



La fraude Du quotidien à la science

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Genève



Efficacy, Dose–Response, and Safety of Ondansetron in Prevention of Postoperative Nausea and Vomiting

A Quantitative Systematic Review of Randomized Placebo-controlled Trials

Martin R. Tramèr, M.D.* D. John M. Reynolds, B.M., B.Ch., D.Phil.,† R. Andrew Moore, D.Sc.,‡ Henry J. McQuay, D.M. §

Anesthesiology
1997; 87:1277–89

A quantitative systematic review of ondansetron in treatment of established postoperative nausea and vomiting

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BMJ VOLUME 314 12 APRIL 1997

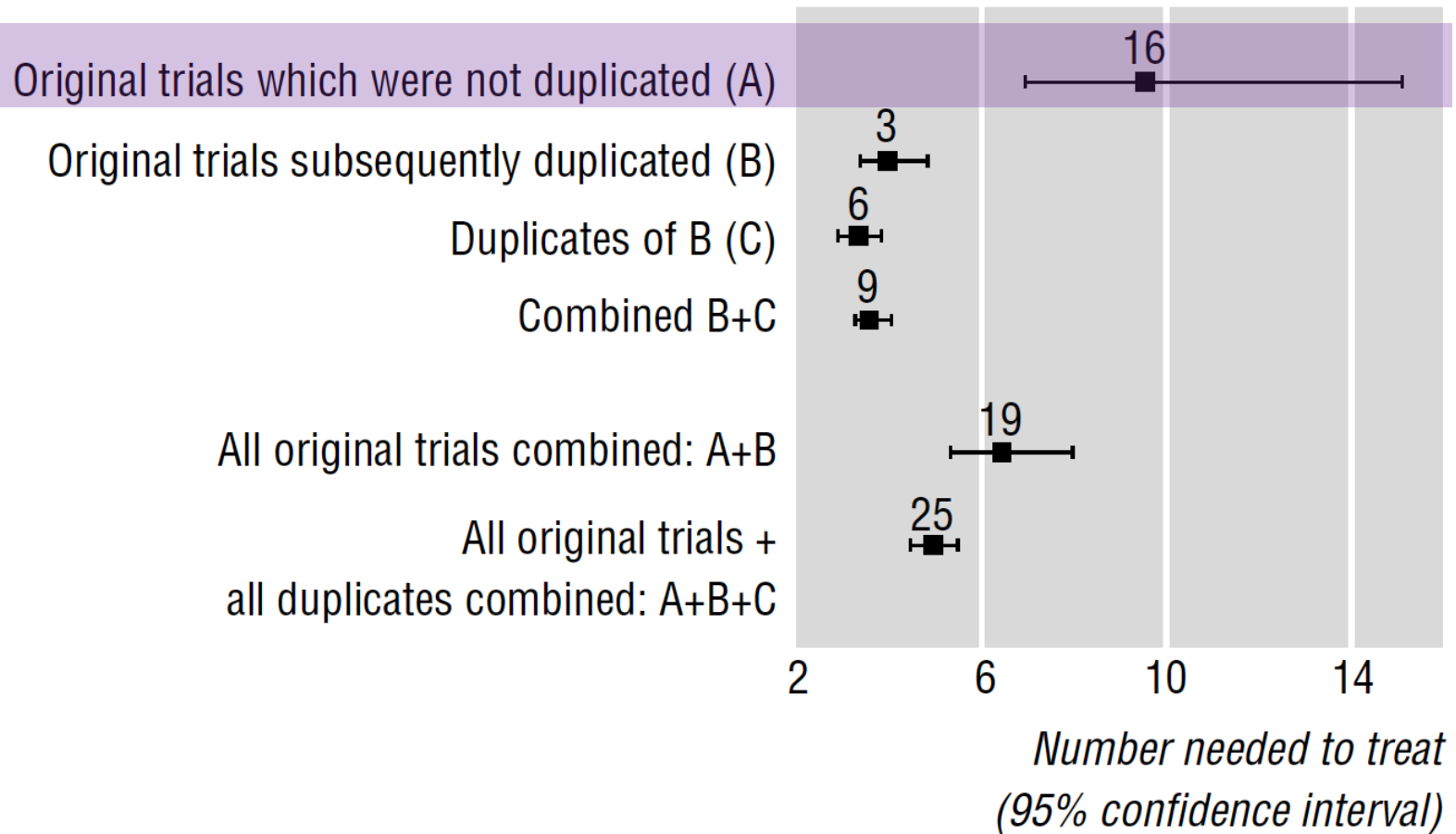
Impact of covert duplicate publication on meta-analysis: a case study

