

Bill Would Set Fraud Guidelines for Scientific Publications

Guidelines for prevention of publication of false manuscripts in scientific journals—Section 504 of the NIH reauthorization bill now before Congress.

During the past couple of weeks, two anti-fraud provisions have been slipped into pending legislation for the National Institutes of Health, provoking a wave of concern among researchers who have learned about them.

One provision would take responsibility for investigating fraud away from NIH and vest it instead in a new “office on scientific integrity” with a director appointed by the Inspector General of the Department of Health and Human Services (HHS).

The second would require the secretary of HHS to “develop guidelines for use by scientific journals to protect against publication of manuscripts with respect to which there has been scientific misconduct.” Any journal that fails to subscribe to those guidelines would then be blacklisted, in effect, by the National Library of Medicine which would be required “to identify in referencing systems of the Library any journal that does not subscribe to and apply the guidelines. . . .”

Representative John Dingell (D-MI) is strongly behind the idea of a new government fraud office. Representative Henry A. Waxman (D-CA) is said to be the author of the publications provision. It was Dingell who held well-publicized hearings this summer on allegations of misconduct related to a paper published in *Cell* by researchers at MIT and Tufts (*Science*, 24 June, p. 1720).

With Congress about to adjourn for the November elections, it is doubtful that the NIH reauthorization bill will make it through the House and Senate this session; the bill is contentious in other areas as well as these two. However, the addition of the fraud and publication provisions is a clear signal of Dingell's desire to deal with issues of scientific integrity through legislation rather than leaving the issues in the hands of researchers and scientific societies.

The bill does in four words what research institutions have been struggling to do for some time; it defines scientific misconduct as any “fabrication, falsification, plagiarism, or deception.” Such a broadly stated definition ignores the real complexities of doing and publishing research, scientists contend, and paves the way for charges of deception, for example, when researchers disagree

about how to present or analyze data.

The provision establishing an office on scientific integrity mandates not only that the office investigate allegations of scientific misconduct but also that it “deter scientific misconduct.” The bill empowers the office to “conduct onsite inspections” of research laboratories—random audits to ensure, for example, that there are “adequate records with respect to the research.” Adequate is not defined.

However, the bill establishes an advisory committee that presumably would be responsible for spelling out such definitions. The advisers would include senior and junior researchers and representatives of professional societies, clinical research organizations, scientific and medical publications, and the National Academy of Sciences.

This action in the House comes on the heels of a good deal of activity on other fronts, and is seen by some researchers as an attempt at a preemptive strike at a time when HHS, NIH, and several scientific groups including the Institute of Medicine, the AAAS, and the American Bar Association, and a consortium of societies coordi-

nated by the Association of American Universities (AAU) are all working to develop guidelines to ensure integrity in science (*Science*, 30 September, p. 1748).

For instance, the Secretary of HHS published two sets of proposed rules in the 19 September issue of the *Federal Register* and has called for public comment. Those proposals, described in *Science's* 30 September news article, include suggestions for new administrative entities for handling fraud but say nothing about setting up the Library of Medicine as an arbiter of scientific publication—a position the Library has not sought and does not want.

According to Library director Donald A. Lindberg, the Library already links retraction notices to papers listed in its vast computer system and, as of January will begin a computer linking of all information published in response to a paper—not just formal retractions. For instance, the new system will give readers information about letters to the editor that either support, expand on, or challenge scientific work.

But Hill staffers are not persuaded that research universities have the will to forcefully monitor themselves and cite the fact that voluntary guidelines developed in the early 1980s by AAU and others have yet to be widely and visibly adopted as evidence.

■ BARBARA J. CULLITON

Harvard's Blumenthal Advises Dukakis

Democratic presidential candidate Michael Dukakis has made health issues an important part of his campaign. At a breakfast for reporters in Washington on 22 September Dukakis' adviser on health issues, David Blumenthal, senior vice president of Harvard's Brigham and Women's Hospital, expanded on some of Dukakis' health proposals and defended the governor's record in Massachusetts, where his actions have been criticized by many doctors as well as by some members of the hospital industry.

Blumenthal, a physician, is one of several Dukakis advisers with ties to Harvard's John F. Kennedy School of Government. From 1980 to 1986, he was executive director of the Center for Health Policy and Management and a lecturer in public policy at the Kennedy School. For 3 years before that, he was a professional staff member of the Senate Subcommittee on Health and Scientific Research chaired by Senator Edward Kennedy.

During the campaign, Dukakis has called for universal health insurance, guaranteed prenatal care, a catastrophic illness plan, and

home health care services for the elderly. On the subject of health insurance, Blumenthal told reporters that Dukakis favors a law requiring all employers—with some exceptions for small businesses—to provide basic health insurance for all employees and their dependents.

He added that Dukakis believes physicians should accept Medicaid as payment in full and that there should be some system by which practicing physicians are obliged to accept Medicaid patients.

When asked how he, as a Massachusetts doctor, perceived Dukakis' reputation among doctors, Blumenthal admitted that many physicians in the state are upset and that the state medical association has been outspokenly critical of Dukakis, but he attributed much of that to frustrations that are national in scope, such as rising malpractice premiums. Dukakis' “reputation of being hostile to the medical profession” is undeserved, Blumenthal said.

In a Dukakis administration, Blumenthal said, “Health care will be right up there on the top of the agenda.” ■ ROBERT POOL