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Commentary: Of ghosts, phantoms, and authors

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A ghost author is one who writes a text or makes substantial contributions to written material, such as a scientific article, but is not credited as an author. The opposite, one who is credited as an author but makes little or no contribution to the written material, has been labeled with several descriptors, such as “courtesy,” “honorary,” “guest,” “undeserving,” or “gift” authors, but perhaps a more generic yet accurately descriptive term might be “phantom” author. A phantom is “something apparent to sense but with no substantial existence; something existing in appearance only.”¹ The term seems appropriate as the inverse of ghost authorship.

Most top-tier medical journals adhere to the International Committee of Medical Journal Editors (ICMJE) criteria for authorship, which includes four criteria, all of which must be met to qualify as an author, briefly:

1. Substantial contributions to the conception or design of the work;
2. Drafting the work or revising it critically;
3. Final approval of the version to be published;
4. Agreement to be accountable for all aspects of the work.

In this issue of the *Journal*, Noruzi and coworkers² have extended the already expansive literature on phantom authorship by focusing on cardiothoracic surgery journals. Their survey findings were similar to those of previously published analyses in other disciplines: most responders were aware of the ICMJE guidelines, 25% thought that

Recognition of deserving scientists is diluted by the presence of phantom authors.

CENTRAL MESSAGE

Phantom authorship harms the scientific enterprise. Its damaging effects arise from the fact that it is fundamentally dishonest.

the article contained at least 1 honorary author, whereas 63% of articles had at least 1 author who did not meet any of the four criteria. The discordance between recognition of honorary authorship and actual failure to meet authorship criteria is a common finding in the broad literature that addresses this issue.

Several limitations of the current survey are adequately addressed by Noruzi and coworkers²: low response rate, contact with only 1 author of each article, the probability of recall bias, and peer pressure and career risks for junior investigators. Unwarranted torturing of statistical data might be present as well, but the basic points of the article seem well justified.

Noruzi and coworkers' important contribution² calls attention to the widespread presence of phantom authorship, but it fails to address a critical question. Why should we care about this? One might argue that another author or two does not undermine the validity of the data or the reliability of the scientific literature, so neither science nor patients are harmed. To the contrary, fake authorship is dishonest, and this dishonesty plays out in several harmful ways. Undeserved authorship pads one's bibliography and provides unjustified advantage relative to more honest colleagues in the competitions for promotion, recognition, and reputation. In some cases, adding a well-known and respected name to the list of authors is an attempt to game the peer-review system by increasing the likelihood of a positive review and consequent publication. Moreover, phantom authors know very little about

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the content of the work for which they must take responsibility, so they may gain unwarranted praise for a high-quality paper and also will not be in a position to adequately defend against a serious allegation of flawed work. More generally, common understanding that undeserved authorship is widespread undermines overall confidence in the meaning and significance of scientific authorship for those who actually do the work and deserve the credit.

Dishonesty at any level of the scientific enterprise damages everyone. Phantom authorship is not harmless and should be strenuously resisted and condemned.

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