Martin R Tramèr, D John M Reynolds, R Andrew Moore, Henry J McQuay

BMJ VOLUME 315 13 SEPTEMBER 1997

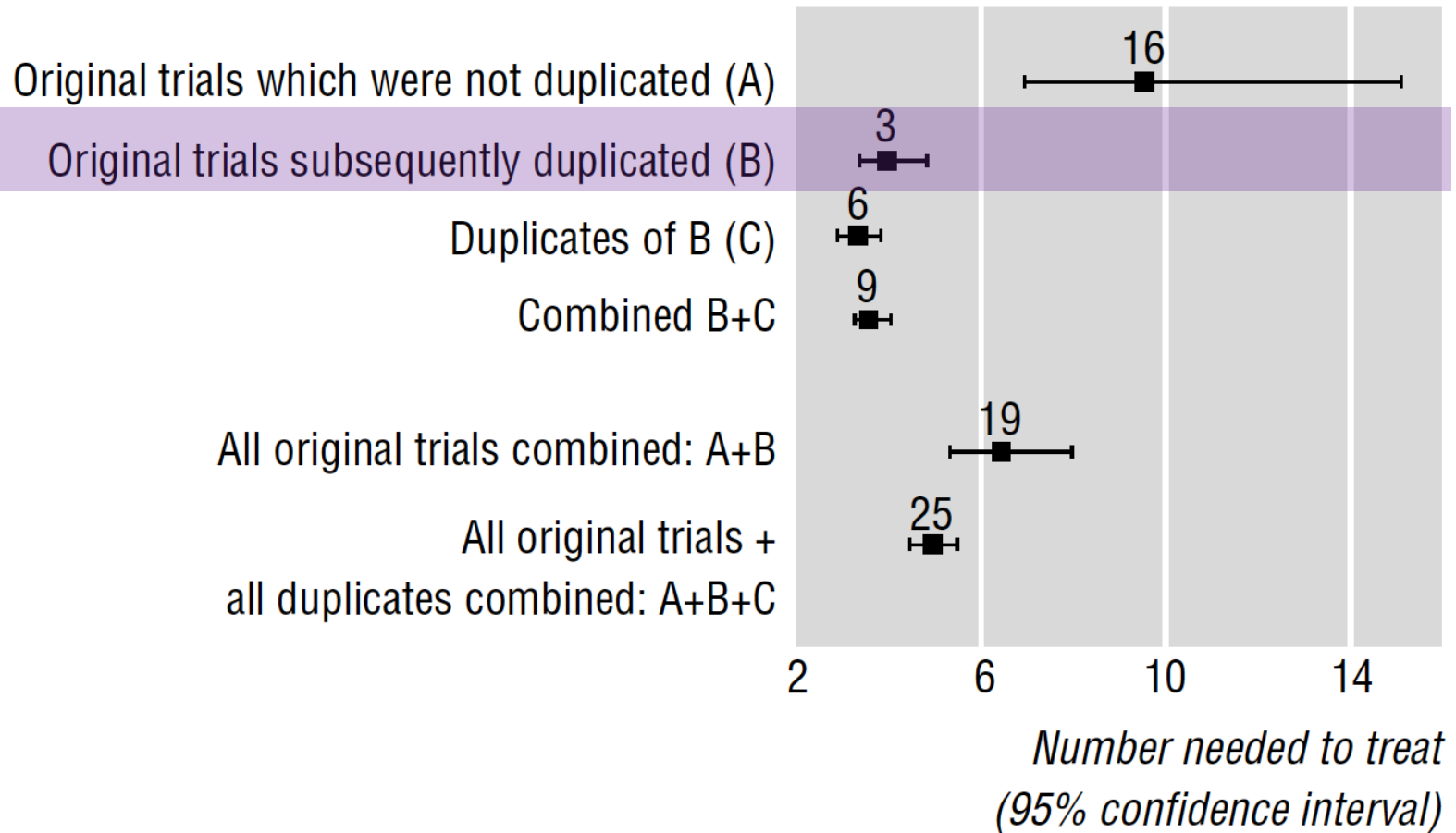
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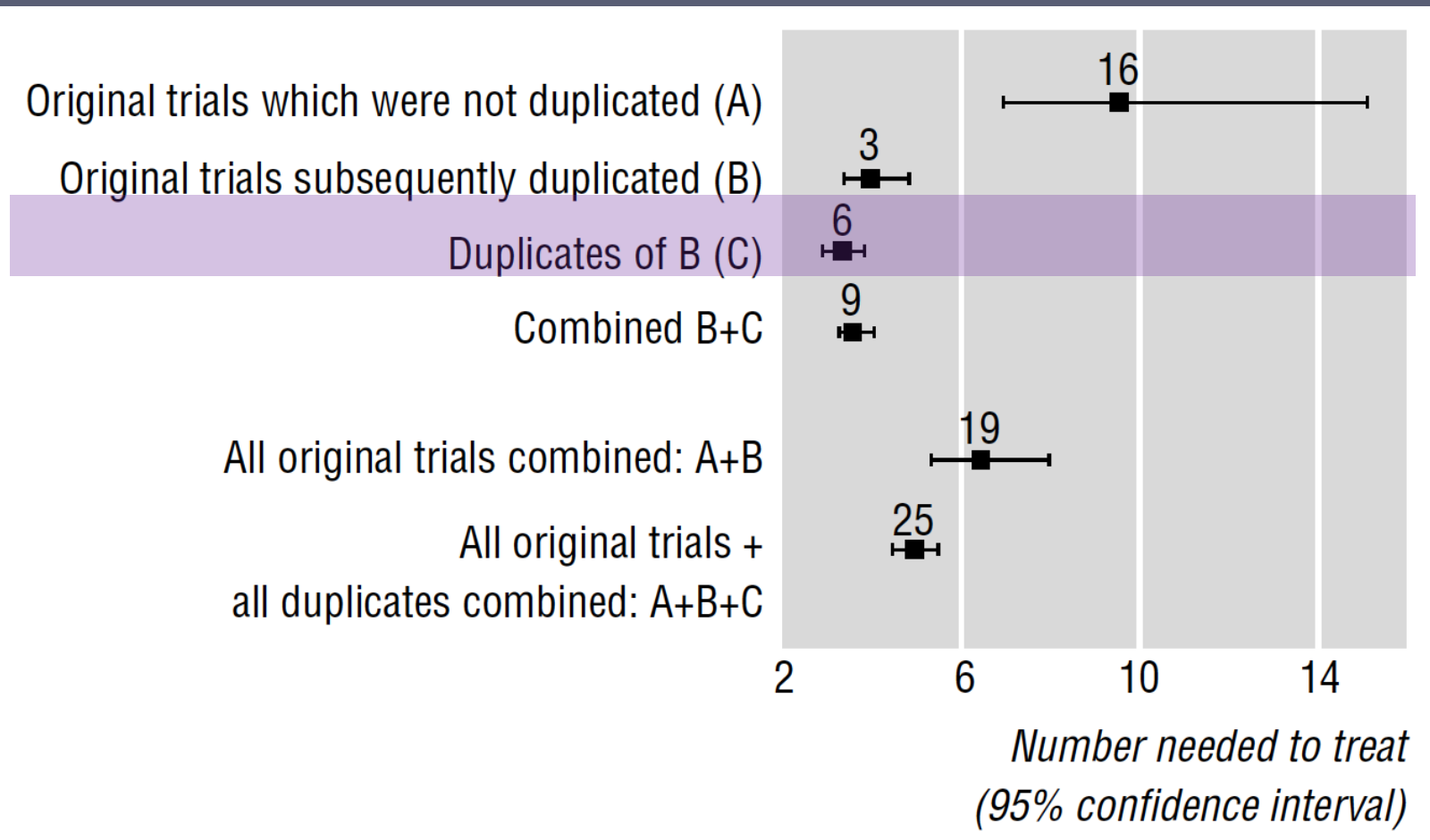
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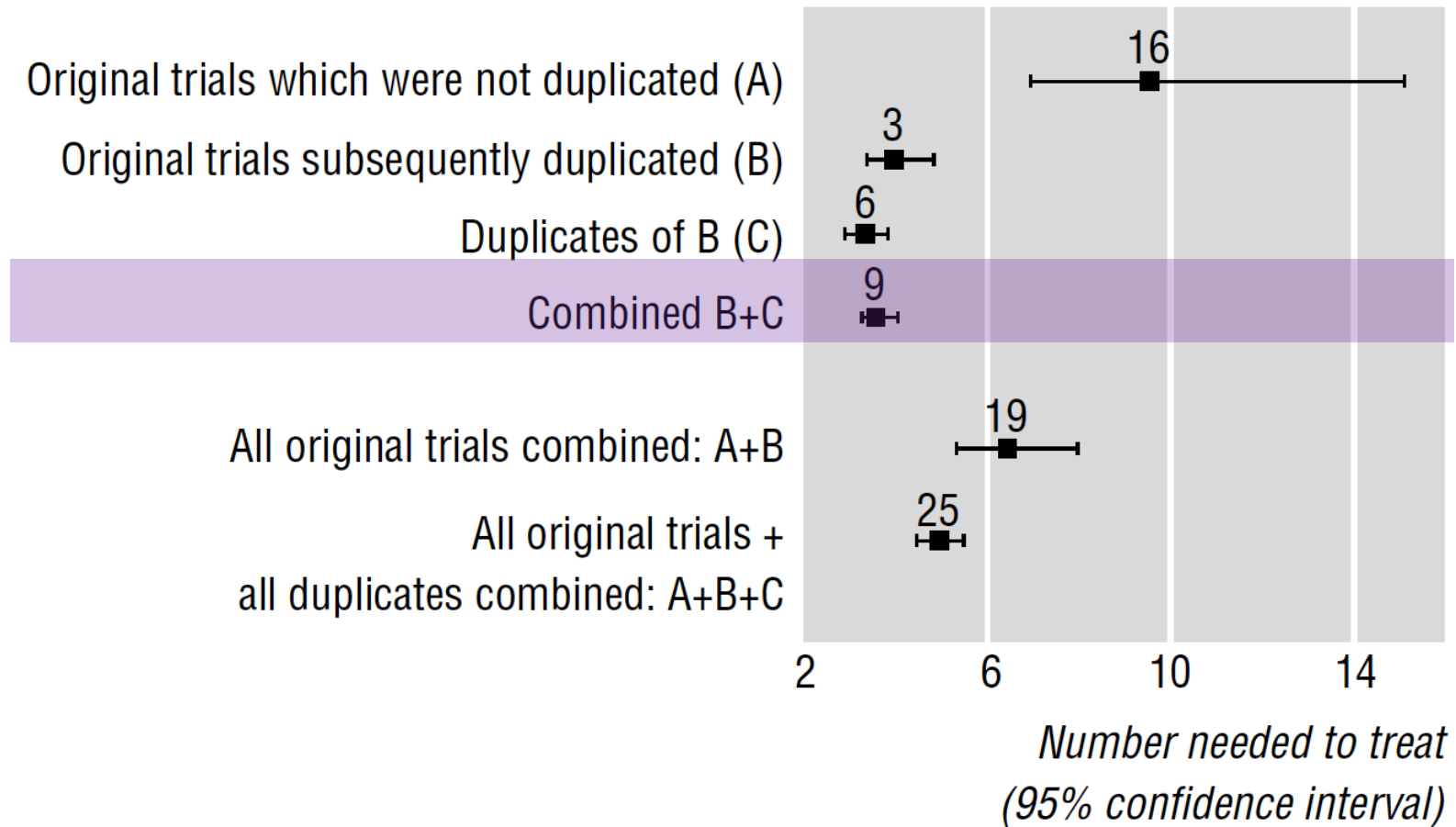
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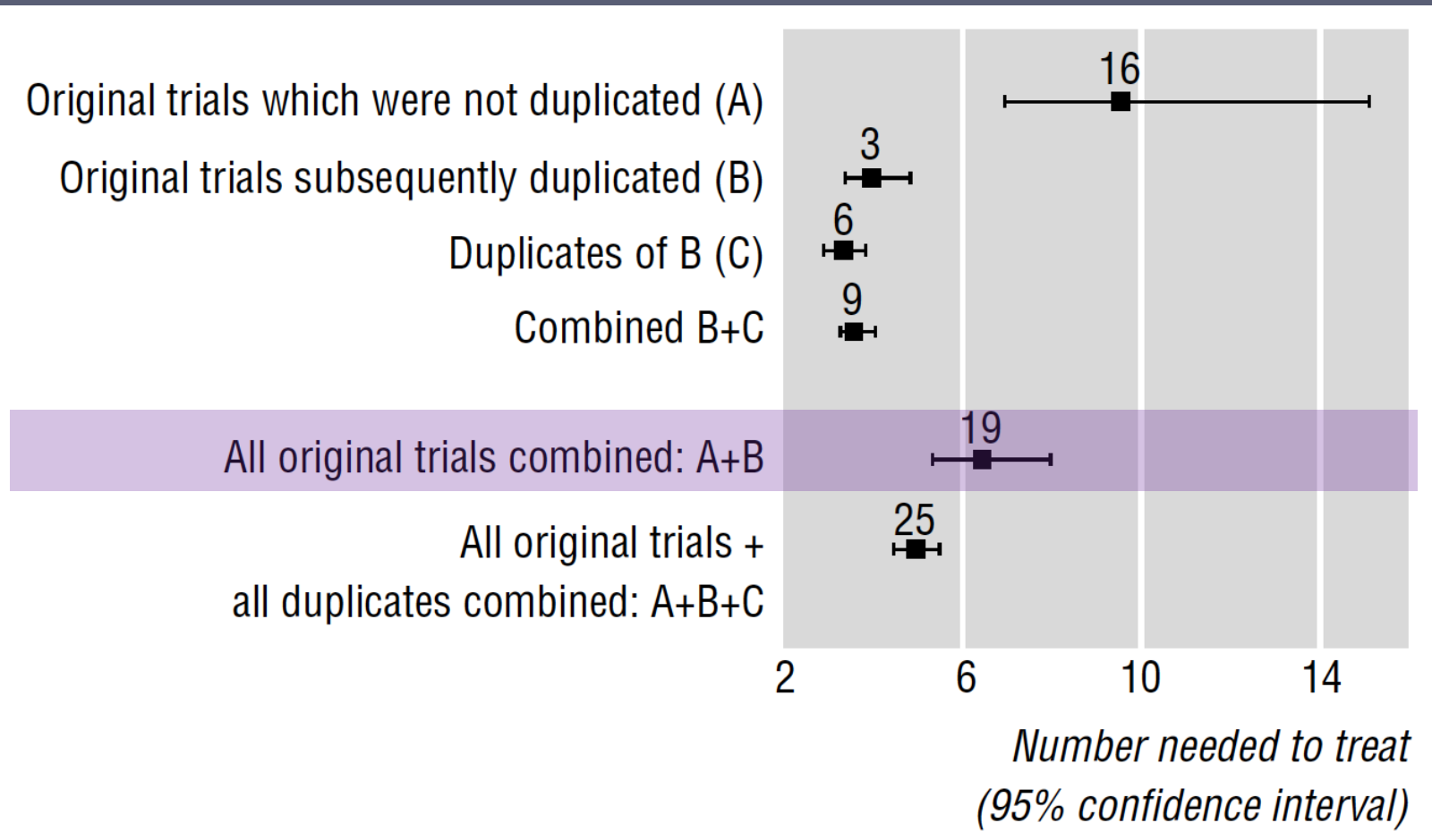
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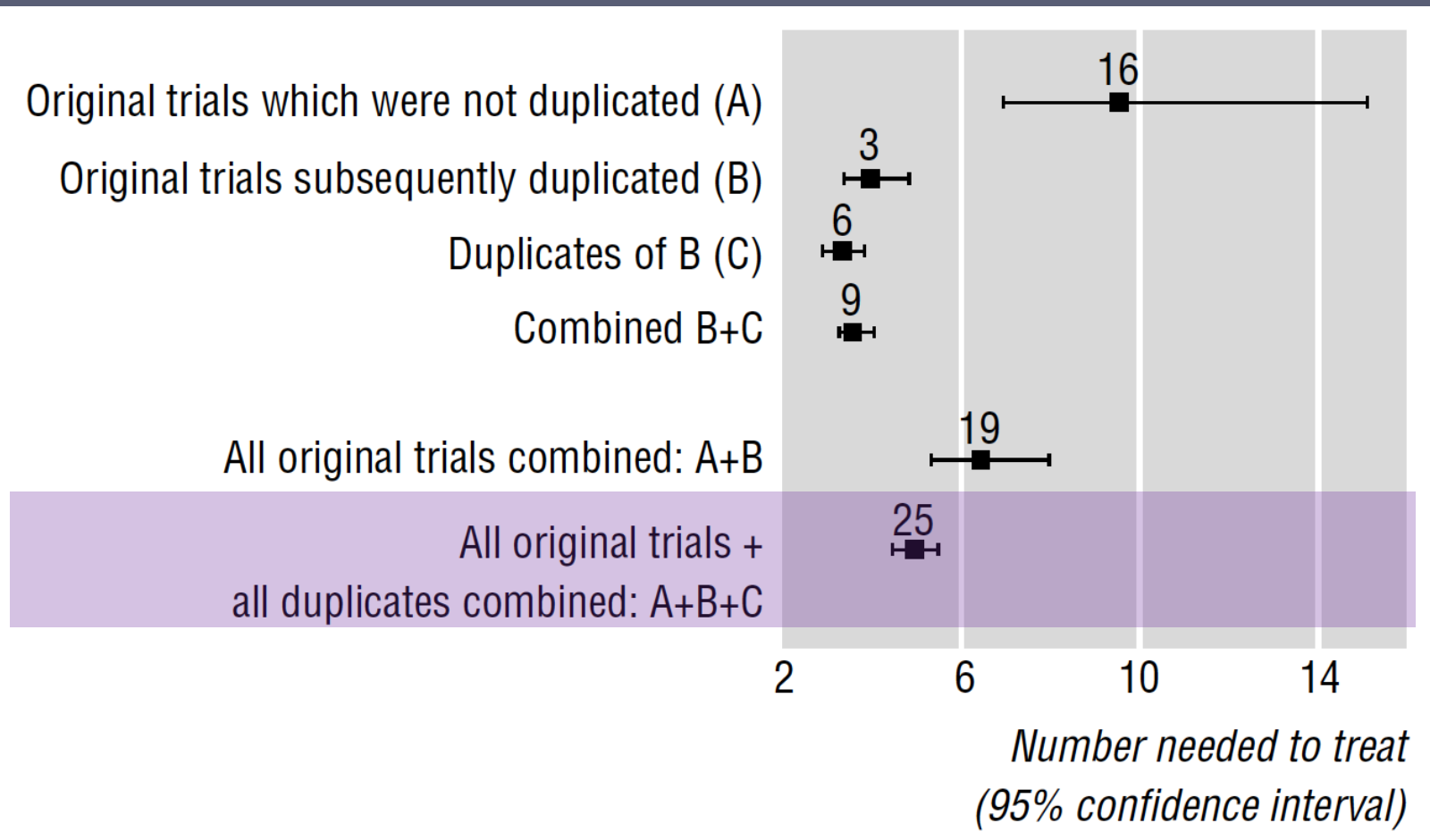
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The EICs infinite list of fraud

