



## Another form of publication bias: the unpublished “everyday” clinical researches

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Publication bias is well recognised by all scientists:<sup>1</sup> it is the systematic error produced by not publishing researches since their results are not deemed as relevant either by authors or by journal editors. To solve this bias clinical trials registries have been created, where it is possible to find all randomised controlled trials (but today also studies with other designs) even if not published. This also avoids some ethical issues that come together with the publication bias. But there is another kind of publication bias quite diffused in the clinical rehabilitation world that cannot be solved through registries: the “everyday” clinical studies.

A statement sometimes heard at local or national meetings, is “In a previous research, I already proved what you presented today”. It sometimes comes from proud colleagues who have never published, but it is possible that the research was really done. In fact, it is normal for a university faculty member to participate in thesis sessions where experimental works are presented that will never be published. Also, it is quite frequent for a medical doctor to be asked to participate in a local research to check something organizational or related to new tools or materials or machines or therapeutic approaches. There is also funding available for such studies in spite of the accepted fact that most (if not all) will never be published: the payers may not even require publication of the research they finance.

So those who claim to have unpublished research

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in their pockets are presumably telling the truth. As a researcher, I know how difficult writing up research can be, just as I am sadly aware of how many manuscripts in my own desk drawer will probably not appear in print: in fact, the more time passes, the less the likelihood. This is unfortunate not only for me, but also and this is the point here for the entire medical and scientific community; and finally, it is unethical, since this situation offends the final users of our medical services: the patients who continue to receive wrong treatment or are not given the most correct care.

These “everyday” unpublished clinical studies can fall in one of these categories:

- the study has already been done, and consequently it is unpublishable. This may be due to a lack of knowledge of the pertinent literature before starting the research itself, which could easily be solved with an Internet access and a PubMed Medline search. It is a waste of resources, both of time and money, and consequently unethical;

- the study is not well done owing to flawed planning or development/statistical analysis. A bad study is not only unpublishable but is, most of all, misleading, since it drives to incorrect conclusions. Conflicts of interest and individual profits are nourished by such studies. They may be sincere but

unwitting efforts which perpetrate mistakes, since the results are apparently proven on the strength of numbers and statistics. Hence, this is the worst category: these studies are unethical not only because of the resources wasted but also because of the biased results;

— finally, there is the best category in which a methodologically impeccable study remains unpublished for a variety of reasons, including the researcher's inability to write, lack of time or other resources. Nonetheless, knowledge that remains within the circle of the people who produced it may be useful for them but not for the rest of the medical community. Patients who could benefit from this knowledge will be very few. Not writing, not disseminating the results of research is plainly unethical: others will need to re-do the same experiments; conflicting results could appear and not be mitigated; new studies will not be built on what is already known. This situation is unethical mainly because resources are wasted and because a wider readership is denied the fruits of scientific and medical research.

The other relevant problem is that usually these "everyday" studies are deemed as important by those who produced them, and also by those who paid for them. Consequently decisions are taken in the "everyday" clinical world according to these "everyday" clinical researches: decisions that have high probabilities of being wrong, and/or unethical.

Only the formal process of publishing guarantees the quality revision, through the imperfect but still fundamental process of peer review, that allows to consider a research worth being applied. And not publishing is not accepting this quality revision.

The process of knowledge building can be done only by laying one brick upon another. To reach the top, you need to start from the bottom, but if you lack the material, how can you even start a foundation? Today's science is a global process where "local knowledge" can no longer exist in isolation. Only well planned research, after scrutiny by peer review, is worth doing and financing. Its results should be made known to other scientists, the whole medical community beyond the boundaries of a given research field, and ultimately to society as well, including patients and the funding third parties.

If you start a research project, if you finance a research project, if you just think of doing research, the only ethical decision to take is to have the results published.

## References

1. Dwan K, Altman DG, Arnaiz JA, Bloom J, Chan AW, Cronin E et al. Systematic review of the empirical evidence of study publication bias and outcome reporting bias. *PLoS One*. 2008;3:e3081.