

# Annals of Clinical and Medical Case Reports

Editorial

ISSN 2639-8109 | Volume 8

## Editorial

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Received: 25 Feb 2022

Accepted: 09 Mar 2022

Published: 14 Mar 2022

J Short Name: ACMCR

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## Editorial

Let me start with short explanation which led me to write these words to encourage all of you who had experienced or are still experiencing the problem and situation I had gone through. One evening just talking with my partner (who is also a doctor and we operated together in many cases although she is a gynecologist, but our interest is the same in oncology problematic and we started the cooperation in multidisciplinary field of oncology patients) about work we've done together, cases and patients to whom we changed the course of life, because most of the cases were defying precedents in diagnostics and treatment of their diseases and also had impact on the quality and their survival rate. I have never been a person who would go with the crowd and follow certain path just because someone said so. I always took cases that not only called out for challenge but also had caused various controversial opinion, discussions and reaction not only among fellow colleagues but also among so called academic authorities who claimed their supremacy based on their title. And this dispute which started as a so called mocking among partners led us to serious question what and how and if even we provoked some reaction or if anyone else had same or similar experience.

We had always been one of the few doctor who followed the ethical and moral code which should include everyone who decides to take such responsibility to become a doctor.

That made us look for our articles we published since 2013 and that is when we found out that some of our work was either very very similar comparing the syntax and even conclusion with the same words we used based on our own findings or we haven't found a electronic trace of at least two of such cases. Not talking

about finding out how many articles were almost identical, using our personal photo documentation (which we had patient's permission to take and publish) and our words and definitions of suggestion of diagnostics, treatment and following procedures in these cases. I personally had one case which was published with my knowledge because I was the operating surgeon, the author of idea of resolving the complication happening during the surgery and the one who had to make the decision in seconds that led to discovering the method to solve it and save patient's life. In the time of the surgery the idea of doing this was in my head considered so elementary and logical I could not believe that none of the by-standing colleagues even had the idea of what I am talking about and could not even assist nor help because they couldn't even imagine what I was going to do. Then after some time one of my ambitious colleagues in academic field came up with the proposition that we could write the article and publish it. At that time and until now I still consider it and believe it is my moral right to let other doctor know how they could help their patients. The idea of "locking" the article and publish it under highest license one can apply for never crossed my mind and I never thought this should be published under such strict rules as Creative Commons BY- non-commercial- no-derivs which is the most restrictive of six main licenses, only allowing others to download the work and share them with others as long as they credit you, but they can't change them in any way or use them commercially. I never understood or took interest in academic publishing. I always had pure intentions of helping patients no matter their social, racial or ethnical status. Never even known that you could get paid for such article. Because just the publishing in such journal is a great honor for me. You might think

me naïve but I still believe I am not the only one who thinks this way. Therefore, we started looking how does this system even works. Most of the finding were shocking. I found out that any of the authors need to obtain written permission in advance from all the other co-authors, which wasn't even this case cause all of the doctors signed under the article didn't participate a bit in this surgery or writing of the article. The so-called corresponding author who would normally be considered as the author of idea or owner of intellectual property was just a person to whom I dictated the whole text and even corrected such major mistakes showing the lack of basic knowledge as confusing superior mesenteric vein for inferior.

And that was the moment it all started. One big cascade of re-searching local, regional and national journals and continuing with international databases where there were published exact forms of sentences, parts of text, conclusions and photo documentation which were my own and were found in so many different publications all over the world. That was the moment we contacted the Creative Commons organization who led us to the publisher (there we found out they do not make any representations or warranties about material, data and information, so in other words they don't even verify what role does the corresponding person has, if it is an actual author or just a person that speaks the same language of the publishing journal and in reality has no contribution at all, and he not only publishes this work under his name as an author, but also collects all the attributions and at some point has the solely ownership to manipulate with the articles as he wishes). And there's where we've found out that publisher was falsely made believe that corresponding author is actually author of the idea and written word and has intellectual ownership over this particular life-saving method.

And this raises the sad but unfortunate question, how could a doctor who took an oath to help and heal the wounded be profiting by these kinds of manipulative procedures???? The moment when you step on the academic soil of medical faculty you are sworn by Hippocratic oath which requires highest professional ethical standards. So let raise a question "who is the guilty one?". My partner and I had spent many sleepless nights thinking and talking about this and that lead us to the realization the one misleading other so we seek for justice by contacting the editors of journals and international databases. We've been asked to give a proof of authorship and originality of many materials in many cases which we did. Another mistake commonly happens or may we presume that it is intentional on the national level that the article never leaves the first contact regional editor and is never given further and doesn't occur in other databases. That gives a chance to give it away to anyone after it is once published in the local journal and people who never had any participation in such case are able to use it as their own original work of research or invention and therefore achieve the academic recognition and the chance to publish it any-

where they want and get many credits for something they literally stole and get the academic title. WE – just two ordinary attending doctors who never aspired for any academic title or international recognition because we focused on helping patients realized that it is actually our own fault that we never followed the affect or even occurrence of our work. So don't blame editor, publisher, journals or databases because there is no way in this age of electronisation to follow and prove all the authenticity of works and people, because the society somehow still believes in good that should be in each of us and our self-criticism not to falsely use someone else's work results. And this made us realize that this is almost certainty that happens so often all over the world to exactly those kinds of doctors who care more about their patients than about their recognition. Those are the real Doctors who take this profession not as a paid job but as a mission to help people in need. And that is the point where we both lost our jobs. we had to find out the hard way that the academic society is so rotten for so many decades that it is almost impossible to change the course which it goes. But unlike many others we were lucky and our request to attribute the intellectual property and the right for authorship of this life-saving method was answered by the international databases to look closely at the origin of the problem which led to changing criteria, methods, and all the things that will create and give a chance to rightful researchers and authors of all the ideas and methods to prove their contributions and actual work and maybe this will encourage more and more people to step up for themselves not because they want spotlight but they just need the feeling of satisfaction for their hard work and revealing the world who is the one that is on the right side. Maybe in time something will change and this will lead to reduction of cases of copyrighting those who should rightfully get the recognition. And might we achieve such an impact that these "false" academics will not only lose titles because of revealing true originality and their carrier-making based on work of others but also will lead to legislative prosecution. So don't be afraid to step up for yourselves cause number of people affected and used is much higher than the number of people who "achieved" something that doesn't belong to them.

And the conclusion of my case? The feeling of satisfaction of just getting the right to be acknowledged as the original owner of the intellectual property, proving that academic title doesn't make you the Doctor know-it-all and person that steps in in case of complications and helps, but just the point that these people are paradoxically the ones that have the least experience with patient interactions and treatments, but have super knowledge of the written words of how things should be done, they are those who lead actual departments and make cover-cloud that they are the smartest and most capable, important and experienced practitioners and get social reputation among regular people, but in reality they are the ones who use others to achieve some fake acknowledgment and receive honors for "their" work.