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Dishonesty in Clinical Research*

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Commentary

Dishonesty in research has many adverse consequences. Falsification of research should be treated as financial fraud with the funder of the research as the victim. Falsification also wastes the time and research grants of other scientists who attempt to perform experiments based on false claims. In some areas of research the effects are even more serious and direct. For example, patients are harmed by fraud in medical research.

Some research fraud is committed by individual dishonest scientists who falsify research in order to advance their careers. More often groups of dishonest scientists collaborate. Often "authors" of false medical research are bribed by the manufacturer of a drug or medical device to publish data that depicts the manufacturer's product in a positive manner and in return "authors" are paid well. Some eminent doctors accept large payments from companies to be named as authors of publications when the doctors had little or no involvement in data collection or analysis and the articles were ghost written by the companies to be passed off as the work of the eminent "gift authors".

For example, each year Professor Richards Eastell's department received millions of pounds of funding from Proctor and Gamble. In return, Eastell submitted papers on Risedronate (Actonel©) that were sent to Eastell by the company without Eastell seeing the data. Those facts were confirmed at Eastell's hearing at the UK General Medical Council (Baty 2009b; Baty 2009a). Eastell should have known his conduct was wrong, because at that time he was Research Dean of the University of Sheffield's Medical School.

As a research fellow, I was threatened with legal action and offered a bribe equivalent to two year's salary by Sterling-Winthrop, a US pharmaceutical company, provided I did not publish data showing that their drug Amrinone© was ineffective for treatment of heart failure and had life threatening adverse effects. Many other dirty tricks were also used by Sterling-Winthrop in attempts to prevent disclosure of concerns about Amrinone (Erlichman 1986b; Erlichman 1986a). The integrity of the company can be judged by the fact that the company submitting forged documents in an attempt to get a licence for marketing in Europe.3-6 Even after Amrinone was banned in Europe and North America because of life threatening complications, the company marketed Amrinone in parts of Africa and Asia (Wilmshurst 2003; Wilmshurst 2007).

Some pharmaceutical and medical device corporations deliberately recruit as investigators, those doctors who will publish whatever false results and conclusions that sponsors want them to publish and in return they are well rewarded.

For example, NMT Medical chose Dr Andrew Dowson to be the principal investigator of the MIST Trial using its STARFlex© device despite NMT executives knowing that Dowson had been found to have falsified data in an unrelated clinical trial in which he was the principle investigator. Dowson received large consultancy payments from NMT Medical and he owned NMT shares. The General Medical Council that licences doctors to practise in the UK found that Dowson was guilty of dishonesty in the MIST Trial and suspended him from medical practice. (Dyer 2015a; Dyer 2015b; Wood and Later 2015) A High Court judge found that Dowson created a false record of the MIST Trial, but the resulting false publication in the journal Circulation has not been retracted. The American Heart Association has repeatedly refused requests to retract the false paper (Wilmshurst 2022). Boston-based NMT manufactured and marketed the STARFlex device under licence from a Harvard affiliated hospital, which owned the patent. The STARFlex device was invented by Professor James Lock, whose office was yards away from the office of Harvard Professor Loscalzo, who edited Circulation at that time. NMT also recruited a different US cardiologist to be principal investigator in two US trials despite knowing that he had been informed by the Food and Drug Administration (FDA) that he faced criminal prosecution for misconduct in a clinical trial (Wilmshurst 2022).

There are many examples of misrepresentation of clinical trial result by pharmaceutical and medical device companies. For example, Merck voluntarily withdrew Vioxx© (rofecoxib) in 2004 after disclosures that for more than five years Merck had withheld information from doctors and patients about increased risks of death caused by the drug (Karha and Topol 2004). The retraction of many scientific publications is because they are found to be fraudulent. In other cases, retraction is because publications are found to be unreliable because of honest error.

Data published by Retraction Watch demonstrates that the rate of retraction of scientific publications is increasing dramatically, but is in line with the increase in number of publications. However, many publications that journal editors know are false are not retracted. When retractions occur that usually take years. 40% of retracted papers are not properly marked as retracted by publishers and therefore many continue to be cited. Many papers are cited hundreds of times after they have been retracted. For example, a paper by Fukuhara and colleagues that was published in Science in 2005 was retracted in 2007 (Fukuhara et al. 2007). It had 232 citations before retraction and 1232 citations after it was retracted. The most cited retracted paper, with more than 4500 citations, is by Jiang and colleagues in Nature (2002) (Jiang et al.

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Data published by Retraction Watch shows that there are many research fraudsters with large numbers of retracted articles, with several having more than 100 falsified papers retracted (Retraction Watch 2025b). In addition, eight scientists who were awarded the Nobel Prize since 2004 have had publications retracted (Retraction Watch 2025a). One with a single retraction won the Nobel Prize for chemistry. The remaining seven with more than 30 retractions between them received a Nobel Prize for physiology or medicine – they are 13% of winners of the Nobel Prize for physiology or medicine since 2004 (Retraction Watch 2025a).

There is evidence of widespread misconduct. Prof Ben Mol and colleagues have found evidence which suggests that 20-30% of clinical trials in Obstetrics & Gynaecology contain false data (Smith 2021; Van Noorden 2023) Elisabeth Bik identified more than 4000 cases of potential photo manipulation (Anonymous 2025). Confidential surveys from UK, USA and Europe show large proportions of researchers admit fabricating data (up to 20%) and more say colleagues commit research misconduct (up to 72%). It is clear that research, particularly medical research, is in trouble from widespread falsification.

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