DSM-5 Task Force Proposes Controversial Diagnosis for Dishonest Scientists
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Dishonest Publishing in Science—Choice or Disease?  
WASHINGTON, July 20, 2012

Controversy has erupted within the scientific community over reports that the next edition of the American Psychiatric Association’s diagnostic bible will include a disorder covering scientists addicted to questionable research practices.

The essential feature of pathological publishing is the “persistent and recurrent publishing of confirmatory findings (Criterion A) combined with a callous disregard for null results (Criterion B) that produces a “good story” (Criterion C), leading to marked distress in neo-Popperians (Criterion D).” Diana Gleslo, M.D., who chairs the task force developing the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), said the new diagnosis will help combat the emerging epidemic of scientists engaging in questionable research practices. “The evidence is overwhelming,” Gleslo told reporters. “We can no longer dismiss this as merely ‘a few bad apples’ trying to further their career. This is a medical condition—one we fear may be highly infectious.”

Professor Brian Nacs, a neuroscientist at Oxford University, agrees. Research in his laboratory has uncovered widespread neurological deficits in scientists found guilty of academic misconduct. “When these people are put in a [brain] scanner and presented with significant p values, we find large activations in the reward areas of the brain, much larger than those of control scientists.” Professor Nacs likened the neural activity to that of cocaine addicts presented with images of cocaine. “Independent studies show the same pattern of findings using high citation counts and h-indexes. Even words like ‘tenure’ and ‘Nobel’ trigger the response. We are talking about a disease of the brain here—these people need medical intervention.”

However, many scientists remain skeptical, accusing the task force of moving too quickly to medicalize the phenomenon. These critics point to a large body of evidence that contradicts the disease hypothesis. “The problem is we can’t get any of it published!” said Professor Ali Den of Columbia University. “We have run several studies and all have found no significant difference between the brains of scientists who are guilty of misconduct and the brains of those who are not.”

Den, a neuroeconomist, is adamant that unethical research behavior is a conscious choice and not a disease. “Publications and research funding are your lifeblood as an academic, so it is not surprising that some scientists will be untruthful to get ahead. They might just reanalyze the same set of data in several different ways until something ‘pops up’ by chance. Academic misconduct is hard to prove, and fraudulent researchers are simply playing the odds.”

The task force is not convinced. According to Dr. Gleslo, it will not consider unpublished research findings. “I’m sorry, but if your study is not interesting enough to be published in a peer-reviewed journal, it is not science and has no place in our deliberations. Don’t get me wrong—I have the greatest respect for Professor Den and her team—but if what she is saying were true, that would mean we are all infected!”

The debate looks set to continue for some time. The only issue the two camps could agree on was the need for more research funding to investigate the problem. Although disappointed by the task force’s decision, Professor Den was unfazed. “Well, there are still a few more analyses we need to run. So, let’s wait and see…”

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