

Self-plagiarism: unintentional, harmless, or fraud?

The printed journal includes an image merely for illustration

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The intense pressure to publish to advance careers and attract grant money, together with decreasing time available for busy researchers and clinicians, can create a temptation to cut corners and maximise scientific output. Journals are increasingly seeing submissions in which large parts of text have been copied from previously published papers by the same author.

Whereas plagiarism—copying from others—is widely condemned and regarded as intellectual theft, the concept of self-plagiarism is less well defined. Some have argued that it is impossible to steal one's own words. The excuse editors hear when confronting authors about self-plagiarism is that the same thing can only be said in so many words. This might sometimes be legitimate, perhaps for specific parts of a research paper, such as a methods section. However, when large parts of a paper are a word-for-word copy of previously published text, authors' claims that they have inadvertently used exactly the same wording stretch credibility.

There is a clear distinction between self-plagiarism of original research and review material. Republishing large parts of an original research paper is redundant or duplicate publication. Publishing separate parts of the same study with near identical introduction and methods sections in different journals is so-called salami publication. Both practices are unacceptable and will distort the research record. Self-plagiarism in review or opinion papers, one could argue, is less of a crime with no real harm done. It is still an attempt to deceive editors and readers, however, and constitutes intellectual laziness at best.

Deception is the key issue in all forms of self-plagiarism, including in reviews. Few editors will knowingly republish a paper that contains large parts of previously published material. Few readers will happily read the same material several times in different journals. An attempt to deceive amounts to fraud and should not be tolerated by the academic community. ■ *The Lancet*

Revitalising health in Afghanistan



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As *The Lancet* went to press, Afghan officials had begun to release the initial results of the country's second-ever presidential election. Hamid Karzai, who won the first presidential poll in 2004, and his main challenger Abdullah Abdullah, an ophthalmologist and former foreign minister, both claimed victory ahead of the official verdict. But the final result is not expected for several weeks. Irrespective of who wins, a key focus for the next government should be improving the health and wellbeing of citizens.

Some positive health developments have occurred since the end of 2001. There have been substantial improvements in coverage of basic health services, especially in rural areas. However, the quality of facilities is variable and staff shortages, especially of nurses and female health workers, remain a problem. The hospital referral system is also weak in many parts of the country. Health-care delivery is further hampered by security issues. Health facilities in the southern and eastern provinces have had to close because of the abduction and killing of dozens of health workers. The country still has a high burden of communicable diseases. For example,

72 000 people get tuberculosis each year, most of whom are women. Women also fare badly in other areas of health. Maternal mortality rates (1800 per 100 000 livebirths) in Afghanistan are the second highest in the world after Sierra Leone. Mental illnesses are also a major health problem. As an Online Article shows, children in the country have mental health problems that are related to widespread social suffering as well as acts of war. This suffering will need to be addressed in policies that go well beyond the health sector.

The health priorities for the next government should include the development of a functioning referral system, ensuring the security and neutrality of health-care providers in conflict zones, addressing the health needs of specific vulnerable groups—eg, women, children, and people with mental health problems, and training health workers such as midwives and female nurses, who will be crucial for increasing women's access to health services. External donors will also need to maintain their financing of health-care reconstruction in Afghanistan for many years to come to make these goals a reality. ■ *The Lancet*

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