| | Short reference | Nationality | Full reference | Results | Verdict | Procedure | Commei Title | |
|---|---------------------------------|-------------|----------------------|-------------------------|--------------|------------|--|---|
| 1 | Inal et al (submit Turkey) | Turkey | EJA-D-11-00253 | Resubmission of a pre | Resubmissio | Rejection | Triage | COMPARISON OF FOUR TESTS FOR DIFFICULT LARYNGOSCOPY IN PEDIATRIC PATIENTS |
| 1 | Borazan et al (sub Turkey) | Turkey | EJA-D-10-00633 | 54% overlap with oth | Plagiat | Rejection | Triage | Possible data fabrication brought to our attention through peer review. Then overlap checked with CrossCheck. |
| 1 | Bedirli et al (subm Turkey) | Turkey | EJA-D-11-00034 | 47% overlap with oth | Plagiat | Rejection | Through CrossCheck | |
| 1 | Sitsen et al (subm Netherlands) | Netherlands | EJA-D-11-00199 | 30% overlap (22% w/ | Plagiat | Rejection | Through | A comparison of the efficacy of levobupivacaine 0,125%, ropivacaine 0,125% and ropivacaine 0,2%, all combined with sufentanil 0.5 mcg/mL, in p |
| 1 | Fontana et al (sub Italy) | Italy | EJA-S-11-00107 | 48% overlap with the | Plagiat | Rejection | Through | Local anaesthesia efficacy as postoperative analgesia for open anterior-inferior shoulder instability: a prospective randomised controlled study |
| 1 | Landoni et al (sub Italy) | Italy | EJA-S-11-00171 | 59% overlap (10% w/ | Plagiat | Rejection | Through | FENOLDOPAM REDUCES ACUTE KIDNEY INJURY AFTER CARDIAC SURGERY: A META-ANALYSIS OF RANDOMIZED STUDIES |
| 1 | Marana et al (subr Italy) | Italy | EJA-D-11-00223 | 27% overlap (21% w/ | Plagiat | Rejection | Through | Comparative analysis of desflurane versus sevoflurane on neuroendocrine and inflammatory responses during laparoscopic surgery: a randomized |
| 1 | Kesimci et al (subr Italy) | Italy | EJA-D-11-00314 | 28% overlap | Plagiat | Rejection | Through | Association between ABCB1 gene polymorphism and fentanyl's adverse effects in Turkish patients undergoing spinal anaesthesia |
| 1 | Abou-Elenain, EJA Egypt | Egypt | Abou-Elenain Khal | 50% overlap with thr | Plagiat | Retraction | Brought to our attention by an EIC | |
| 1 | Abou-Elenain et al Egypt | Egypt | EJA-D-10-00406 | Plagiate of whole para | Plagiat | Rejection | Brought to our attention through peer review | |
| 1 | Zahn et al (submit China) | China | EJA-S-11-00198 | 36% overlap | Plagiat | Rejection | Through | Whether a Huffing Manoeuvre Immediately before Induction of Anaesthesia can Prevent Sufentanil-induced Coughing?—a randomized trial |
| 1 | Schulmeyer et al (Chile) | Chile | EJA-D-11-00271 | 44% overlap | Plagiat | Rejection | Through | Prognostic value of the intraoperative tissue Doppler-derived index E/e' after non- cardiac surgery |
| 1 | Gul et al (submit Turkey) | Turkey | EJA-D-11-00334 | 34% overlap | Plagiat | Rejection | Through | COMPARISON OF PROSEAL LARYNGEAL MASK AIRWAY AND ENDOTRACHEAL TUBE IN PEDIATRIC STRABISMUS SURGERY- Randomised Clinical Tri |
| 1 | Zhi et al (submit China) | China | EJA-S-11-00252 | 33% overlap | Plagiat | Rejection | Through | The study of the analgesic effect of tramadol in patients undergoing laparoscopic cholecystectomy |
| 1 | Landoni et al (sub Italy) | Italy | EJA-D-11-00371 | 48% overlap (second | Plagiat | Rejection | Through | FENOLDOPAM AND ACUTE RENAL FAILURE IN CARDIAC SURGERY: A META-ANALYSIS OF RANDOMIZED PLACEBO CONTROLLED TRIALS. |
| 1 | Masaki et al (sub Japan) | Japan | EJA-D-11-00390 | 30% overlap | Plagiat | Rejection | Through | Perioperative infusion of dexmedetomidine at a high dose reduced postoperative analgesic requirements: A randomized control tria |
| 1 | HuangWei et al (s China) | China | EJA-D-11-00409 | 43% overlap | Plagiat | Rejection | Through | Effectiveness of P6 Acustimulation for Postoperative Nausea and Vomiting in Children: A Meta analysis |
| 1 | Schumacher UK | UK | EJA-D-11-00408 | 28% overlap | Plagiat | Rejection | Through | Respiratory protection during simulated emergency paediatric life support |
| 1 | Vermeylen Belgium | Belgium | EJA-D-11-00407 | 27% overlap | Plagiat | Rejection | Through | Supraclavicular brachial plexus blocks: review and current practice |
| 1 | Turkoz Turkey | Turkey | EJA-D-11-00411 | 19% overlap but 10% | Plagiat | Rejection | Through | Randomized study comparing analgesic effects of bilateral paravertebral block and intravenous patient controlled analgesia with morphine in coron |
| 1 | Sun US | US | EJA-D-11-00410 | 34% overlap | Plagiat | Rejection | Through | Does Preoperative Aspirin Reduce Cerebrovascular and Renal Complications in Cardiac Surgery Patients? An Observational and Cohort Study |
| 1 | Lin China | China | EJA-D-11-00417 | 35% overlap | Plagiat | Rejection | Through | Low tidal volume and high frequency mechanical ventilation increase inflammation and lung injury in streptozotocin-induced diabetes |
| 1 | Guigi China | China | EJA-D-11-00420 | 40% overlap | Plagiat | Rejection | Through | The feasibility of predicting acute postoperative pain by propofol injection-induced pain |
| 1 | Deng China | China | EJA-D-11-00434 | 27% overlap | Plagiat | Rejection | Through | The determination of estimated effect-site concentration of remifentanyl for successful tracheal intubation without muscle relaxants in 50% childre |
| 1 | Abdullah Egypt | Egypt | EJA-D-11-00436 | 43% overlap; discussi | Plagiat | Rejection | Through | Patient Versus Anesthesiologist Controlled Analgesia In Cirrhotic Patients Undergoing Percutaneous Radiofrequency Ablation Of Hepatic Tumors. |
| 1 | Zhao China | China | EJA-D-11-00595 | 33% overlap (systema | Plagiat | Rejection | Through | Dexmedetomidine premedication on the cardiovascular response induced by laryngoscopy and tracheal intubation: A meta-analysis |
| 1 | Salman Turkey | Turkey | EJA-D-11-00447 | 51% overlap (discussi | Plagiat | Rejection | Through | PRETREATMENT WITH A VERY LOW DOSE OF INTRAVENOUS ESMOLOL REDUCES PROPOFOL INJECTION PAIN Running Head: Esmolol for propofol i |
| 1 | Liu China | China | EJA-D-11-00455 | 37% overlap | Plagiat | Rejection | Through | Delayed Anaesthetic Preconditioning Protects Against Myocardial Ischaemia/reperfusion Injury Via Activation of Nuclear Factor-κB and Upregulator |
| 1 | Ozkan Turkey | Turkey | EJA-D-11-00448 | 27% overlap | Plagiat | Rejection | Through | The Target Controlled Remifentanyl Infusion for Smooth Laryngeal Mask Airway Removal During Emergence from Desflurane -Remifentanyl Anesthe |
| 1 | Reed UK | UK | EJA-D-11-00473 | 22% overlap (21% - 4 | Plagiat | Rejection | Through | Forced Air Warming Design: An Evaluation of Intake Filtration, Internal Microbial Build-up, and Airborne-Contamination Emissions. |
| 1 | Almeida et al (sub Portugal) | Portugal | EJA-D-10-00777 | (Simultaneous submiss | Multiple sub | Rejection | Brought to our attention by an EIC | |
| 1 | Boldt et al. EJA 20 Germany | Germany | Boldt J, Mengistu A | Lack of IRB approval | Ethics | Retraction | | |
| 1 | Mayer et al. EJA 2 Germany | Germany | Mayer J, Boldt J, Tr | Lack of IRB approval | Ethics | Retraction | | |
| 1 | Piper et al. EJA 20 Germany | Germany | Piper SN, Röhm KC | Lack of IRB approval | Ethics | Retraction | | |
| 1 | Mengistu et al. EJA Germany | Germany | Mengistu AM, Wolf | Lack of IRB approval | Ethics | Retraction | | |
| 1 | Röhm et al. EJA 2 Germany | Germany | Röhm KD, Suttner | Lack of IRB approval | Ethics | Retraction | | |
| 1 | Röhm et al. EJA 2 Germany | Germany | Röhm KD, Schöllho | Lack of IRB approval | Ethics | Retraction | | |
| 1 | Piper et al. EJA 20 Germany | Germany | Piper SN, Suttner | Lack of IRB approval | Ethics | Retraction | | |
| 1 | Piper et al. EJA 20 Germany | Germany | Piper SN, Triem JG | Lack of IRB approval | Ethics | Retraction | | |
| 1 | Becchi et al (subm Italy) | Italy | EJA-D-11-00619 | Lack of IRB approval | Ethics | Rejection | Peer revi | CONSCIOUS SEDATION AND DEEP ANALGESIA FOR ERCP PROCEDURES OUTSIDE THE OPERATING ROOM: a prospective randomized study |
| 1 | Manuel Ruiz-Castr Spain | Spain | EJA-D-10-00658 | Ethical approval one w | Ethics | Rejection | Peer review | |
| 1 | Francisca Garcia-F Spain | Spain | EJA-S-10-00500 | Incomplete ethical req | Ethics | Not resubn | Triage | Evaluation of four Risk Scoring Methods to predict morbimortality in patients undergoing aorto-bifemoral bypass for aorto-iliac occlusive disease. |
| 1 | Hiral R Chavda et. India | India | EJA-S-10-00700 | Incomplete ethical req | Ethics | Not resubn | Triage | Comparative Analysis of Spinal Versus General Anesthesia for Laparoscopic Cholecystectomy: A Controlled Prospective Randomized Trial |
| 1 | Hai Yu et al (subm China) | China | EJA-S-10-00723 | Incomplete ethical req | Ethics | Not resubn | Triage | Effects of Phenylephrine hydrochloride on the propofol dose requirement and Bispectral Index for loss of consciousness |
| 1 | Frank Anthony Ras Italy | Italy | EJA-S-10-00783 | Incomplete ethical req | Ethics | Not resubn | Triage | Impact of optimal cerebral perfusion pressure and cerebrovascular autoregulation on long-term outcome in patients with aneurysmal subarachnoid |
| 1 | Jens Litmathe et a Germany | Germany | EJA-S-10-00789 | Incomplete ethical req | Ethics | Not resubn | Triage | Rotation Thromboelastography (ROTEM) Parameters are Influenced by Age, Gender, and Oral Contraception |
| 1 | Natan Weksler et Israel | Israel | EJA-S-10-00850 | Incomplete ethical req | Ethics | Not resubn | Triage | DO WAKING SALIVARY CORTISOL LEVELS CORRELATE WITH ANESTHESIOLOGIST JOB INVOLVEMENT? |
| 1 | Philippe Richebe e France | France | EJA-S-10-00908 | Incomplete ethical req | Ethics | Not resubn | Triage | Target controlled dosing of remifentanyl during cardiac surgery reduces postoperative hyperalgesia |
| 1 | ali Mirrmansouri, M Iran | Iran | EJA-S-10-00935 | Incomplete ethical req | Ethics | Not resubn | Triage | The Predictive Value of Ratio of Height to Thyromental Distance versus other common predictive tests of upper airway for difficult laryngoscopy |
| 1 | Seyed Mostafa Ala Iran | Iran | EJA-S-10-00945 | Incomplete ethical req | Ethics | Not resubn | Triage | The role of magnesium sulfate in the pain management after coronary artery bypass graft surgery: A Randomized Controlled Clinical Trial |
| 1 | Tomoki Nishiyama Japan | Japan | EJA-S-10-00986 | Incomplete ethical req | Ethics | Not resubn | Triage | Comparison of two different locations of the electrode in measurements of transcutaneous carbon dioxide pressure during general anesthesia ; ear |
| 1 | alaa eldeep, MD Egypt | Egypt | EJA-S-10-10103 | Incomplete ethical req | Ethics | Not resubn | Triage | Tracheal intubation for cesarean section without muscle relaxation: an alternative for tracheal intubation. |
| 1 | JOSE MIGUEL MAF Spain | Spain | EJA-S-11-00042 | Incomplete ethical req | Ethics | Not resubn | Triage | OUT-OF-OPERATING ROOM ANESTHESIA: USE OF THE AnaConDa® IN ANESTHESIA FOR CLOSURE OF ATRIAL SEPTUM DEFECT IN A HEMODYNAM |
| 1 | OZGUN DEMIRKOL Turkey | Turkey | EJA-S-11-00124 | Incomplete ethical req | Ethics | Not resubn | Triage | SPINAL ANESTHESIA WITH BUPIVACAIN OR LEVOBUPIVACAIN AND GENERAL ANESTHESIA IN LUMBAR SPINAL SURGERY |
| 1 | SUMIT VASDEV, M India | India | EJA-S-11-00128 | Incomplete ethical req | Ethics | Not resubn | Triage | Arterial pressure waveform derived Cardiac output FloTrac/Vigileo system (third generation software): Comparison of two monitoring sites with the |
| 1 | Neritan Myderrizi, Albania | Albania | EJA-S-11-00154 | Incomplete ethical req | Ethics | Not resubn | Triage | The hematoma block an effective alternative for fracture reduction in distal radius fractures. |
| 1 | Nicola Ilsa Jones, E UK | UK | EJA-S-11-00224 | Incomplete ethical req | Ethics | Not resubn | Triage | Evaluation of the Impact of Crystallloid Dilution upon the Coagulation Profile of Patients with Liver Disease using Thromboelastography® |
| 1 | FUSUN BOZKIRLI, Turkey | Turkey | EJA-S-11-00256 | Incomplete ethical req | Ethics | Not resubn | Triage | Comparison of single dose spinal anaesthesia versus continuous spinal anaesthesia in elderly patients for transurethral resection |
| 1 | Antoine G.M. Ay, France | France | EJA-S-11-00298 | Incomplete ethical req | Ethics | Not resubn | Triage | Severe acute maternal morbidity: A ten-year observational study of intensive care unit admission during delivery and the puerperium |
| 1 | Anne J Palling, MD Netherlands | Netherlands | EJA-S-11-00309 | Incomplete ethical req | Ethics | Not resubn | Triage | GHB withdrawal syndrome: a possible life-threatening condition. |
| 1 | Pascalie Piednoir, r France | France | EJA-S-11-00324 | Incomplete ethical req | Ethics | Not resubn | Triage | Heparin-induced thrombocytopenia post cardiac surgery: An Observational study of 1722 patients. |
| 1 | Alison M Hall, MBC UK | UK | EJA-S-11-00331 | Incomplete ethical req | Ethics | Not resubn | Triage | A retrospective review of transfusion practice in Abdominal Aortic Aneurysm surgery in a tertiary referral centre: Is a change in practice necessary? |
| 1 | mustafa said aydo Turkey | Turkey | EJA-S-11-00394 | Incomplete ethical req | Ethics | Not resubn | Triage | THROMBOELASTOGRAPHIC COMPARISON OF THE EFFECTS OF DIFFERENT FLUID PRELOADING REGIMENS DELIVERED BEFORE SPINAL ANESTHES |
| 1 | Du Zhi China | China | EJA-S-11-00252 | Incomplete ethical req | Ethics | Not resubn | Triage | The study of the analgesic effect of tramadol in patients undergoing laparoscopic cholecystectomy |
| 1 | Hilal Ayoglu Turkey | Turkey | EJA-S-11-00396 | Incomplete ethical req | Ethics | Not resubn | Triage | The Effects of Dexmedetomidine on Tourniquet-Induced Ischemia-Reperfusion Injury During General Anesthesia |
| 1 | Enas Mohamed sai Egypt | Egypt | EJA-S-11-00443 | Incomplete ethical req | Ethics | Not resubn | Triage | The Cookgas Air-Q as a Conduit for Fiberoptic Aided Tracheal Intubation in Adult Patients Undergoing Cervical Spine Fixation: a Prospective Randor |
| 1 | yatindra kumar ba India | India | EJA-S-11-00481 | Incomplete ethical req | Ethics | Not resubn | Triage | The caudal space in foetuses: an anatomical study |
| 1 | mohamed hussein Egypt | Egypt | EJA-S-11-00545 | Incomplete ethical req | Ethics | Not resubn | Triage | Patient Versus Anesthesiologist Controlled Analgesia In Cirrhotic Patients Undergoing Percutaneous Radiofrequency Ablation Of Hepatic Tumors. |
| 1 | Khattab et al. EJA Qatar | Qatar | EJA 2010;27:353- | Simultaneous submiss | Duplicate | Retraction | Brought to our attention through peer review | |
| 1 | Cao et al. EJA 201 China | China | EJA 2010 [PAP] | Author has taken full r | Duplicate | Retraction | Brought to our attention by a peer reviewer (Martin Jöhr) who was preparing a Commentary | |

