

Misconduct

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Unacceptable or improper [behavior](#), especially by an employee or professional person.

“Intentional misconduct” refers to deliberate wrongdoing or actions taken with [knowledge](#) of their illegality or potential harm. It is often contrasted with [negligence](#), where harm results from carelessness rather than intentional wrongdoing.

Key Aspects of Intentional Misconduct

Deliberate Action – The person or entity knowingly engages in wrongful conduct.

Awareness of Consequences – The individual understands that their actions are illegal, unethical, or harmful.

Intent to Harm or Deceive – The misconduct is carried out with the purpose of causing damage, gaining an unfair advantage, or deceiving others.

Legal and Ethical Violations – It often involves breaking laws, breaching contracts, or violating professional standards.

Examples of Intentional Misconduct

Corporate Fraud: A company falsifies financial reports to mislead investors.

Medical Malpractice: A doctor knowingly prescribes harmful treatments for personal gain.

Workplace Harassment: A manager deliberately mistreats an employee to force them to resign.

Environmental Violations: A business dumps toxic waste into a river despite knowing the environmental damage.

Sports Doping: An athlete knowingly uses banned substances to enhance performance.

Legal Consequences:

Intentional misconduct can lead to civil or criminal liability, including:

Lawsuits: Victims can sue for damages.

Fines and Penalties: Regulatory agencies may impose financial penalties.

Criminal Charges: Depending on the severity, it may lead to imprisonment.

see [Scientific misconduct](#).

Scoping Reviews

A scoping review of [retracted articles](#) published from January 1, 1974, through December 31, 2023, was carried out. [Retraction data](#) were obtained from the [Crossref/Retraction Watch](#) database and corresponding abstracts were retrieved from [PubMed](#). [Publication data](#) were obtained from [Scopus](#). All [retracted articles](#) related to ENT were identified. [Articles](#) from neurosurgery and ophthalmology were similarly retrieved for [comparison](#). Articles withdrawn for routine updates, expressions of concern, reinstatements, and corrections were excluded. The data were obtained on December 3, 2024.

Main outcomes and measures: The [primary outcomes](#) were annual retraction rate (proportion of retracted articles per total published articles) and reasons for retraction (categorized as intentional data misconduct, intentional procedural misconduct, unintentional data errors, unintentional procedural errors, or unknown). Secondary measures included time from publication to retraction and comparisons with neurosurgery and ophthalmology retraction rates.

Of 481 215 ENT articles, 471 (0.10%) were retracted. Retractions increased over time, peaking in 2022 with a retraction rate of 0.42%. Among retracted ENT articles, the most common reasons were intentional data misconduct (233 [49.50%]) and intentional procedural misconduct (210 [44.60%]). Articles with first authors from China accounted for the largest share (243 [51.60%]) of these retractions. Basic science head and neck cancer research represented the largest subspecialty category (161 [34.20%]). The median (IQR) time to retraction was 21.8 (10.8-55.3) months.

This [analysis](#) found that retractions in ENT [literature](#) have increased over 5 decades, predominantly driven by intentional [misconduct](#). These findings highlight the need for enhanced oversight, [training](#), and editorial [vigilance](#) to maintain the integrity of ENT research and protect patient welfare ¹⁾

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Edalati S, Chung T, Govindaraj M, Kraft D, Lerner DK, Del Signore A, Illoreta AM. Retractions in Otolaryngology Publications. JAMA Otolaryngol Head Neck Surg. 2025 Mar 13. doi: 10.1001/jamaoto.2025.0018. Epub ahead of print. PMID: 40079977.

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