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Editorial

Issues of integrity and trust

As health care professionals, all of us are well aware of the need for integrity and trust in providing care for child patients. Without this, relationships fail, there may be recourse to law and, at best, an erosion of confidence in us and our profession by child and family. In the field of public health too, integrity and trust are essential if real benefits are to be achieved and a loss of trust may have even more widespread effects on people's lives.

It is salutary to reflect that integrity and trust are no less critical to research and publishing than they are to clinical care. A recent example illustrates what may happen when this trust is broken. Readers may well be aware that, in the UK, there has been concern about the combined measles, mumps and rubella (MMR) vaccine. Public unease has led to a collapse in confidence in the UK's vaccination programme with many parents now seeking alternatives. Key to the concern was a study published in the *Lancet* in 1998 which was interpreted as indicating a possible link between the MMR vaccine, inflammatory bowel disease and autism [1]. The paper has since been dismissed by the Medical Research Council as being poor science [2] and there has been a partial retraction from a majority of the authors [3]. The case has received heavy and sometimes unhelpful media involvement. There have been accusations, counter accusations, criticisms in parliament of the journal that published the paper and calls for an enquiry [4]. The editor of the *Lancet* says that, had he appreciated the full context of the study as he now knows it then the journal would not have published the paper [5]. Over the years the debate has often been conducted in an atmosphere of high emotion and extreme opinion and it continues.

As pointed out in a recent editorial in *The Times*, medicine is an imperfect science [6] and that there are shortcomings in research and in published papers is inevitable. Changes in accepted practice and knowledge will also colour our views differently with time so that criticism of published papers is to be expected. It is also important that editors are not afraid to publish. Controversial new ideas, sometimes beginning with relatively flimsy evidence, need to be published and fully and rationally debated, and journals are the right place for this to happen [4,5].

Although there would appear to be few aspects of paediatric dentistry with quite such profound effects as the MMR vaccine, trust and integrity are just as fundamental to IJPD as to the *Lancet*. As examples for either it may seem obvious that trust is placed on authors not to falsify or invent results, not to omit results or findings that are not convenient and to acknowledge where there might be conflict of interests. Perhaps more subtly, there is also a trust not to plagiarize or copy material directly from other publications and not to submit essentially the same paper to different journals. Trust must also be placed on those who wish to disagree or make criticism; that comments or arguments have a sound basis of evidence and are offered as a contribution to informed debate and are not simply in pursuit of personal feelings or interests.

Ensuring that all published material is of the highest quality is the job of editors, editorial boards and referees. The editors, with the support of their editorial Board, must carry ultimate responsibility, but refereeing systems are also an integral part of ensuring that which is published is of the highest standard.

In this issue we particularly recognize and thank those people who acted as referees for IJPD during 2003. The journal could not work effectively without them and their help is gratefully acknowledged. The burden of work on referees is significant and this is mirrored by the trust placed in them. Because of their skills and understanding of the subject, referees are often able to detect (and can often resolve) mistaken methodology or thinking, or errors of omission well before a paper reaches publication. However, there are some issues that even the best referee cannot be expected to recognize so that, ultimately, we are dependent on the integrity and trust of our authors.

Academics everywhere face increasing pressure to publish if they wish to ascend or even survive the career ladder. This can make for temptations to, for example, slice research data as thinly as possible over an extended series of papers or to lean towards over-interpreting findings. If research and publication are seen as a secondary function, not everyone may recognize the way in which to approach these is with the same rigor as they may tackle clinical practice.

In the end, just as the child and parent need to trust the practising clinician, so the journal must be trusted by its readers, who rely on it to further knowledge in the field of paediatric dentistry. It is incumbent on all of us, whether acting as clinicians, researchers, editors, referees or authors to deliver work of the highest quality, honesty and integrity. Only this will serve the best interests of child oral health.

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