Les mauvais exemples de l'anesthésiologie

2009



Dr Scott REUBEN
21 articles retracted

2011



Dr Joachim BOLDT
88 articles retracted

2012-13



Dr Yoshitaka FUJII
183 articles retracted

Fraude ... Définition

Acte malhonnête fait dans l'intention de tromper en contrevenant à la loi ou aux règlements

SYNONYMES :

escroquerie - falsification - resquille (**populaire**) - tricherie

La fraude ...
Un phénomène commun

Sports



Sports



Finances



Arts (1)



Wolfgang Beltracchi in court in Cologne last fall. *Inset: Red Picture with Horses*, a painting supposedly by German Expressionist Heinrich Campendonk, forged by Beltracchi; it sold at auction for \$3.6 million in 2006.

Arts (2)

Struggling Immigrant Artist Tied to \$80 Million New York Fraud

By SARAH MASLIN NIR, PATRICIA COHEN and WILLIAM K. RASHBAUM
 Published: August 16, 2013 | 181 Comments

Pei-Shen Qian's neighbors on 95th Street in Woodhaven, Queens, knew he scratched out a living as an artist: he often dried his paintings in the sun, propping them up on the weathered white siding of his modest house.



Pei-Shen Qian

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Robert Stolarik for The New York Times

Pei-Shen Qian lived and worked in this house on 95th Street in Woodhaven, Queens.

Readers' Comments

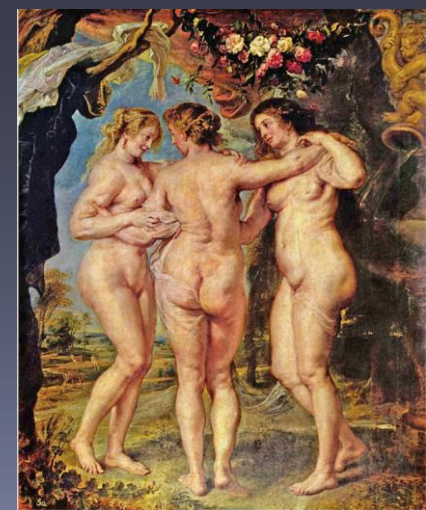
Enlarge This Image

They were less clear on why he kept his windows covered, or why every so often a man in an expensive car would come to the house carrying paintings to, not from, a painter.

“He would bring a painting in and show it to him, for him to work on or fix up something,” Edwin Gardiner, 68, who lives across the street, said before pausing and adding, “I don’t know what he did with it.”

Parts of the mystery became clearer on Friday as neighbors learned that Mr. Qian, a quiet 73-year-old immigrant from China in a paint-flecked smock, is suspected of having fooled the art world by creating dozens of works that were modeled after America’s Modernist masters and were later sold as their handiwork for more than \$80 million.

Mr. Qian, who came here more than four decades ago and struggled to sell his own works in this country, earned just a few thousand dollars for each of his imitations. New York was a center of the art world, but Mr. Qian told friends that he had been disheartened by the difficulties he encountered finding a foothold as an artist.



Edward Hopper (1882–1967)
 Study for Nighthawks

Journalism (1)

YOU AIN'T SEEN NOTHING YET
4 SEPTEMBER 2014 08:45 (SOUTH AFRICA)

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DAILY MAVERICK

MEDIA

Tom Kummer, the bad boy of celebrity journalism

[M](#) MANDY DE WAAL [M](#) MEDIA 21 JUN 2011 09:35 (SOUTH AFRICA) [t](#) [f](#) [e](#) [g+](#) [in](#)



His direct access to stars like Pamela Anderson, Sharon Stone, Courtney Love and Sean Penn was astounding, but even more remarkable was Tom Kummer's talent for getting them to open up and reveal their deepest selves. That was before he crashed and burned because of a trifle called "the truth". By MANDY DE WAAL.

Journalism (2)

Manipulation durch Reporter

SPIEGEL legt Betrugsfall im eigenen Haus offen

Ein Reporter des SPIEGEL hat in großem Umfang eigene Geschichten manipuliert. Durch interne Hinweise und Recherchen erhärtete sich in den vergangenen Tagen der Verdacht gegen Claas Relotius - der inzwischen Fälschungen zugegeben und das Haus verlassen hat. Auch andere Medien könnten betroffen sein.

Eine Rekonstruktion in eigener Sache von Ullrich Fichtner



The great wine fraud



In time, however, discrepancies appeared in the market. Bottles of Clos St Denis from Domaine Ponsot, of vintages between 1945 and 1971, started to turn up. Laurent Ponsot, the head of the house, found this surprising as his family only started making the wine in 1982. He set out to investigate.



i Spot the difference: three bottles of wine used as evidence in Rudy Kurniawan's trial. The magnum dates from a time when magnums were not available Photograph: Stan Honda/AFP/Getty Images



Politics (1)

Karl-Theodor Maria Nikolaus Johann Jacob
Philipp Franz Joseph Sylvester Freiherr von
und zu **Guttenberg**
(born on 5 December 1971)



German politician of the Christian Social Union (CSU)
Member of Parliament from 2002 until March 2011
February 2009: Federal Minister Economics & Technology (1st Merkel cabinet)
October 2009: Minister of Defence (2nd Merkel cabinet)

March 2011: Discovery plagiarism in doctoral thesis - Resignation

2011: Member of Center for Strategic and International Studies (CSIS) as a Distinguished Statesman.
Advises European Commission Vice President Neelie Kroes on the promotion of internet freedom regarding questions of foreign affairs.



Politics (2)

Le compte suisse du ministre du budget Jérôme Cahuzac

04 DÉCEMBRE 2012 | PAR FABRICE ARFI

« Je n'ai pas de compte en Suisse et n'en ai jamais eu. Il est clair que si vous publiez ça, j'attaquerai »

Un haut fonctionnaire fédéral usurpe le titre de docteur depuis 1990

12.11.2014 13:02

Carte de visite, signature, site de l'administration: Urs Staub, chef de section à l'Office fédéral de la culture (OFC), utilise le titre de docteur. Or, il n'a jamais terminé sa thèse. Il reconnaît une erreur.

Urs Staub, chef de la section Musées et collections à l'Office fédéral de la culture (OFC), se prévaut depuis 1990 du titre de docteur en philologie, alors qu'il n'a jamais terminé sa thèse, révèle mercredi le **Bund** et le **Tages-Anzeiger**. Le haut fonctionnaire admet son erreur et la regrette.

L'OFC, de son côté, condamne toute usurpation de titre universitaire, mais précise que le titre de docteur n'était pas déterminant pour occuper le poste de chef de la section Musées et collections. Ses compétences, de plus, sont largement reconnues.

Etonnement à l'OFC

Contactée mardi soir par les deux quotidiens alémaniques, la directrice de l'OFC Isabelle Chassot tombe des nues. La Fribourgeoise ignorait cette usurpation de titre, a-t-elle indiqué.

