Journals require authors to report their current affiliation, and any affiliation relevant to the submitted work. Institutional research productivity is usually associated to increased funding, higher ranking positions and greater admission applications. On the author side, publications are required in the ‘publish or perish’ dictum, and many universities provide extra honoraria for each published article that includes the affiliation. The American Psychological Association states that ‘the institutional affiliation identifies the location where the author or authors were when the research was conducted, which is usually an institution.’ It then goes on to recommend that a dual affiliation may be included ‘only if two institutions contributed substantial support to the study.’ To the best of our knowledge, this is the only known definition of affiliation. Neither the ICMJE nor COPE have issued recommendations or guidelines on what constitutes a properly reported affiliation.

We and others have observed that there are cases of incorrect or false reporting of institutional affiliations that might introduce a systemic bias in the current indicators that are used to rank universities and to rate researcher productivity. To determine the scope of this problem we conducted an exploratory case study in Chile on author affiliation misrepresentation for Scopus-indexed articles in 2016, the protocol of which we published recently. In yet unpublished results from our study, we found that 38% of authors have multiple affiliations in at least one article that was not verifiable, and 40% of articles have at least one author in which it was not possible to verify the reported affiliation to a Chilean university. In 30% of author/article records for the year, we could not corroborate the reported affiliation to a Chilean university. The significant magnitude of the prevalence of unsubstantiated affiliations in this exploratory study underpins the need for a consensus on the definition of affiliation together with recommendations for both authors and journal editors. Aim To develop a consensus statement on the definition of author affiliation that will guide authors during the submission of their manuscripts and journal editors to identify potential breaches of research integrity. Method The development of this recommendation will be based on the Delphi method. We will first identify and define the key concepts of what an affiliation is following a broad literature review. Then we will develop an initial draft of the document that will be sent out for expert consultation and input (eg, ICMJE and COPE). Lastly, an iterative international survey with a broad-ranging roster of participants from the STEMM disciplines will be conducted until consensus is reached. The resulting document will be published and disseminated to key stakeholders, including university ranking systems, funders, editors, and research integrity officers.

REFERENCES

72 'EVIDENCE BASED MEDICINE’ – A ‘TROJAN HORSE’!1
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The belief that research is being conducted in a coherent, comprehensive and credible manner is presently an illusory modus operandi. Meanwhile, physicians navigate clinical realities using these dogmatic dicta, never thinking that prestigious journals could publish anything but honourable merit. A disheartening study revealed that roughly 85% of research endeavours are wasteful, being of low yield, circumspect validity or forever unpublished. It appears data is being masqueraded as ‘evidence’ but is nothing more than a manipulated narrative to suit agendas. This gives the impression of progress, but rather only contributes to scientific inertia and possible patient maleficence. The dichotomy between the best intentions and malevolent outcome is widening. The £10bn in fines by pharma companies, from 2009-2014 reinforces this viewpoint. For the practitioner, the surrendering to a maxim of ‘evidence-based medicine’ from the anecdotal, is optimal and professional. However, if the quest of enlightenment and knowledge leads to the acquisition of fallacious metrics and fictional conclusions, then this faithful surrender is nothing more than perilous servitude. The point at which one can no longer distinguish fact from fiction, is a damning diagnosis of delusion. This delusional state, if left unidentified and unfettered, will tend to evermore entropy and at a certain point, ignorant professional practice of pseudopremises prevails, with perilous outcomes abounding. It is my contention, that the era of ‘publish or perish’ is as injurious to public health as any pathogen. It is extremely pathogenic, most pertinently chronically, with successive mutated forms of evidence accumulating in our ‘sacrosanct’ evidence-based paradigm, similar to our genome. It is imperative therefore, that EBMLive adopt the pillars of a Public Health paradigm, with the end goal of changing behaviour - ‘Risk Awareness, Risk Detection and Risk Communication.’ I recommend the creation of an independent centralised watchdog surveillance centre, where papers/proposals are screened. One funding stream could be subscription fees of researchers/publishers looking to prove quality control standards — akin to the Red Tractor label in the UK. This would place research that had met the certification standard, in better standing with the consumer. Furthermore, the centre could highlight current research that is high risk and perhaps instigate awareness campaigns, comparable to recalls on contaminated food produce. The centralised nature of such a research referee, would enable more optimal data handling, thereby adding capacity for improved systematic global exchange of ideas, with the aim of increasing rates of efficient, high yield innovation. In any treatment plan, the solution has to reflect the problem. As such the motives for suboptimal data need to be elucidated. More specifically, differentiation between ignorance of scientific methodologies or intentional statistically sanctioned self-sabotage. We need to ensure that the ever-growing body of medicine is akin to controlled cellular replication and not a cancer.

