

## Surgical journals have best practice guidelines too

As this editorial goes to press, membership on the editorial board is undergoing transition, with some people departing after their term of service and others joining. This is an opportunity to welcome new participants to the editorial board and to thank the departing members whose rigorous and thoughtful reviews have helped us maintain high standards for publication quality. It is also timely for us to review how the *Canadian Journal of Surgery* aligns with best practice guidelines for medical journals.

This year, *CJS* editors (as members of the Surgery Journal Editors Group [SJEG]) participated in a survey among surgical journals who affirmed unanimously to adopt the 2008 guidelines formulated by the Council for the Committee on Publication Ethics (COPE; guidelines available at <http://publicationethics.org/guidelines>). The *CJS* editorial board, during its meeting this past April, agreed that this was sound practice and has accordingly aligned itself with other surgical journals in producing the following statement:

The undersigned member journals of the Surgery Journal Editors Group (SJEG), in the furtherance of integrity in surgical scientific publication, agree to adopt the guidelines established by the Committee on Publication Ethics (COPE). The COPE guidelines represent a means of addressing a variety of ethical concerns, including duplicate publication and authorship misconduct issues, which have, unfortunately, become more prevalent.

The COPE guidelines identify best practices for journal editors, including relationships with readers, authors, reviewers, colleagues on editorial boards and journal owners and publishers. Furthermore, the guidelines support a framework that identifies a rigorous peer-review process while maintaining academic integrity, intellectual property and confidentiality. This is an era of accountability in which there must be adequate policies on disclosure of competing interests by authors, reviewers and editorial board members and avoidance of commercial considerations that affect edi-

torial decisions. The COPE guidelines set ground rules for maintaining these standards.

Because *CJS* regularly receives submissions from national and international authors, the journal will also benefit from COPE processes to approach difficult problems in publication. For example, regulations for ethical review may vary in the different countries where the authors' studies were performed. Where there is a variation in this practice, COPE provides a useful framework for assessing scientific validity, whether ethical harm has been minimized and identifying the benefits that exceed harm. If doubt about ethics persists, the COPE guidelines provide a flowchart for clarification of these concerns with authors.

Another issue that affects *CJS* is the unfortunate scenario of publication misconduct, such as duplicate or falsified data or disputes between authors. The COPE guidelines also provide a flowchart for contending with these issues, which fortunately occur only once or twice each year but are very time-consuming to resolve. Finally, the journal's process for dealing with complaints and conflicts of interest are vigorous but may require outside adjudication if staff, authors, reviewers or editorial board members are involved. As a member of SJEG, which endorses the COPE guidelines, such complaints may be referred to the COPE administrator for adjudication.

In summary, the maintenance of high-quality content in *CJS* is a credit to the collective efforts of readers, authors, reviewers, editorial board members, owners and publishers alike. Adoption of the COPE guidelines aligns the journal's policy with its peer surgical journals worldwide in furthering the integrity of surgical scientific publication.

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