Mercredi matin, Isabelle Chassot n'avait toutefois pas encore pu s'entretenir avec le faux docteur, qui doit partir à la retraite dans deux semaines et demie après 30 ans de service.

Et dans la science?

nature

NATURE VOL. 303 2 JUNE 1983

361

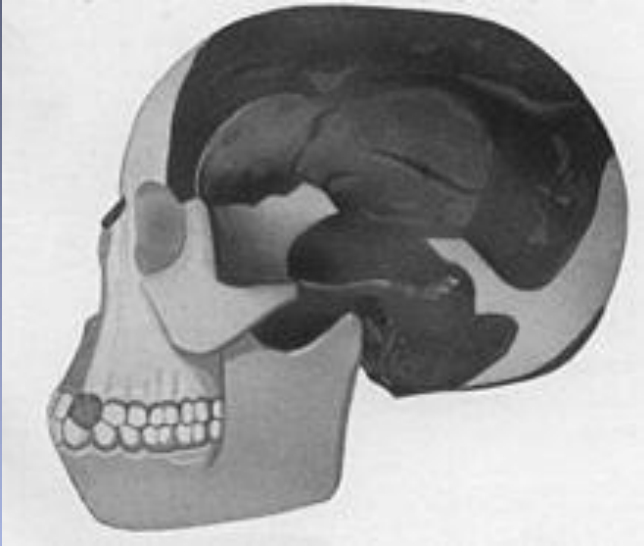
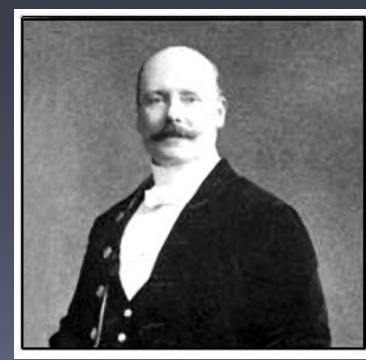
Is science really a pack of lies?

The past few years have seen a spate of allegations of fraud in science, with the result that the integrity of the research enterprise has been questioned.

Pitdown Man

Eoanthropus dawsoni

Charles Dawson (1864-1916)



“A missing link between apes and humans that would have lived half a million years ago.”

“So many people wanted Pitdown Man to be real.”

Miles Russel

1907 Otto Schoetensack -> Heidelberg Man

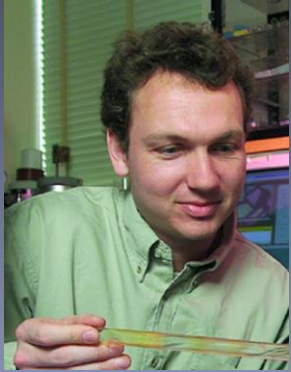
1912 Charles Dawson -> Pitdown Man

Javier Yanes.

The Pitdown Man: The Greatest Scientific Fraud of the 20th Century

<https://www.bbvaopenmind.com>

Jan Hendrik Schön: World Class Physics Fraud Gets Last Laugh - A Whole Book About Himself



Jan Hendrik Schön, if you have heard the name, will either fascinate or enrage you. His ability to progress from ridiculous fibs to world-class deception as a 31-year-old physicist working at Bell Labs in New Jersey is certainly impressive.

In 2000 alone, Schön published eight papers in *Science* and *Nature*, publications that claim to be the world standard for quality science, and he became known for his breakthrough of using organic dye molecules to create an electric circuit which when prompted by an electric current behaved as a transistor, leading scientists in a dozen labs to likewise chase some funding, wasting millions of dollars of US government research money. He also garnered the Otto-Klung-Weberbank Prize for Physics in 2001, the Braunschweig Prize in 2001 and the Outstanding Young Investigator Award of the Materials Research Society in 2002.

**What is
« scientific fraud »?**

Scientific fraud



Scientific misconduct



Fr: Inconduite

- **Fabrication**
- **Falsification**
- **Plagiarism**

WHAT IS RESEARCH MISCONDUCT?*

TABLE 1

Would various behaviours be judged research misconduct according to seven different definitions of research misconduct?

| Behaviour | RCP 1991 Roy Coll Phys | MRC Med Res Council | US | Denmark 1992 | Finland 1994 | Norway 1994 | Sweden 1997 |
|------------------|------------------------------|---------------------------|-----|-----------------|-----------------|----------------|----------------|
| Inventing a case | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

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| Inventing a case | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Failing to get consent from an ethics committee | No | Yes | Yes | No | Yes | Yes | ? |

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| Inventing a case | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Failing to get consent from an ethics committee | No | Yes | Yes | No | Yes | Yes | ? |
| Publication of <i>post hoc</i> analyses without declaration that they were <i>post hoc</i> | ? | Yes | ? | ? | ? | ? | ? |

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| Not disclosing a conflict of interest | ? | ? | ? | ? | ? | ? | ? |

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| Inventing a case | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
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| Publication of <i>post hoc</i> analyses without declaration that they were <i>post hoc</i> | ? | Yes | ? | ? | ? | ? | ? |
| Gift authorship | ? | Yes | ? | Yes | ? | ? | ? |
| Not disclosing a conflict of interest | ? | ? | ? | ? | ? | ? | ? |
| Not publishing completed research | No | ? | ? | No | No | No | No |

WHAT IS RESEARCH MISCONDUCT?*

A preliminary taxonomy of research misconduct.

Serious research misconduct

- Fabrication: invention of data or cases.
- Falsification: wilful distortion of data.
- Plagiarism: copying of ideas, data, or words without attribution.
- Failing to get consent from an ethics committee for research.
- Not admitting that some data are missing.
- Ignoring outliers without declaring it.
- Not including data on side effects in a clinical trial.
- Conducting research in humans without informed consent or without justifying why consent was not obtained to an ethics committee.
- Publication of post hoc analyses without declaration that they were post hoc.
- Gift authorship.
- Not attributing other authors.
- Redundant publication.
- Not disclosing a conflict of interest.
- Not attempting to publish completed research.
- Failure to do an adequate search of existing research before beginning new research.

Minor research misconduct

Plagiat ... Définition

1. Acte de quelqu'un qui, dans le domaine artistique ou littéraire, donne pour sien ce qu'il a pris à l'œuvre d'un autre.

SYNONYMES :

calque - compilation - copie - démarquage - imitation - pillage - piraterie (**familier**)



Study of the systemic and pulmonary oxidative stress status during exposure to propofol and sevoflurane anaesthesia during thoracic surgery

Khaled Abou-Elenain

Eur J Anaesthesiol 2010;27:566–571



Oxidative Stress Status During Exposure to Propofol, Sevoflurane and Desflurane

Bernard Allaouchiche, MD, PhD*, Richard Debon, MD*, Joëlle Goudable, PhD†, Dominique Chassard, MD, PhD*, and Frédéric Duflo, MD*

(Anesth Analg 2001;93:981–5)



Effects of sevoflurane and desflurane on cytokine response during tympanoplasty surgery

G. M. KOKSAL¹, C. SAYILGAN¹, G. GUNGOR¹, H. OZ¹, O. SEN², H. UZUN³ and S. AYDIN³

Acta Anaesthesiol Scand 2005; **49**: 835–839



Effects of propofol and desflurane anaesthesia on the alveolar inflammatory response to one-lung ventilation[†]

T. Schilling^{1*}, A. Koziyan¹, M. Kretzschmar¹, C. Huth², T. Welte³, F. Bühling⁴, G. Hedenstierna⁵ and T. Hachenberg¹

British Journal of Anaesthesia **99** (3): 368–75 (2007)

Study of the systemic and pulmonary oxidative stress status during exposure to propofol and sevoflurane anaesthesia during thoracic surgery

Khaled Abu-Elanin

Background and objective General anaesthesia during mechanical ventilation can induce variable systemic and pulmonary oxidative stress, which may affect postoperative outcome. The aim of the present study was to evaluate evidence of oxidative stress in the blood and bronchoalveolar lavage (BAL) fluid of patients exposed to propofol or sevoflurane anaesthesia during thoracic surgery. **Methods** Sixty adult patients undergoing thoracic surgery were randomly allocated to receive propofol (n = 30) or sevoflurane (n = 30) anaesthesia. Blood samples and bronchoalveolar BAL specimens were evaluated for oxidative activity measures: malondialdehyde, glutathione peroxidase and superoxide dismutase. Also BAL specimens were evaluated for numbers of cells, albumin concentrations, proinflammatory cytokines (tumour necrosis factor- α , interleukin-6) and proteinases (polymorphonuclear elastase).

Results We found a significant decrease for malondialdehyde and higher values of glutathione peroxidase measurements in the plasma and BAL during propofol anaesthesia. Significantly

higher levels of malondialdehyde and lower concentrations of glutathione peroxidase in plasma and BAL were found during sevoflurane anaesthesia. Superoxide dismutase showed no significant changes during exposure to either anaesthetic. In both groups, intraalveolar cell numbers, albumin concentrations as well as interleukin-6, tumour necrosis factor and polymorphonuclear elastase concentrations increased over time. However, they were significantly higher in the sevoflurane than in the propofol group. Conclusion Sevoflurane seemed to induce a local systemic oxidative stress, whereas propofol is more likely to have oxidant properties. Sevoflurane appears to cause a greater intrapulmonary inflammatory response than propofol during thoracic surgery. **Key words:** oxidative stress, propofol, sevoflurane, thoracic surgery.

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Introduction

Previous experimental and clinical studies on mechanical ventilation have shown a possible alteration in pulmonary immune function during anaesthesia and surgery. Pulmonary infection is a major factor of postoperative morbidity and mortality.¹ Although various factors are implicated, the type and duration of anaesthesia can alter the alveolar macrophages that are considered as the first line of pulmonary defence.² Previous studies on animals suggest that exposure to volatile anaesthetics can suppress the cytotoxic or phagocytosis response of alveolar macrophages.³ Monoclonal antibodies against anaesthetics during mechanical ventilation can augment gene expression of proinflammatory cytokines in the pulmonary lavage.⁴ Thus, general anaesthesia can impair the immunological defence mechanisms while inducing an inflammatory reaction in alveolar macrophages.⁵

The release of inflammatory mediators and free radicals has been clearly demonstrated in generalized inflammatory reactions involving the production of leukocytes.⁶ In addition, airway inflammation appears to play a central pathophysiological role in patients with asthma, adult

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respiratory distress syndrome and chronic obstructive pulmonary disease when an increased oxidative stress has been shown in the bronchoalveolar lavage (BAL) fluid and blood.⁷⁻⁹

The objective of this prospective, randomized, blinded clinical study was to evaluate evidence of oxidative stress in the blood and BAL fluid of patients exposed to either propofol or sevoflurane anaesthesia during thoracic surgery and to analyse the pulmonary immune function during exposure to either anaesthetic.

Methods

The present study was carried out in the intensive care unit at Minoufia University Hospital after written informed consent was obtained from all patients and institutional review board approval was obtained.

Sixty adult patients, with American Society of Anesthesiologists (ASA) status I or II and normal lung function undergoing elective open thoracic surgery using one-lung ventilation (OLV), were included in the study.

Exclusion criteria were preexisting tobacco abuse or a history of treatment with immunosuppressant drugs within 3 months prior to surgery, cardiac failure or clinically relevant obstructive or restrictive lung diseases (vital capacity < 50% of the predicted values), arterial oxygen partial pressure (< 50% of the predicted values), pulmonary hypertension (mean pulmonary artery pressure [MPAP] > 30 mmHg).

or preexisting coagulation disorders. Patients with evidence of pulmonary or systemic infections (clinically detected or elevated C-reactive protein levels, leucocytes or body temperature > 37.8°C) were also excluded.

Preoperative screening of all patients was done by obtaining a complete history, physical examination, measurement of vital signs, chest X-ray, electrocardiogram, pulmonary function tests, echocardiography and arterial blood gas analysis.

All patients were premedicated with diazepam 0.15 mg kg⁻¹ given orally 2 h before anaesthesia.