REFERENCES

73 THE PROBLEM OF TRUTH IN EBM
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The EBM Manifesto has been developed as a response to a growing body of evidence that “suggests that most published
research is more likely to be false than true.” “Serious systematic bias, error and wastage” are to blame. 9 Steps have been suggested to solve these problems. But one major step is missing: a critical review of what is meant by ‘true’. In EBM truth continues to operate hidden and almost undisputed through the linked concept of ‘bias’. In order to solve the challenges, we face, a new deep and thorough understanding of the concept of truth is needed. Analysis. There are several important theories of truth, but the dominant way truth is conceptualized in the discourse and practice of EBM is the ideal limit theorem. As detailed by famous 19th century statistician and philosopher CS Peirce, it assumes that the ultimate and absolute truth would reveal itself in the long run, over many events in many communities now and in the future. It requires the analysis of frequent events as typically done in RTTs to make inductive inferences. In this concept of truth, bias is the deviation from the ideal limit and cognitive biases refer to failures in clinical reasoning to correctly estimate the ideal limit, the ‘true’ prevalence, incidence, and risk. But as Peirce already pointed out, the assumptions underlying the ideal limit theorem are largely metaphysical; they can be neither proven nor refuted empirically. The problem is that the ideal limit is based on a materialist view born out of classical physics. It requires a belief that human interest is just epiphenomenal, that patients and clinicians behave like dices or billiard balls, beings without internal life tending towards ideal limits as the rules ‘out there’. It also assumes that a full separation between observers and research participants is possible and that reality is stable and deterministic. We could very well proclaim that these beliefs are justified as EBM has been so successful. However, the ideal limit may also be the cause of challenges as stated in the EBM manifesto. Solution. It is time to update our truth concept and accompanying statistics from materialistic classic physics to more modern views including quantum physics, which has already made some interesting contributions to explain probability judgement errors. We need a new framework that is capable of incorporating a view on reality that is less deterministic and includes human agency instead of discarding it as epiphenomenal. In any case, in order to prevent unwarranted relativism in a post truth world and make better inferences in clinical practice, a new generation of clinicians and the wider EBM community could benefit from a closer analysis of its existing assumptions about truth, validity, and reality.

Poster Presentations

1 ADDRESSING INTIMATE PARTNER VIOLENCE: IMPLICATIONS FOR MEDICAL CURRICULA IN MOZAMBIQUE

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Objectives

1. To demonstrate that perceptions of evidence and reality are fundamentally driven by beliefs and values
2. To examine the delusional self-confidence of influential figures and the vulnerability of populations in the communication of complex issues
3. To review the systems of values and belief that supersede or challenge science and scientific evidence
4. To argue that failures in scientific communication and influence are, amongst other things, failures in imagination and implementation of the art of rhetoric
5. To propose radical changes in regulatory and scientific communication and engagement with citizens

Method

This project is part of an ongoing examination of the contemporary political, social and communications contexts in which scientists and bureaucrats exist and must explain themselves to the world. The early fruits of this work have been presented at various meetings around the world, including EBM. The research entails daily scanning of national and international printed and broadcast media, and examination of professional journals and the latest books for insight and evidence about perception, opinion-formation and decision-making in the digital age. It includes philosophical consideration of the nature and impact of bias. The material for this proposal represents the latest stage of that journey and offers some radical new insights. The ‘Resurrection’ of the title (an actual recent event in Soweto) is taken as emblematic of the profound issues at stake, especially audience vulnerability to deception, and the crisis facing us.

Results

1. Perceptions of science and the credibility of evidence, even among some scientists, are driven by values and beliefs that may be inaccessible to scientific discourse
2. In an increasingly polarized world, where identity politics drives loyalties, ‘facts’ become determined by group

2 RESURRECTION: VICTORY OVER DISEASE AND DEATH – WHAT WE CAN LEARN FROM AFRICA’S CHARISMATIC PASTORS

Bruce Hugman. Uppsala Monitoring Centre, Uppsala, Sweden

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Objectives

1. To demonstrate that perceptions of evidence and reality are fundamentally driven by beliefs and values
2. To examine the delusional self-confidence of influential figures and the vulnerability of populations in the communication of complex issues
3. To review the systems of values and belief that supersede or challenge science and scientific evidence
4. To argue that failures in scientific communication and influence are, amongst other things, failures in imagination and implementation of the art of rhetoric
5. To propose radical changes in regulatory and scientific communication and engagement with citizens