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THE RESULTS OF UNFAIR PRACTICE OF SCIENTIFIC MEDICAL RESEARCH

Irgashev Shoxrux Xasanovich
Samarkand State Medical University, Uzbekistan

ABOUT ARTICLE

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Abstract: If a person is facing charges of an offense that could endanger his reputation or life in general, he must know exactly where the line between prohibition and tolerance runs. Theoretically, this should also apply to the unfair conduct of scientific research. However, the organizations that tried to define this misconduct precisely could not come to a consensus. It should be recognized that a universal definition of unfair behavior in scientific research is impossible in principle. Trying to find an answer will deepen our understanding of the problem.

INTRODUCTION

Useful disputes arise around each definition, and disputes give rise to the truth, but, unfortunately, it is never absolute. It is often difficult to formulate precise definitions. For example, it is not easy to determine what negligence is, which can lead to the termination of registration with the General Medical Council (GMC), the main body regulating the activities of doctors in the UK. The attitude towards serious violations of the principles and rules of medical practice varies depending on the development of medical, social and economic relations, but currently doctors are held accountable for medical negligence only after a standardized investigation procedure. Each such case is recorded, and a deeper understanding of what should be considered gross professional misconduct is formed. The GMC has been around for more than 100 years and has long been involved in creating case law regarding medical malpractice. This table contains seven definitions of unfair research practices published between 1991 and 1998. These definitions are the longest, as Americans have reacted acutely to the problem of unfair research. In the United States, the most controversial issue was how much the definition of unfair research should be expanded. In the Scandinavian countries, by contrast, formal

definitions are less important. In Scandinavia, precise definitions are not considered decisive or simply important to combat unscrupulous behavior by researchers. Definitions of scientific misconduct are only general, and accusations of misconduct should not be based on definitions, but only on a reasonable assessment of the seriousness of the misconduct. The most realistic would be the definition of the Medical Research Council (1997), adopted by the GMC Committee on Violations in Research Activities. This definition also refers to "factual errors in research reports," which is not entirely clear. Does this mean that specifying non-author authors or publishing an article in several journals without notifying the editor of duplication (which happens in all such situations) is an unfair research practice? Thus, this definition cannot be used as a working tool and does not provide a clear answer (only the use of fictitious data is considered unfair research practice in all cases). Can a researcher who makes minor mistakes in his work (which often happens) commit serious misconduct? Or are these actions committed for completely different motives? This is an important issue, because even the most minor offenses should be nipped in the bud if they tend to become more serious. The exact answer to this question is unknown, but ignoring the "minor" rules of good research practice will sooner or later lead to serious violations. In order to better understand the relationship between minor and serious violations of good research practice, it is necessary to accumulate relevant data. Data manipulation (the use of fictitious observations or data), data falsification (intentional distortion of data) and plagiarism (borrowing ideas, data or text without the author's permission) are mentioned in the definition of unfair research practice. The most serious of these crimes is recognized first, and in this case the punishment is categorical: the use of fictitious observations or data is not considered justified under any circumstances. The issue of data forgery is more complicated. The distortion may be involuntary ("conscientious error") or intentional, and the latter is sometimes very difficult to prove. The seriousness of such an offense as plagiarism depends on the scale of the "borrowing", but if the guilt is proven, then it deserves every possible censure. It should be noted, however, that in some fields of knowledge, culture or art, plagiarism may be involuntary and not be considered a misdemeanor. Is conducting research on humans without the permission of the ethics committee an example of misconduct? If the authors had received the informed consent of the subjects, but had not secured the consent of the ethics committee (which, by the way, is not created in all medical institutions and regions), they would have violated bureaucratic, not ethical standards. Hiding the fact that some data is missing, ignoring data that differs significantly from other data, or omitting data in reports about the undesirable consequences of interventions is so common that it may seem strange to condemn such practices as not consistent with the principles of good practice. It may seem strange to condemn such practices as inconsistent with the principles of good practice. Does this behavior fall under the Medical

Research Council's definition of "unreliable facts in research reports"? The obvious answer is yes. Do they have undesirable consequences for medicine and medical practice? Yes, they do. By discarding some data, the researchers weaken the basis of their conclusions. Information about patients who dropped out of a study that someone considered erroneous may actually provide a clue to the elusive truth. Side effects should be known to doctors and patients who choose the best treatment. Although conducting research on humans without informed consent may seem contrary to the principles of good research practice, how can consent be obtained from patients whose condition makes this impossible (for example, with severe trauma)? What should be done with the processing of archival materials in which it is impossible to recognize specific people? In addition, is it acceptable to inform participants in the control group receiving standard treatment about the trial if this increases the likelihood of systematic error. The debate about the adequacy of informed consent is endless, and double standards regarding scientific research and medical practice frustrate researchers. Doctors prescribe the treatment they consider the best, even in the absence of convincing evidence. Scientists who want to find out which treatment is preferable must obtain the permission of the ethics committee, explain the principle of randomization to patients, and obtain informed consent for the trial and treatment (or its imitation). If a novice researcher publishes the results of a post hoc analysis without describing the secondary nature of the analysis and without having the slightest idea why it matters, he may be accused of fraud. Suppose that in a trial comparing a blood pressure lowering drug and a placebo, the initial analysis showed that the effectiveness of these two drugs is the same. As a result of a series of secondary analyses, it turned out that the drug was superior to placebo in women who smoke, and the authors reported this information to the medical community without disclosing how they received it. Have they violated this principle by distorting or hiding the facts? It is likely, since a sufficient number of secondary analyses will eventually find subgroups of patients with statistically significant differences between the intervention and its imitation. However, these differences will reflect a trend rather than actual changes. Many young researchers, who have only a sketchy knowledge of research design, are not even aware of this. Fake authorship, non-inclusion of other authors in the relevant list, publication of articles in several journals without significant changes and notification of duplicates to the editor, as well as concealment of conflicts of interest are very common violations of the principles of fair practice of scientific publications. Can they be considered unfair research practices? Many experts believe that yes, because the study logically ends with the publication of the report. The Scandinavian Council for the Unfair Conduct of Scientific Research most often considers court cases related to authorship. Duplicate publications mislead readers about the validity of the methods, and the conflict of interest is recognized as the most serious of all factors influencing the conclusions of the study, including the

methodological quality of the latter. The lack of a complete report on some completed studies leads to a distortion of scientific truth, often due to the fact that the authors refuse to publish "negative" research results. This practice is reprehensible. After all, "negative" results may be no less important for medicine than "positive" ones. In addition, a lot of money is spent on research, and it is necessary to somehow return the time and goodwill of the patients who participate in these studies. If the results of previous studies are not examined before starting a new study, this exposes patients to unnecessary risk and leads to a waste of public funds. It seems that almost all researchers are "guilty" if they are too concerned with defining and classifying violations in research activities. It is unacceptable to include in the list of authors people who do not participate in the study at all (and who cannot even be officially thanked for financial and technical support). If we require politicians, judges, and other elected representatives to disclose conflicts of interest, then why can't we require researchers to do so? Scientists should be a model of honesty for all citizens. Scientists should test and, if necessary, destroy the hypotheses and theories they build. Only by plunging deeper and deeper into the swamp of fiction can you believe them in spite of the facts. When conducting clinical trials, scientists often deal with vulnerable patients and sensitive situations.

CONCLUSION

Therefore, scientists are expected to be more ethical than the "average" layman, but in practice this is often far from ideal. Guidelines on good research practices and publications are becoming increasingly available. They should be studied by medical students and widely discussed in all institutions where research is conducted.

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