

Plagiarism Behind The Closed Door

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Peer reviewer and editor occupy a position of extraordinary privilege during the process of scientific publication.¹ They are entrusted with manuscripts that may contain years of experimental labor, unique datasets, or groundbreaking theoretical insights well before these ideas reach the public record.² While their role is outlined as a service to science, the balance of power between these gatekeepers and the authors is many a times ambiguous. Author as a rule has to abide rigorous standards including plagiarism report and disclosure of conflict of interest etc. However, reviewers and editors by contrast, operate largely unseen, only bounded by professional norms rather than systematic scrutiny.^{3,4} Thus scientific and specially medical publishing might rest on a fragile social contract. Author submit his most innovative work to journal with the expectation that it will be reviewed fairly, kept confidential, and will be judged on merit. Reviewer and editor serve as a caretaker and custodian of this scientific process and trusted to protect its integrity while guiding knowledge into the public domain.⁵ Yet, the history has shown that not all gatekeepers act honorably and instances are reported where reviewer or editor had stolen idea, data, or even entire passage from the unpublished manuscripts.⁶ Unlike plagiarism by the author, which is often detected through software and investigated by the journal, editorial misconduct frequently occurs in silence, hidden behind the confidentiality of peer review. A young researcher may lose recognition for his new discovery and his career may be hindered. At one end, this asymmetry facilitates candid and honest feedback and scientific confidentiality while on the other hand, it may create fertile ground for misconduct. Reviewer can delay evaluation, to get time for his own experiment or to harvest idea for enriching his own research program or may even undermine competitors by issuing biased recommendation. Editors, endowed with unilateral power to reject submissions, may suppress manuscript that conflict with his interest and later incorporating elements into his own work. The lack of transparency in this process makes detection extraordinarily difficult.

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Plagiarism in peer review process is not a monolith rather it may manifest in several distressing ways.^{7,8} Direct textual plagiarism occurs when reviewers or editors copy passages, tables, figures or verbatim from the confidential submissions. Far more insidious is idea appropriation where the theft involves hypothesis, methodology or dataset rather than words itself. As the ideas can be paraphrased and integrated into a new project, thus proving its actual ownership a challenging task. For early-career researcher, this theft is devastating as many years of conceptual development will be lost if a senior academician rushes a plagiarized paper for early publication. Another abuse involves editorial exploitation, as editor can terminate submissions without peer review. There are documented cases of editors rejecting manuscripts only to later publish strikingly similar work themselves or with close collaborators. Such conduct not only damages the credibility of a journal but also undermines the collective trust on editorial process. Finally, silent collaboration represents another understated breach where a reviewer shares manuscript with colleagues or laboratory member without consent. While often rationalized as a way to seek assistance, it simultaneously seeds new projects, effectively crowdsourcing stolen intellectual property. Together, such misconduct represents a betrayal of scientific trust where a conventional plagiarism only effects an individual paper, reviewer and editorial misconduct weakens confidence in the infrastructure of scholarly publishing.

The implications of reviewer and editorial plagiarism extend far beyond individual victims. At the personal level, authors particularly graduate students, postdoctoral fellows, and early-career academicians suffer irreparable harm, losing credit for their ideas that can derail their career, diminish prospects for funding and erode professional reputation. At the general level, misconduct corrodes the trust upon which science depends and if a researcher fears his ideas will be stolen during peer review, he may withhold his most innovative work. This attitude will definitely delay the dissemination of discoveries and suppresses creativity. Once the community loses faith in peer review, the legitimacy of medical publishing as an enterprise is threatened.

Despite its gravity, reviewer and editorial plagiarism often escapes detection as most plagiarism detection software such as iThenticate or Turnitin routinely detects similarity in published work only. Peer review confidentiality, while essential to protect author's right, also shields gatekeepers

from scrutiny. Proving editorial or reviewer misconduct is challenging as the text overlap can be identified but the idea adoption is elusive and intellectual property law offers limited protection for unpublished manuscripts. Even when plagiarism is suspected, a junior researcher may hesitate to accuse influential reviewer or editor, fearing retaliation or damage to his career.⁹ Many cases become evident only after publication of suspiciously similar study that appear months or even years later.

To protect the integrity of medical publishing, systemic reforms are needed such as:

- Open peer review: Publishing reviewer name and report, as some journals already do, makes it harder for reviewer to secretly appropriate ideas.¹⁰
- Timestamped submissions: Preprints and block-chain timestamping provide verifiable proof of priority. An author who can publicly archive his work before submission create a digital trail that can expose idea theft later on.
- Reviewer declaration: Journals should require explicit agreements from reviewers affirming that they will not use privileged information for personal gain. Due to massive increase in scientific publication in the last decade, for journal editors it is often difficult to find a suitable reviewer who can timely submit his review.¹¹ For this reason the editor might send a manuscript to multiple reviewer in the hope to make review process quickly. Because of this practice chance of leakage of scientific data is more.
- Editorial oversight boards: Independent committee must be established by every journal who could review allegations of misconduct, ensuring that editors are not shielded from accountability by their positions.
- Training and education: Regular ethics workshops for editors and reviewers must be organized that would emphasize the seriousness of plagiarism in peer review.
- Sanctions: Misconduct should lead to permanent bans from editorial board and professional societies, and findings should be made public to deter others.
- Protection of the whistleblower: Safe and confidential channel is essential to allow author to report suspected misconduct of the editorial board or reviewer without fear of retaliation.¹²
- Password-protected and non-editable manuscript: Journals could consider sending manuscripts to reviewers in password-protected, non-editable formats to prevent unauthorized saving, copying, or sharing of content. Reviewers would access the manuscript only through the journal's secure online portal, where annotations and tracked changes could be made directly within the system without the ability to download or replicate the file.

These modifications demand cultural as well as procedural change because the reviewer or editorial misconduct must

not be treated as an isolated case, rather it should be considered as a systemic risk to the credibility of medical publishing. As the scientific or academic culture is now increasingly defined by funding, prestige, and authorship, the attraction to exploit privileged access is real. If the author has to uphold rigorous standards, then reviewer and editor must also be held for equal standard of transparency and responsibility. The medical publishing community must act decisively as the above-mentioned reforms are no longer optional, they are essential. The choice is simple either confront this misconduct with urgency, or risk the collapse of credibility in medical publishing.

Authors Contribution:

Iqbal Hussain Udaipurwala: Conception, writing, literature search, proof reading

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