Before the operation, a thoracic epidural catheter was inserted (T4/5 to T10) and the position verified with a test dose consisting of 3 ml of bupivacaine 0.5% with adrenaline, 5 mg ml⁻¹. Epidural analgesia was started before surgical incision with 10 ml ropivacaine 0.2% and fentanyl 3 mg ml⁻¹ and was maintained for 2–4 days until the chest tubes had been removed. A radial artery catheter and a central venous catheter were inserted at jugular vein (B. Braun, Germany) were inserted in all patients.

Intraoperative fluid therapy included crystalloid and colloid infusion, 7 ml kg⁻¹ h⁻¹ and 5 ml kg⁻¹, respectively.

The patients were randomly allocated to receive propofol (n = 30) or sevoflurane (n = 30) anaesthesia by random numbers (Microsoft EXCEL). Randomization was done centrally by an independent statistician to ensure appropriate concealment. Allocation sequence generation was concealed from patients, primary investigators and all consignees until the release of the final statistical analysis.

In the propofol group, general anaesthesia was induced with propofol 1.5–2 mg kg⁻¹ and fentanyl 2 mg kg⁻¹. Tracheal intubation was facilitated by administration of cis-atracurium 0.1 mg kg⁻¹. Anaesthesia was maintained with a continuous infusion of propofol 8 mg kg⁻¹ h⁻¹ and cis-atracurium 2 mg kg⁻¹ min⁻¹. In the sevoflurane group, anaesthesia was induced as above, but maintained with sevoflurane 2.5% and 0.1% (concentration [MAC] and 0.2-atracurium 2 mg kg⁻¹ min⁻¹). A left-sided or right-sided double-lumen endotracheal tube (DLT; Broncho-Guard, Intra-lum, or 4V Ch.; Mectron, Lockwood Medical Ltd, Aylesbury, Ireland) was inserted and the correct position confirmed using a fiberoptic bronchoscope. The patients were ventilated with a tidal volume of 10 ml kg⁻¹, fraction of inspired oxygen (FIO₂) of 0.50 in air, positive end expiratory pressure (PEEP) 5 cmH₂O and the respiratory rate was adjusted to maintain an end-tidal normocapnic pressure of approximately 45 mmHg. A tidal volume of 10 ml kg⁻¹ and FIO₂ of 0.8–1.0 was used during OLV to achieve a Pao₂ of 80–110 mmHg and the respiratory rate was adjusted to maintain a PaCO₂ of 35–45 mmHg. PEEP was set to zero during OLV and peak inspiratory pressure were limited to 35 cmH₂O.

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Table 2 Cardiovascular variables in the two groups

| Variables | Propofol group (n = 30) | Sevoflurane group (n = 30) |
|---|-------------------------|----------------------------|
| HR (beats per min) | 77.9 | 73.8 |
| End of surgery | 72.9 | 71.9 |
| 1.2 h after surgery | 71.9 | 72.7 |
| MAP (mmHg) | 88.5 | 87.5 |
| End of surgery | 85.4 | 86.4 |
| 1.2 h after surgery | 84.1 | 85.5 |
| CI (L min ⁻¹ m ⁻²) | 2.8 | 2.8 |
| End of surgery | 2.8 | 2.8 |
| 1.2 h after surgery | 2.8 | 2.8 |
| PCO ₂ (mmHg) | 165.9 | 166.5 |
| End of surgery | 166.5 | 165.5 |
| 1.2 h after surgery | 163.4 | 163.5 |
| PCO ₂ (breath) | 16.6 | 16.2 |
| End of surgery | 30.6 | 30.6 |
| 1.2 h after surgery | 30.7 | 30.7 |
| End of surgery | 40.5 | 40.5 |
| 1.2 h after surgery | 39.2 | 39.2 |
| End of surgery | 38.2 | 38.2 |
| 1.2 h after surgery | 38.2 | 38.2 |
| End of surgery | 38.2 | 38.2 |
| 1.2 h after surgery | 38.2 | 38.2 |
| End of surgery | 38.2 | 38.2 |
| 1.2 h after surgery | 38.2 | 38.2 |
| End of surgery | 38.2 | 38.2 |
| 1.2 h after surgery | 38.2 | 38.2 |
| End of surgery | 38.2 | 38.2 |
| 1.2 h after surgery | 38.2 | 38.2 |
| End of surgery | 38.2 | 38.2 |
| 1.2 h after surgery | 38.2 | 38.2 |
| End of surgery | 38.2 | 38.2 |
| 1.2 h after surgery | 38.2 | 38.2 |
| End of surgery | 38.2 | 38.2 |
| 1.2 h after surgery | 38.2 | 38.2 |
| End of surgery | 38.2 | 38.2 |
| 1.2 h after surgery | 38.2 | 38.2 |
| End of surgery | 38.2 | 38.2 |
| 1.2 h after surgery | 38.2 | 38.2 |
| End of surgery | 38.2 | 38.2 |
| 1.2 h after surgery | 38.2 | 38.2 |
| End of surgery | 38.2 | 38.2 |

Table 4 Intraalveolar cell numbers, albumin concentrations, glutathione peroxidase, superoxide dismutase and polymorphonuclear elastase concentrations

| Variables | Propofol group (n = 30) | Sevoflurane group (n = 30) |
|---|-------------------------|----------------------------|
| Cells (10 ⁶ µl ⁻¹) | | |
| End of surgery | 0.077–0.06 | 0.087–0.07 |
| 1.2 h after surgery | 0.377–0.31* | 0.195–0.06* |
| End of surgery | 41.8–18.2 | 42.2–19.4 |
| 1.2 h after surgery | 41.1–22.4 | 42.2–23.3 |
| End of surgery | 39.4–8.7 | 39.7–9.8 |
| 1.2 h after surgery | 44.2–13.7 | 39.6–17.1 |
| End of surgery | 17.2–1.2 | 18.1–8.0 |
| 1.2 h after surgery | 45.5–3.0 | 3.0–6.9 |
| End of surgery | 21.1–1.0 | 22.0–7.5 |
| 1.2 h after surgery | 47.7–24.8 | 47.7–24.8 |
| End of surgery | 0.109–0.08 | 0.149–0.04 |
| 1.2 h after surgery | 0.739–0.37* | 3.69–0.34* |
| End of surgery | 42.9–18.9 | 48.8–61.3 |
| 1.2 h after surgery | 42.9–18.9 | 48.8–61.3 |
| End of surgery | 21.2–1.2 | 21.2–1.3 |
| 1.2 h after surgery | 42.9–18.9 | 48.8–61.3 |
| End of surgery | 42.9–18.9 | 48.8–61.3 |
| 1.2 h after surgery | 42.9–18.9 | 48.8–61.3 |
| End of surgery | 42.9–18.9 | 48.8–61.3 |
| 1.2 h after surgery | 42.9–18.9 | 48.8–61.3 |
| End of surgery | 42.9–18.9 | 48.8–61.3 |
| 1.2 h after surgery | 42.9–18.9 | 48.8–61.3 |
| End of surgery | 42.9–18.9 | 48.8–61.3 |
| 1.2 h after surgery | 42.9–18.9 | 48.8–61.3 |
| End of surgery | 42.9–18.9 | 48.8–61.3 |
| 1.2 h after surgery | 42.9–18.9 | 48.8–61.3 |
| End of surgery | 42.9–18.9 | 48.8–61.3 |
| 1.2 h after surgery | 42.9–18.9 | 48.8–61.3 |
| End of surgery | 42.9–18.9 | 48.8–61.3 |
| 1.2 h after surgery | 42.9–18.9 | 48.8–61.3 |
| End of surgery | 42.9–18.9 | 48.8–61.3 |

HR, heart rate; MAP, mean arterial pressure; CI, cardiac index; PCO₂, partial carbon dioxide tension; Pao₂, arterial oxygen tension; PcapO₂, arterial oxygen tension; SvO₂, central venous oxygen saturation. Data are expressed as mean \pm SD with 95% confidence interval. *P < 0.05, statistical significance.

Table 3 Plasma and alveolar concentrations of malondialdehyde, glutathione peroxidase and superoxide dismutase in the two groups

| Variables | Propofol group (n = 30) | Sevoflurane group (n = 30) |
|--|-------------------------|----------------------------|
| Plasma MDA (nmol l ⁻¹) | | |
| End of surgery | 3.0–0.2 | 2.9–0.2 |
| 1.2 h after surgery | 2.1–0.2* | 4.2–0.3* |
| End of surgery | 0.21–0.01 | 0.23–0.01 |
| 1.2 h after surgery | 0.34–0.01* | 0.34–0.01* |
| Blood cells GPX (U l ⁻¹ × 10 ⁶) | | |
| End of surgery | 228–24 | 228–18 |
| 1.2 h after surgery | 278–24* | 60–10* |
| End of surgery | 182–21 | 149–15 |
| 1.2 h after surgery | 205–21* | 71–6* |
| End of surgery | 112–21* | 44–7* |
| Plasma SOD (U l ⁻¹ × 10 ⁶) | | |
| End of surgery | 551–33 | 655–24 |
| 1.2 h after surgery | 657–30 | 657–30 |
| End of surgery | 549–20 | 553–31 |
| 1.2 h after surgery | 549–20 | 553–31 |
| End of surgery | 101–6 | 98–6 |
| 1.2 h after surgery | 97–6 | 97–6 |
| End of surgery | 97–6 | 97–6 |
| 1.2 h after surgery | 97–6 | 97–6 |
| End of surgery | 97–6 | 97–6 |
| 1.2 h after surgery | 97–6 | 97–6 |
| End of surgery | 97–6 | 97–6 |
| 1.2 h after surgery | 97–6 | 97–6 |
| End of surgery | 97–6 | 97–6 |
| 1.2 h after surgery | 97–6 | 97–6 |
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| End of surgery | 97–6 | 97–6 |
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| End of surgery | 97–6 | 97–6 |
| 1.2 h after surgery | 97–6 | 97–6 |
| End of surgery | 97–6 | 97–6 |
| 1.2 h after surgery | 97–6 | 97–6 |
| End of surgery | 97–6 | 97–6 |
| 1.2 h after surgery | 97–6 | 97–6 |
| End of surgery | 97–6 | 97–6 |
| 1.2 h after surgery | 97–6 | 97–6 |
| End of surgery | 97–6 | 97–6 |
| 1.2 h after surgery | 97–6 | 97–6 |
| End of surgery | 97–6 | 97–6 |
| 1.2 h after surgery | 97–6 | 97–6 |
| End of surgery | 97–6 | 97–6 |

MDA is a reflection of lipid peroxidation, whereas SOD and GPX are important antioxidant defences against oxidative free radicals such as superoxide (O₂⁻), hydroxyl (OH⁻) and hydrogen peroxide (H₂O₂). The results of the present study show that patients exposed to propofol have lower concentrations and levels of MDA and reduced GPX consumption, whereas patients exposed to sevoflurane have increased MDA concentrations and enhanced GPX consumption in both serum and alveoli.

Our findings support the existence of a pulmonary and systemic oxidative stress during exposure to sevoflurane. Moreover, we expressed our results as relative oxidant/oxidative stress and enhanced antioxidant defence.

Discussion

Oxidative stress results from an imbalance between radical-generating and radical-scavenging systems leading to cell membrane peroxidation or DNA damage.¹⁰ MDA is a reflection of lipid peroxidation, whereas SOD and GPX are important antioxidant defences against oxidative free radicals such as superoxide (O₂⁻), hydroxyl (OH⁻) and hydrogen peroxide (H₂O₂). The results of the present study show that patients exposed to propofol have lower concentrations and levels of MDA and reduced GPX consumption, whereas patients exposed to sevoflurane have increased MDA concentrations and enhanced GPX consumption in both serum and alveoli.

Our findings support the existence of a pulmonary and systemic oxidative stress during exposure to sevoflurane. Moreover, we expressed our results as relative oxidant/oxidative stress and enhanced antioxidant defence.

Sevoflurane concentrations, fresh gas flow and airway pressures were measured at the proximal end of the endotracheal tube (Casamex-Ultimate, Datas-Chester, Helsinki, Finland).

Open thoracic surgical procedures were performed for established or suspected malignancies (carcinomas, metastases).

Lung resections were performed through a standard posterolateral or an anterolateral muscle-sparing thoracotomy.

After surgery, double-lumen tubes were changed to standard single-lumen tubes for postoperative ventilatory support and BAL.

