth N. Am. Separating authorship responsibility and authorship credit: a proposal for biomedical journals. *J Public Health*. 1998; 88(5): 824-6.
- Kharasch ED, Avram MJ, Bateman BT, Clark JD, Culley DJ, Davidson AJ, et al. Authorship and Publication Matters: Credit and Credibility. *Anesthesiology*. 2021; 135(1): 1-8.
- Cox S, O'Reilly J, West R, Neale. Addiction's policy on fair authorship and acknowledgment practices. *J.Addiction*. 2020; 115(4): 603-4.
- Baker KA. Gastroenterol Nurs. Take the first step to authorship. 2010; 33(2): 95-6.
- Lee SS. Liver. Pleasing and displeasing things. *Int*. 2010; 30(7): 929-30.
- Afifi MM.Saudi. Authorship. Credit and disputes. *Med J*. 2004; 25(11): 1742-3.
- Curzon M, Roberts J, Toumba. Too many cooks? *J.Eur Arch Paediatr Dent*. 2017; 18(1): 1-2.