

DKU MLPA Authorship Guideline

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<Introduction>

Many institutions, including medical schools and peer-reviewed journals, have established standards for authorship. These standards are similar on basic issues but are changing over time, mainly to take into account the growing proportion of research that is done by teams whose members have highly specialized roles.

<Authorship>

1. Everyone who is listed as an author should have made a substantial, direct, intellectual contribution to the work. For example (in the case of a research report) they should have contributed to the conception, design, analysis and/or interpretation of data. Honorary or guest authorship is not acceptable. Acquisition of funding and provision of technical services, patients, or materials, while they may be essential to the work, are not in themselves sufficient contributions to justify authorship.
2. Everyone who has made substantial intellectual contributions to the work should be an author. Everyone who has made other substantial contributions should be acknowledged.
3. When research is done by teams whose members are highly specialized, individuals' contributions and responsibility may be limited to specific aspects of the work.
4. All authors should participate in writing the manuscript by reviewing drafts and approving the final version.
5. One author should take primary responsibility for the work as a whole even if he or she does not have an in-depth understanding of every part of the work.
6. This primary author should assure that all authors meet basic standards for authorship.
7. The authors should make every effort to decide the order of authorship together. Research teams should discuss authorship issues frankly early in the course of their work together and at other times during their collaboration as needed. If there is an authorship dispute, every effort should be made to settle it at the local level by the authors themselves, the research PI, Supervisor and/or the Department Chair.

<Order of Authorship>

Many different ways of determining order of authorship exist across disciplines, research groups, and countries. Examples of authorship policies include

descending order of contribution, placing the person who took the lead in writing the manuscript or doing the research first and the most experienced contributor last, and alphabetical or random order. While the significance of a particular order may be understood in a given setting, order of authorship has no generally agreed upon meaning.

As a result, it is not possible to interpret from order of authorship the respective contributions of individual authors. Promotion committees, granting agencies, readers, and others who seek to understand how individual authors have contributed to the work should not read into order of authorship their own meaning, which may not be shared by the authors themselves.

The authors should decide the order of authorship together.

<Implementation>

1. Research teams should discuss authorship issues frankly early in the course of their work together.
2. Disputes over authorship are best settled at the local level by the authors themselves or the laboratory chief. If local efforts fail, the faculties belonging to the department can assist in resolving grievances and finally the chief of the laboratory decides the issues about authorship.

This guideline was made with reference to the authorship guideline of Harvard Medical School.