After surgery, patients were admitted to the intensive care unit and monitored for at least 24 h. Fluids and blood transfusions were given as required to maintain central venous pressure (CVP) of at least 4 cm H₂O, urine output at least 1 ml kg⁻¹ h⁻¹ and haemoglobin concentration at least 10 g l⁻¹.

Postoperatively, all patients were assessed daily for clinical signs of pulmonary complications.

Cardiovascular variables [heart rate (HR), mean arterial pressure (MAP), CVP, and arterial blood gases] were recorded continuously and evaluated at three stages: 30 min after induction, end of surgery and 2 h after surgery.

BAL of the lung was performed by passing a fiberoptic bronchoscope (Olympus models BF-490, BF-3-C60) through the endotracheal tube. The tip of the bronchoscope was brought into wedge position in a segmental bronchus of the left-sided lower lobe or the right middle lobe. A difference, randomly chosen segment was lavaged each time. For BAL, 80 ml of 0.9% physiological saline solution was sequentially instilled and suctioned in 20 ml portions, up to 50% of which was recovered. The volume of return of lavage fluid did not differ between the two groups. BAL was performed on three occasions: immediately after intubation, at the end of the surgical procedure, and 2 h postoperatively. The fluid was then withdrawn by hand suction into the infusion syringe and filtered through sterile gauze filters. In addition, arterial blood samples were taken through the CVP catheter at the same time points.

Heparinized blood and alveolar samples were centrifuged (1500 rpm, 10 min) and supernatants were immediately stored at -80°C until measurements were carried out. The supernatant was assayed for interleukin-6, tumour necrosis factor (TNF) and superoxide dismutase (SOD) concentrations were measured. Briefly, MDA is currently estimated by measurement of thiobarbituric acid-reactant substances.

Thiobarbituric acid reactant substances were evaluated in plasma by fluorescence measurement.¹¹

GPX catalyses the oxidation of glutathione (GSH) by hydrogen peroxide. In the presence of GSH reductase and reduced nicotinamide adenine dinucleotide phosphate, the oxidized GSH is converted to the reduced form using a specific enzyme. In our study, we used a specific enzyme immunoassay to determine the concentration of adenine dinucleotide phosphate to nicotinamide adenine dinucleotide phosphate. GPX activity was measured by the decrease in reduced nicotinamide adenine dinucleotide phosphate absorbance at 340 nm.¹²

SOD activity was measured by monitoring the auto-oxidation of propylal according to Marklund and Marklund.¹³ One unit of SOD activity is defined as the amount of the enzyme required to inhibit the rate of propylal auto-oxidation by 50%. GPX and SOD activity results are expressed as units per gram of haemoglobin in blood (U g⁻¹ Hb) and as units per litre in BAL (U l⁻¹).

Intravascular fluid, numbers of cells, albumin concentrations, proinflammatory cytokines [interleukin-6 (IL-6), tumour necrosis factor- α (TNF- α)] and proteinases [polymorphonuclear (PMN) elastase] were determined.

Numbers of alveolar cells were determined by electronic cell counting using a Coulter Counter D industrial model (Coulter Electronics, Hertenberg, Hartford, UK).

Albumin concentrations were estimated by nephelometry (BN 200, Dade/Behring, Liebertz, Germany).

Concentrations of IL-6 in the BAL fluids were determined by commercially available sensitive sandwich enzyme immunoassays (Quantikine & R&D Systems Ltd, Abingdon, UK). TNF- α and PMN cell elastase immunoassays were provided by Immunotech, and Milena Biotech, Germany, respectively. Protein concentrations were measured by an assay for the colorimetric detection and quantification of total protein (Micro BCA Protein Assay Reagent Kit, Pierce, Rockford, Illinois, USA). All samples from one patient were analysed in the same assay run. The samples were measured in

Table 5 Patient characteristics and surgical data

| Variables | Propofol group (n = 30) | Sevoflurane group (n = 30) |
|---|-------------------------|----------------------------|
| Age (years) | 62 (60–72) | 61 (60–80) |
| Weight (kg) | 76 (63–113) | 76 (62–113) |
| Height (cm) | 170 (153–186) | 170 (153–186) |
| Female number | 20 | 20 |
| Preoperative FEV1 (ml predicted) | 379 (352) | 378 (305) |
| Preoperative Pao ₂ (mmHg, predicted) | 62 (78–100) | 62 (78–100) |
| Preoperative Pao ₂ (mmHg, actual) | 114.6 (84–120) | 114.6 (84–120) |
| Preoperative PaCO ₂ (mmHg) | 37.5 (31.3–44.2) | 37.5 (31.3–44.2) |
| End-tidal anaesthesia | | |
| Left-sided thoracotomy | 16 | 16 |
| Right-sided thoracotomy | 14 | 14 |
| Alveolar pulmonary secretion | 144 (79–100) | 142 (74–100) |
| Operative time (min) | 134 (88–180) | 132 (88–180) |
| End of duration (min) | 148 | 147 |
| Transfused units of blood ^a /patient | 1.68 | 1.73 |

Data are given as median (range) or number. FEV1, forced expiratory volume in 1 s; PFC, forced vital capacity; OLV, one-lung ventilation; PaCO₂, arterial carbon dioxide tension; PaO₂, arterial oxygen tension; TNF- α , tumour necrosis factor- α .

mechanisms exposed by larger concentrations of free radicals such as superoxide (O₂⁻) and hydroxyl (OH⁻).

Propofol has chemical similarities with the phenol-based antioxidant, mimicking free radical scavenging properties. It resembles the endogenous antioxidant α -tocopherol. De La Cruz et al. found that propofol increased GSH activity in male rats and in platelets from surgical patients. The authors have found an increased antioxidant GSH activity, expressed by reduced concentrations of GPX and higher concentrations of GSH reductase and transference.

"Overlap"

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considered as the first line of pulmonary defence. 4 Previous studies on animals suggest that exposure to volatile anaesthetics can suppress the cytotoxic or phagocytosis response of alveolar macrophages. 5 Moreover, inhalation of volatile anaesthetics during mechanical ventilation can augment gene expression of proinflammatory cytokines in the pulmonary lavage. 4 Thus, general

anaesthesia can impair the immunological defence

mechanisms while inducing an inflammatory reaction in alveolar macrophages. The release of inflammatory mediators and free radicals has been clearly demonstrated in generalized inflammatory reactions involving the production of leucocytes. 6 In addition, airway inflammation appears to play a central pathophysiological role in patients with asthma, adult

From the

Department of Anaesthesiology, Minoufiya Faculty of Medicine, Minoufiya University, 18

Damanhour, Beheira, Egypt Correspondence to Khaled Abou-Elenain, PhD, Minoufiya Faculty of Medicine, Minoufiya University, Egypt 8 Fawzy st., via Elmaqreezy st., Damanhour, Beheira, Egypt Tel: +20 123436409; fax: +20 34277051; e-mail: kh69193@yahoo.com

respiratory distress syndrome and chronic obstructive pulmonary disease wherein an increased oxidative stress has been shown in the bronchoalveolar lavage (BAL) fluid and blood. 7-10 The objective of



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Fabrication ... Définition

1. Action de faire, de fabriquer, de confectionner quelque chose : La fabrication de ce gâteau prend du temps.
SYNONYMES :
confection - production
2. Action ou manière de fabriquer, de produire quelque chose de ses mains ou de manière industrielle : Défaut de fabrication. Suivre les étapes de la fabrication d'un livre.
3. Action de créer, d'inventer quelque chose : La fabrication de fausses nouvelles.
4. Action de forger, de modeler une personne pour qu'elle devienne un personnage en vue : Fabrication d'une vedette.



Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

BACKGROUND We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

METHODS 12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit...

FINDINGS Onset of behavioural symptoms was associated, by the parents, with **measles, mumps, and rubella vaccination*** in eight of the 12 children, with measles infection in one child, and otitis media in another.

**MMR = ROR : rougeole, oreillons, rubéole*



Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

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CONCLUSIONS We have identified a chronic enterocolitis in children that may be related to neuropsychiatric dysfunction. **In most cases, onset of symptoms was after measles, mumps, and rubella immunisation.** Further investigations are needed to examine this syndrome and its possible relation to this vaccine.

Nous avons identifié une entérocolite chronique chez les enfants qui pourrait être liée à un dysfonctionnement neuropsychiatrique. Dans la plupart des cas, les symptômes sont apparus après la vaccination contre la rougeole, les oreillons et la rubéole. Des investigations supplémentaires sont nécessaires pour examiner ce syndrome et sa relation possible avec ce vaccin.

647 citations (Web of Science[®], 21.1.2011)

"Cardiopulmonary resuscitation with augmentation of negative intrathoracic pressure should be considered as an alternative to standard CPR to increase long-term survival after cardiac arrest"

1. Wakefield AJ, Murch SH, Anthony A, et al. Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet* 1998; **351**: 637–41.

Retraction—Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

Following the judgment of the UK General Medical Council's Fitness to Practise Panel on Jan 28, 2010, it has become clear that several elements of the 1998 paper by Wakefield et al¹ are incorrect, contrary to the findings of an earlier investigation.² In particular, the claims in the original paper that children were "consecutively referred" and that investigations were "approved" by the local ethics committee have been

proven to be false. Therefore we fully retract this paper from the published record.

The Editors of The Lancet
The Lancet, London NW1 7BY, UK

- 1 Wakefield AJ, Murch SH, Anthony A, et al. Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet* 1998; **351**: 637–41.
- 2 Hodgson H. A statement by The Royal Free and University College Medical School and The Royal Free Hampstead NHS Trust. *Lancet* 2004; **363**: 824.

Published Online
February 2, 2010

Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities ranging from lymphoid nodular hyperplasia to atrophic ulceration. Histology showed patchy chronic inflammation in 11 children and reactive ileal lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (two). There were no focal neurological abnormalities and visual and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls ($p=0.03$), low haemoglobin in four children, and low serum IgA in four children.

Interpretation We identify an associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time with possible environmental triggers.

Lancet 1998; **351**: 637–41

See Commentary page

Inflammatory Bowel Disease Study Group, University Departments of Medicine and Histopathology (A J Wakefield FRCS, A Anthony MB, J Linnell PhD, A P Dhillon MRCPath, S E Davies MRCPath) and the **University Departments of Paediatric Gastroenterology** (S H Murch MB, D M Casson MRCP, M Malik MRCP, M A Thomson FRCP, J A Walker-Smith FRCP), **Child and Adolescent Psychiatry** (M Berelowitz FRCPsych), **Neurology** (P Harvey FRCP), and **Radiology** (A Valentine FRCP), **Royal Free Hospital and School of Medicine, London NW3 2QG, UK**

Correspondence to: Dr A J Wakefield

Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and bloating and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features, of these children.

Patients and methods

12 children, consecutively referred to the department of paediatric gastroenterology with a history of a pervasive developmental disorder with loss of acquired skills and intestinal symptoms (abdominal pain, bloating and food intolerance), were investigated. All children were admitted to the ward for 1 week, accompanied by their parents.

Clinical investigations

We took histories, including details of immunisations and exposure to infectious diseases, and assessed the children. In 11 cases the history was obtained by the senior clinician (JW-S). Neurological and psychiatric assessments were done by consultant staff (PH, MB) with HMS-4 criteria.¹ Developmental assessments included a review of prospective developmental records from parents, health visitors, and general practitioners. Four children did not undergo psychiatric assessment in hospital; all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis.

After bowel preparation, ileocolonoscopy was performed by SHM or MAT under sedation with midazolam and pethidine. Paired frozen and formalin-fixed mucosal biopsy samples were taken from the terminal ileum; ascending, transverse, descending, and sigmoid colons; and from the rectum. The procedure was recorded by video or still images, and were compared with images of the previous seven consecutive paediatric colonoscopies (four normal colonoscopies and three on children with ulcerative colitis), in which the physician reported normal appearances in the terminal ileum. Barium follow-through radiography was possible in some cases.

Also under sedation, cerebral magnetic-resonance imaging (MRI), electroencephalography (EEG) including visual, brain stem auditory, and sensory evoked potentials (where compliance made these possible), and lumbar puncture were done.

