# [Retraction Watch](http://retractionwatch.com/)

Tracking retractions as a window into the scientific process

## [Where I think Retraction Watch went wrong: A guest post from Paolo Macchiarini](http://retractionwatch.com/2015/10/09/where-i-think-retraction-watch-went-wrong-a-guest-post-from-paolo-macchiarini/)

[with one comment](http://retractionwatch.com/2015/10/09/where-i-think-retraction-watch-went-wrong-a-guest-post-from-paolo-macchiarini/#comments)

[](http://i2.wp.com/retractionwatch.com/wp-content/uploads/2015/10/dr-paolo-macchiarini.jpg)

Paolo Macchiarini

We are pleased to present a guest post by Paolo Macchiarini, a surgeon best known for[*pioneering the creation of tracheas from cadavers and patients’ own stem cells*](http://retractionwatch.com/2015/05/28/misconduct-found-in-7-papers-by-macchiarini-says-english-write-up-of-investigation/). Macchiarini has faced[*some harsh criticisms*](http://retractionwatch.com/2014/12/12/revealed-complaint-lodged-macchiarini-super-surgeon-investigation/)over the years, including accusations of downplaying the risks of the procedure and not obtaining proper consent. We have covered the investigation, including the[*recent verdict*](http://retractionwatch.com/2015/08/28/trachea-surgeon-macchiarini-acted-without-due-care-but-is-not-guilty-of-misconduct-karolinska/)by Karolinska Institutet that he acted “without due care,” but was not guilty of misconduct. He has taken issue with some aspects of our coverage, and has written a guest post to present his side of the story. We welcome such debate, and have included a short response at the end of his post.

I admire the underlying aims of Retraction Watch.  That might come as a surprise to some readers of the site, given that it has a whole page devoted to me in its archives.  However, I believe passionately that scientific misconduct is a serious crime.  It not only undermines the very purpose of science, but has victims as well, especially in clinical specialisms.  It is vital that misconduct is detected, that fraudulent work is retracted and those retractions made public.  That is why I support Retraction Watch’s aims.  But I am not writing in wholehearted support of the site.

First of all let me say that I have never, and would never, plagiarise, fabricate or withhold data, or misrepresent results – nor would I stand by and see others do so.  I have retracted one paper, and that is, correctly, listed on the site.  In one of my papers we published a table from another author’s manuscript without correctly referencing it.  It was an oversight.  The case was even investigated by my institution (Karolinska Institutet) and the Society of Thoracic Surgery Standards and Ethics Committee who dismissed any possibility that it was a case of scientific misconduct. But the retraction stands, and I am happy to correct the mistake, publicly.

As an honest researcher, then, who wants to see all retractions highlighted and scientific misconduct eradicated, what issues could I possibly have with the Retraction Watch site?  The answer is to be found in the contents of the rest of that page about me, and – even worse – the links from it to other material published on the Retraction Watch website.  Because the site not only breaks the confidentiality owed to me and to others involved in the case it reports, but also – unforgivably to my mind – the confidentiality of patients by publishing their medical records.

Let me write first about the issue of confidentiality with regard to misconduct investigations.  With so many competing interests and such disparate standards from one country to another, it seems almost impossible to police the academic community.  It is true, and I will speak out on this subject as loudly as I can, that there needs to be far greater clarity and a set of internationally agreed–upon guidelines on how cases of scientific misconduct are dealt with, and there also needs to be a way to make retractions and cases of misconduct easily identifiable.  Retraction Watch seems to provide a potential solution: a semi crowd-sourced, internet-based organisation, it can be agile, self-policing and utterly transparent.  As a way of pulling together a database of retracted publications, results of scientific misconduct investigations and giving clear advice to those concerned about misconduct they may have witnessed or suspected, it could have an immensely important role.  But to my mind, Retraction Watch has strayed beyond that into far more dangerous territory.

The rest of the page on me in Retraction Watch’s archives are blow-by-blow reports of false allegations of scientific misconduct made against me by an ex-colleague, originally leaked to the site (and some of the print press) in breach of confidentiality guidelines and the law.  This was not a report of a case of retraction, or of a case of scientific misconduct, and nor could it be justified as raising an issue that could not be dealt with through official channels.  The alleged misconduct was reported to the editors of the very well-respected journals involved, and to my institution, who at the time of the leak were going through the normal process of official investigation.  This was nothing more than academic ‘gossip’.

Now, I can see why an email containing such an allegation – in full – would be seemingly irresistible for Retraction Watch to publish.  Digital publication is seductively easy, but there is also the apparently beautiful simplicity of the idea of a ‘publish all’ approach.  No censorship, no dark corners for people to hide, no potential for claims of bias or conflict of interests.  Retraction Watch is far from the first website to attempt to live by these rules.  But I believe that this approach is a mistake, and that it can create huge damage to the academic profession.  Confidentiality is, in some cases, very important indeed and cases of alleged scientific misconduct are one of these.

For many the phrase ‘confidential investigation’ may sound like ‘cover up’, and it is sadly true that no institution, in any country, can be perceived to be above suspicion of such practices.  However, it is for very good reasons that all published guidelines on the investigation of such accusations stress the importance of confidentiality until an outcome has been decided, and these reasons deserve a moment’s reflection as they affect all of us.

Firstly, confidentiality is there to protect the accuser: reprisals (either direct or indirect through them becoming known as a ‘potential troublemaker’) are a genuine threat and the fear of them deters many from making allegations.  Secondly, it protects the accused, who may be entirely innocent.  Thirdly, there may be good reasons why the evidence in the case should not be made public – as in the case against me, where it involved the medical records of patients who are easily identifiable.

