

POLICY

Conflict of Interest

In accordance with the Council of Science Editors (CSE) white paper, *Promoting Integrity in Scientific Journal Publications* [1], PEDIATRIC ETHICS SCOPE has established the following Conflict of Interest Policy. This policy aligns with the standards proposed in the International Committee of Medical Journal Editors (ICMJE) *Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals* [2] and follows the World Association of Medical Editors (WAME) recommendations by stating our definition [3] of the term; PEDIATRIC ETHICS SCOPE defines Conflict of Interest (COI) as follows:

A conflict of interest is a set of circumstances that creates a risk that professional judgment or actions regarding a primary interest will be unduly influenced by a secondary interest [4], and/ or:

A conflict of interest exists when an individual or group has interests in a matter that diverge from that individual's or group's role-delineated responsibilities, as specified by PEDIATRIC ETHICS SCOPE, regarding that matter to the journal, its readership, and the broader clinical and academic community.

COI's can damage the journal's mission, be they established fact, or mere perception [5]. As Berkeley observed, *esse est percipi: "to be is to be perceived."* Thus, any interest that could be viewed as to impinge on the academic or clinical integrity of the work, or raise the question of bias, in action or judgment, constitutes a conflict of interest. The standard is that of a reasonable skeptic, a rational actor who does not take on faith or reputation the presumption of any normative characteristics of those involved, but holds:

1. Due diligence through recusal or disclosure is sufficient unless the matter is:
 - a. Reasonably questionable nonetheless AND
 - b. Of sufficient importance to warrant further action as determined by the Board of Directors, Editorial Board, or public.
2. Any given situation must be acceptable categorically; the actions involved will be assessed blind to the individuals, characters, or reputations.

A COI does not imply wrongdoing, but does require handling in a way as there is not even the appearance of impropriety (as viewed by a reasonable skeptic). COI's include the following:

- Financial ties
- Academic commitments
- Personal relationships
- Political or religious beliefs
- Institutional affiliations

The following six general situations should guide other scenarios that may be encountered:

Manuscript Submittal

All authors must disclose all possible COI's as a condition of consideration. Authors do so by completing and submitting an ICMJE *Form for Disclosure of Potential Conflicts of Interest*. This form is available on our website, or directly from the ICMJE website [6].

Initial Consideration

Any staff member who encounters a COI in manuscript consideration must recuse themselves; another staff member will take over those duties in which a COI may be impactful on the manuscript under consideration. If a colleague observes a potential COI, that person should discuss the matter immediately.

Manuscript Review Process

Reviewers should be asked if they have a potential COI as part of the reviewer selection process. COI matters in the manuscript review process should be handled by: a) recusal and selection of another reviewer, or if the reviewer's involvement offers some intrinsic benefit to the manuscript, an additional reviewer be assigned (so there would be three reviews).

Editorial Staff

Charges of COI against any editors are grave matters, and must be forwarded to the Conflict of Interest committee. The COI is not a standing committee, but assembled as needed in the following compositions:

Charges of COI are to be considered by the Board of Directors, with the party under consideration, if a member, standing recused. The Board of Directors should make every effort to resolve the matter to their unanimous satisfaction, in accordance with the disclosure recommendations of the ICMJE, CSE, WAME, and/or COPE. If either the Board of Directors is not unanimous OR the party under consideration does not consent to the proposed solution, the matter may be forwarded to the Editorial Board, at the discretion of the Editor-in-Chief.

In the event the Editorial Board becomes involved, the Board of Directors will cease to be involved. It is necessary for the Editorial Board to make a recommendation independent of any of the journal's staff. The Board of Directors will receive the Editorial Board's recommendation, and make all efforts to achieve consensus. If disagreement still ensues, a simple majority of both Boards (minus the party under consideration) will vote on resolution of the matter.

Editorial Independence

Given its founding documents and adherence to manifold publishing codes of conduct, sponsor bias is highly unlikely. However, for full transparency, a process for managing such charges must exist and be public. PEDIATRIC ETHICSCOPE follows the ICMJE *Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals* regarding "Journal Owners and Editorial Freedom" [7]

Charges of sponsor bias are likely to put journal staff in an untenable situation. Therefore, charges of sponsor, or institutional, bias will be forwarded to the Editorial Board, which will serve as an ad hoc COI committee. While the Editorial Board can only make recommendations, it is the collective involvement of the Editorial Board, the staff, and Board of Directors that makes PEDIATRIC ETHICSCOPE what it is. The Editorial Board members will weigh the matter and act according to the principles defining, and adopted by, this publication. The sponsoring institution is aware the Editorial Board's involvement is voluntary and values preservation of the integrity of the publication.

Publication

All COI's found after the fact in published material shall be disclosed in the immediately subsequent issue, and posted alongside the original material online as soon as feasible. For more examples, see *Policy of Peer Reviewer Selection, Editorial Independence, Standards of Integrity Checklist, and Editor's Code of Conduct*.

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1. Council of Science Editors. White Paper on Promoting Integrity in Scientific Journal Publications. 2.1.3-2.1.4. http://www.councilscienceeditors.org/wp-content/uploads/entire_whitepaper.pdf. 2012 Update. Accessed 22 June 2017.
 2. International Committee of Medical Journal Editors. Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals. Section II B, p. 3. <http://www.icmje.org/recommendations/>. Updated December 2016. Accessed 22 June 2017.
 3. See *Conflict of Interest in Peer-Reviewed Medical Journals: The World Association of Medical Editors (WAME) Position on a Challenging Problem* for further explication of reasons for stating a COI definition.
 4. This definition is taken from: Lo B, Field MJ. *Conflict of Interest in medical research, education, and practice*. Committee on Conflict of Interest in Medical Research, Education, and Practice. National Academies Press; 2009.
 5. A recent JAMA editorial states, "Perceptions of conflict of interest are as important as actual conflicts of interest." This follows ICMJE's *Recommendations*. In: Fontanarosa P, Bauchner H. Conflict of interest and medical journals. Editorial. *JAMA*. 2017; 317(17): 1768-1771. <http://jamanetwork.com/journals/jama/fullarticle/2623590> Citing: International Committee of Medical Journal Editors. *Author Responsibilities—Conflicts of Interest. Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals*.
 6. International Committee of Medical Journal Editors. Conflict of Interest Disclosure Forms. <http://www.icmje.org/about-icmje/faqs/conflict-of-interest-disclosure-forms/>. Accessed 15 June 2017.
 7. Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals. International Committee of Medical Journal Editors. Section II D, p 6. <http://www.icmje.org/recommendations/>. Updated December 2016. Accessed 22 June 2017.