Laboratory investigations

Thyroid function, serum long-chain fatty acids, and cerebrospinal-fluid lactate were measured to exclude known causes of childhood neurodegenerative disease. Urinary methylmalonic acid was measured in random urine samples from eight of the 12 children and 14 age-matched and sex-matched normal controls, by a modification of a technique described previously.² Chromatograms were scanned digitally on computer, to analyse the methylmalonic-acid zones from cases and controls. Urinary methylmalonic-acid concentrations in patients and controls were compared by a two-sample *t* test. Urinary creatinine was estimated by routine spectrophotometric assay.

Children were screened for antiendomyseal antibodies and boys were screened for fragile-X if this had not been done



Wakefield's article linking MMR vaccine and autism was fraudulent

Clear evidence of falsification of data should now close the door on this damaging vaccine scare

HOW THE CASE AGAINST THE MMR VACCINE WAS FIXED

In the first part of a special *BMJ* series, **Brian Deer** exposes the bogus data behind claims that launched a worldwide scare over the measles, mumps, and rubella vaccine, and reveals how the appearance of a link with autism was manufactured at a London medical school

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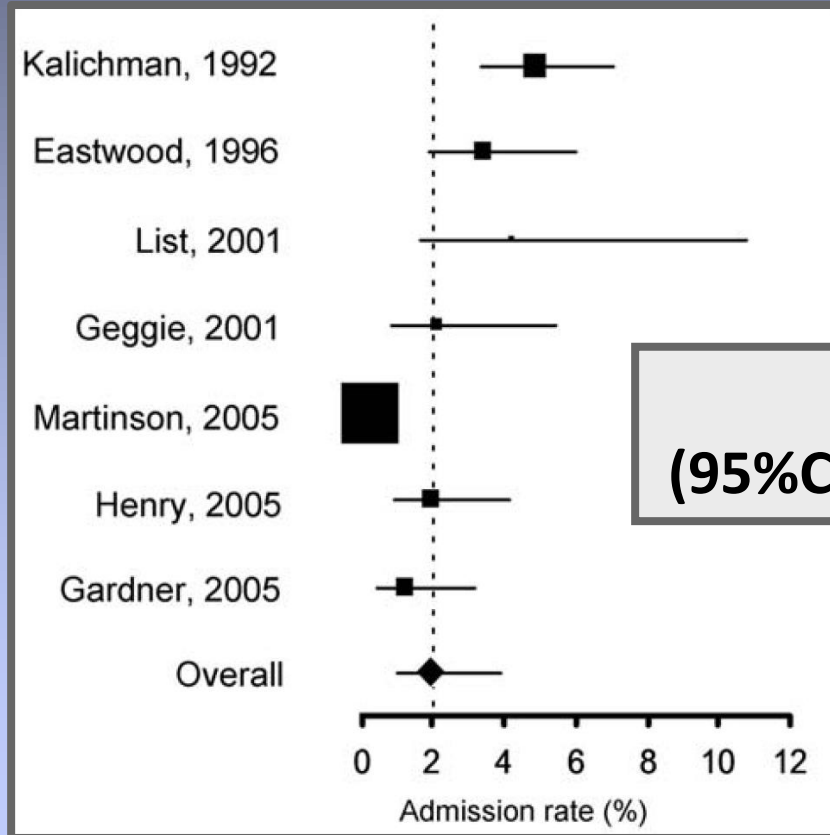
BMJ | 15 JANUARY 2011 | VOLUME 342

BMJ | 22 JANUARY 2011 | VOLUME 342

**How common is
scientific misconduct?**

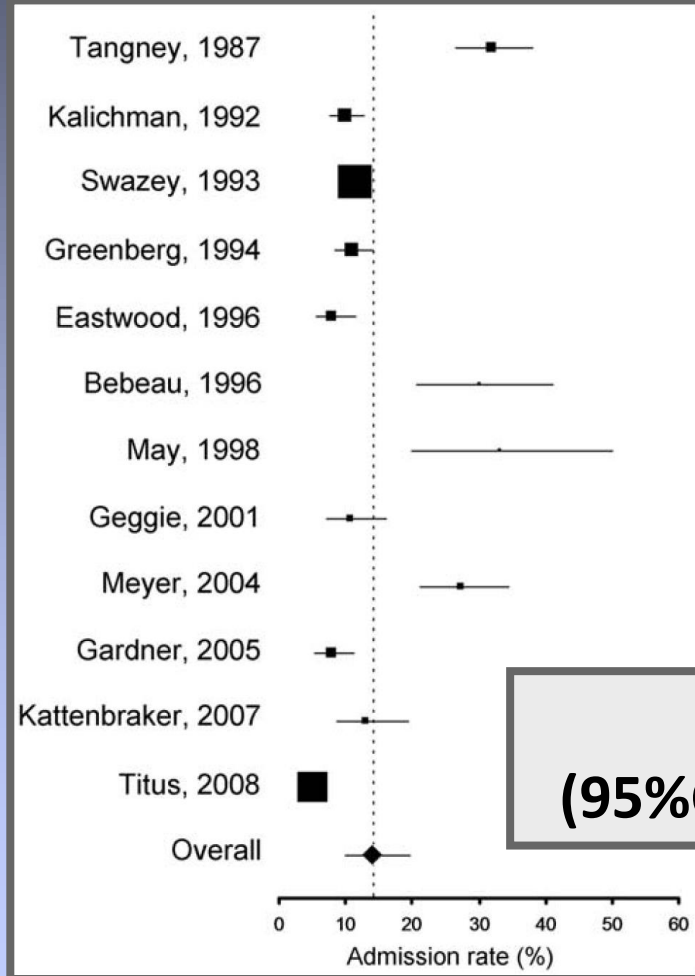
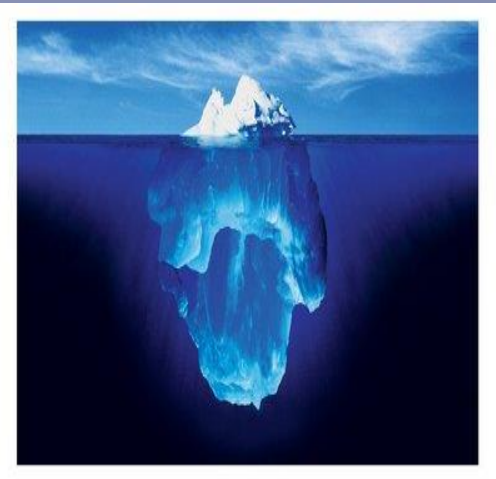
How Many Scientists Fabricate and Falsify Research? A Systematic Review and Meta-Analysis of Survey Data

« **Have you ever** fabricated or falsified research data, or altered or modified results to improve the outcome? »



1.97%
(95%CI, 0.86% to 4.45%)

« **Do you have personal knowledge** of a colleague who fabricated or falsified research data, or who altered or modified results to improve the outcome? »



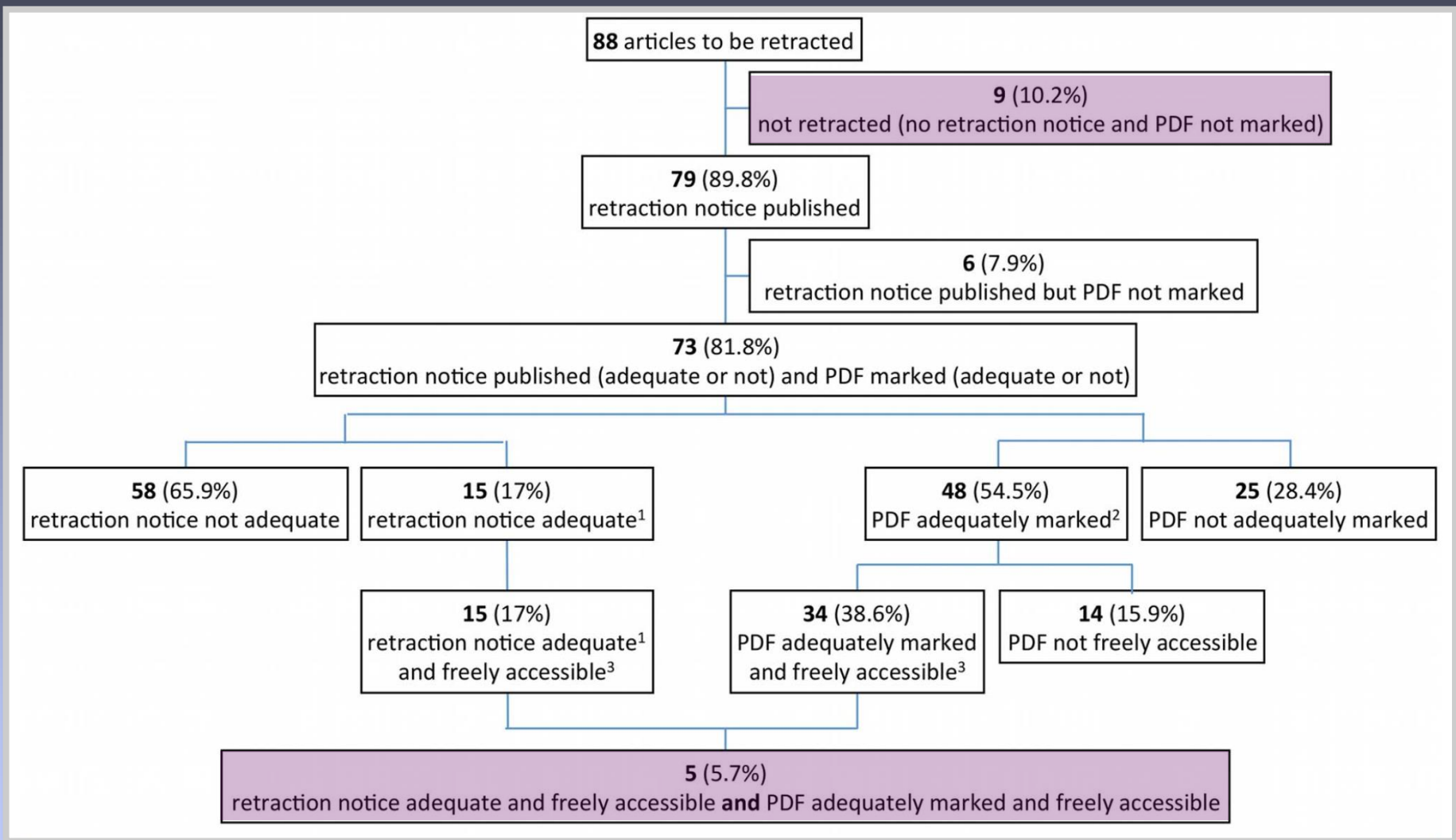
14.1%
(95%CI, 9.9% to 19.7%)

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Publication fraud: implications to the individual and to the specialty

- Publication fraud, while not common, transcends the medical literature and is not easily detected.
- Common forms of publication fraud include plagiarism, data fabrication, data falsification and ghost-writing.
- Publication fraud involving even a single article can negatively impact the scientific record.
- **Scientific misconduct must be addressed by the relevant institutions, and the scientific record must be corrected.**

L'inconduite scientifique doit être traitée par les institutions compétentes et le dossier scientifique doit être corrigé.



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Fraud and medical research

(what should be done to prevent it)

Talk about it

Parlons-en

Don't trivialize it

Ne pas banaliser

**Le définir - préciser ce qu'il
est et ce qu'il n'est pas**

Le définir - préciser ce que c'est et ce que ce n'est pas

PUBLISH OR PERISH — OR BOTH

The literature of medical science is not unlike the natural environment in which we live. It is a deceptively fragile system that we all need and use. Each of us must take some responsibility for protecting it from abuse, lest it become polluted and unavailable to all.

La littérature médicale n'est pas sans rappeler l'environnement naturel dans lequel nous vivons. Il s'agit d'un système faussement fragile dont nous avons tous besoin et que nous utilisons. Chacun d'entre nous doit prendre la responsabilité de le protéger contre les abus, de peur qu'il ne devienne pollué et inaccessible à tous.