

Authorship and accountability



Klaus Tiedge/Corbis

Publication in any medical journal is almost always a cause for celebration for authors, and confers credit, which leads to academic, social, and sometimes financial rewards. Publication marks the end of one stage in a project or research study, and the beginning of full peer review by the academic community. Scientific debate is fuelled by publication, and occasionally that debate raises concerns, some of which might be addressed in correspondence columns. Rarely, concerns escalate to the extent that the integrity of the research or published paper is brought into question. When that happens, the journal's editors turn to the authors first for their explanation. Sadly, at that point, authors too often try and distance themselves from the published paper or attempt to shift responsibility elsewhere. Resolution of problems is then at best delayed while editors seek answers from reluctant authors, and at worst incomplete if authors fail to respond comprehensively to concerns.

To ensure that those credited as authors recognise their role in taking responsibility and being accountable for

what is published, the International Committee of Medical Journal Editors (ICMJE) has added a fourth criterion for authorship as part of the new ICMJE Recommendations. The ICMJE now recommends that authorship be based on the following four criteria: (1) substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; and (2) drafting the work or revising it critically for important intellectual content; and (3) final approval of the version to be published; and (4) agreement to be accountable for all aspects of the work thereby ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All those designated as authors of a manuscript submitted to ICMJE member journals should meet all four criteria.

The Lancet, as an ICMJE member, fully supports the new ICMJE Recommendations (previously known as the Uniform Requirements for Manuscripts Submitted to Biomedical journals [URMs] or Vancouver guidelines).

■ *The Lancet*

For the ICMJE Recommendations see <http://www.icmje.org>

Advances in autoimmune rheumatic diseases



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Autoimmune rheumatic diseases, including rheumatoid arthritis, scleroderma, and systemic vasculitides, are debilitating, painful conditions that are rare but cause substantial morbidity and mortality in patients, and disproportionately affect women. In *The Lancet* today, we publish a Clinical Series of three papers on these diseases.

In the first paper, Fiona Goldblatt and Sean O'Neill describe developments in understanding the clinical features of several autoimmune rheumatic diseases. These disorders share many common features and clinical presentations, which can make differentiation difficult. However, a growing number of autoantibody tests can improve the speed and accuracy of diagnosis. Classification criteria have also been revised to represent current understanding of these diseases; the authors urge global acceptance of these criteria.

In the second paper in the Series, Grainne Murphy and colleagues discuss recent advances in the biological treatment of autoimmune rheumatic diseases, with a particular focus on systemic lupus erythematosus. The authors note that although there have been successes

in clinical trials of belimumab for lupus and rituximab for antineutrophil cytoerythematosus, advances still lag behind those for rheumatoid arthritis. Identification of new targets for treatment could change this situation. In the final paper, Marie Wahren-Herlenius and Thomas Dörner describe several emerging hypotheses about systemic autoimmunity, which could point to new targets.

For the time being, non-steroidal anti-inflammatory drugs (NSAIDs) remain a key option in the treatment of autoimmune disease. An Article in this week's issue shows that although NSAIDs cause an increase in vascular and gastrointestinal risks, the size of these risks can be predicted, which should help guide clinical decisions.

In the past 40 years, mortality for autoimmune disease has fallen due to earlier diagnosis and improvements in treatment. The Series points to many promising avenues and developments in detection and management of these diseases, which, if seized by clinicians and researchers, should accelerate this reduction further. Indeed, as Goldblatt and O'Neill write: "Rheumatology is entering an exciting time." ■ *The Lancet*

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See **Series** pages 797, 809,
and 819