There is, though, a further danger to Retraction Watch’s approach.  False accusations of scientific misconduct can have many motivations, and one of them is to attempt to destroy someone’s career.  We all know how easily a reputation can be damaged, and how hard – nearly impossible – it is to repair.  The availability of a website willing to publish all and any allegations sent to it will make false accusations an even more powerful weapon available in the deplorable political battles of academia – something that could eventually undermine the whole nascent framework being built to support genuine whistleblowers and expose genuine wrongdoing. This is why I fear that Retraction Watch has overstepped its mark in branching out from documenting facts to providing a platform for dangerous gossip in a way that threatens to damage, rather than help serve, the professional academic community.

Many may disagree and believe that ‘publish all allegations’ is the still the best approach, despite potential collateral damage, and I raise the matter in order to stimulate a discussion and decision over the future treatment of allegations that are undergoing investigation.  However, I don’t believe that there will be any disagreement about my second issue with Retraction Watch, and I strongly believe action must be taken on it.

In publishing the confidential medical records of patients as part of the allegations made against me, Retraction Watch has broken a boundary that means I cannot stand silently by.  As a doctor, my raison d’etre is to help patients to the full extent of my abilities, and trust is at the heart of that.  Trust that I will do everything I can for their benefit, and trust that I will protect their confidentiality.

I wrote personally to Retraction Watch asking them to remove the medical records they published from their site. (They also received an official request from Karolinska Institutet, informing them of the police investigation now in progress into the leaking of the records.)  In response they asked if I would write an article outlining my concerns.  This article is the result of that request and now I ask once again.

There is no public interest being served here.  There is no ‘brave stand’ to be made for freedom of speech, or expose of wrongdoing.  Retraction Watch has merely been used as a weapon in a regrettable political spat, in which the patients and their families have become victims.  I ask the editors of Retraction Watch: please protect their confidentiality and remove their medical records from your site immediately.

We are happy to present Macchiarini’s perspective on this story. Here is ours:

* He objects to a [post](http://retractionwatch.com/2014/12/12/revealed-complaint-lodged-macchiarini-super-surgeon-investigation/) in which we included de-identified medical information about patients who have undergone the procedure. We fully appreciate that medical information is sensitive, and in most cases must be kept confidential, but in this instance we believed it provided an important context to the story (ie, the basis of the allegations against him), and ensured that it did not include any names. We still believe the material is worth posting.
* Our site does, of course, publish some allegations against officials and researchers, but those are heavily vetted, and we in fact choose not to publish the vast majority of the allegations we receive. Even our comments are closely monitored, and any comments making unsupported claims, particular if they approach libel, are rejected. And when accusers have key interests in the case (for instance, they sell a competing product), we make that clear. We also make it crystal clear these are allegations or investigations, not a verdict, and update the case once an actual judgment is reached. There are times when confidentiality is crucial, but in matters of public health and safety – such as criminal or civil court cases – confidentiality becomes not only impossible, but irresponsible.

**Johan Thyberg October 11, 2015 at 7:37 am**

On October 9 Paolo Macchiarini posted an article in which he commented on the publication of documents concerning a misconduct investigation against him at Karolinska Institutet in Stockholm/Sweden. Seven scientific articles were scrutinized in this process, six of which dealt with the transplantation in three patients of a an artificial windpipe seeded with mononuclear bone marrow cells. The vice-chancellor of Karolinska appointed an external examiner who in his report concluded that all seven articles contained parts that in his opinion represented scientific misconduct. In spite of this the vice-chancellor later freed Macchiarini in a most remarkable decision.

In his article on Retractkon Watch, Paolo Macchiarini raises special concern regarding the integrity and confidentiality of the patients. This cannot be called anything but a hypocrisy of the worst kind. Two of the patients are dead and the third has been treated in an intensive care unit for more than three years to enormous costs for her home country. This last patient was recently transferred from Sweden to the USA where a try will be made to safe her life by replacing her non-functioning artificial windpipe with a transplant of more traditional type (lung + trachea).

By making the transplantations on the three patients in Stockholm, Macchiarini seriously violated their integrity and their interests. The method had never been tested before, neither in animals or in humans, and was from most points of view unsound. What Macchiarini did was to brutally use these patients to test his scientific ideas. In retrospect he and others have claimed that this was the only chance to save their lives. As shown by the medical records this was not at all true. To make things even worse, all operation were done without the permissions required by the law from the Medical Products Agency and the Ethical Board.

To further violate the integrity and confidentiality of the patients, KI announced the first transplantation in press releases and within less than a month one could read about the unique operation in the Swedish daily press, with name, origin, age and disease of the patient mentioned in full (see e.g. <http://www.dn.se/nyheter/han-ar-forst-i-varlden-att-fa-en-odlad-luftstrupe/>). Equally fast, the news had reached the international press (see e.g.<http://www.washingtontimes.com/news/2011/jul/7/doctors-use-lab-made-windpipe-in-transplant/#ixzz3Nhq12AI7>). When the second patient, a US citizen, received his windpipe transplant, the same story was repeated and pictures of the patient together with Macchiarini were published (see e..g. <http://abcnews.go.com/Health/Wellness/us-patient-artifical-trachea-transplant/story?id=15354809>). Macchiarini was also willingly interviewed by a number of journals and the purpose of this circus was obviously to bring world-wide fame and admiration to the “super-surgeon”, not to protect the integrity of the patients.

A serious fact not touched upon by Macchiarini is that he was reported to the Police for his activities in these three cases by the Medical Products Agency and the Health and Social Care Inspectorate. This has lead to an ongoing investigation by a Public Prosecutor with the suspicions of serious manslaughter and serious injury of a person. I doubt that anything like this has ever before happened in Swedish medical research and health care.

In a near future this tragical and outrageous story will be described in a 3×1 hour documentary in Swedish television.