

Authorship in the scientific paper: defining the role of each one

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The Brazilian Journal of Cardiovascular Surgery (BJCVS) has been putting emphasis all over the years on the aspects concerned with not only content but also the form and the ethical issues surrounding the paper preparation and publication. I believe that is a way to inform readers, all potential authors or reviewers, about what has been discussed in the area of scientific dissemination.

One issue that arouses most interest is that concerning the authorship of the articles. The subject was featured in an article in BJCVS in 2004 [1]. A definition that takes a scientist to be included as co-author of a paper is tenuous and varies by area, but there is no escape from the premise that the contribution must have been significant. This could be a starting point, in order to avoid excessive number of collaborators. People whose role was very limited and whose name should be placed in the "Acknowledgements section" are wrongly included as co-authors. There are worse cases, which are characterized as unethical behavior, such as placing the name of people who did not even participate in the study.

BJCVS has sought to limit possible abuses with some simple, but effective measures. There is a limit of the number of authors per article category. For example, the original article can not have more than eight authors. Another step is that during the submission process by the website www.rbccv.org.br, all authors must sign the Copyright and the Conflict of Interests and send a copy of the authorization form of the Intitution Ethics Committee in which it was carried out authorizing the research study. If it is verified the absence of one or more subscriptions, the paper is returned until the appropriate steps are taken.

Since last year, we have also asked to be defined in writing, during the submission process, the role of each author in the preparation of the paper. By the end of 2012, we accepted generic definitions, but since the beginning of 2013 we are requiring an accurate description. Papers that come with terms like "co-authoring" are returned with the request that you specify the type of collaboration.

This is a way to enhance the role of each co-author in the article, preventing them from being included in the shares that may be mentioned in the acknowledgments, as cited above. So, I count on the understanding and cooperation of all, since this is a trend of major international publications.

Another important point that greatly facilitates the reading of the articles is a list of all abbreviations and symbols we have placed in bold type in the beginning of the publication. We have received many papers that have dozens of abbreviations and / or symbols in which the authors cite only one or two. This causes a great job for our tiny staff, leading to delay in the journal publication.

I also take this opportunity to make one more request. Try not to use abbreviations in the Abstracts, therefore, except for the Title, this Chapter is the first article to be read by readers interested in the subject.

We have received many Abstracts with several abbreviations, so we have to return them because they were unintelligible.

Along the same line, remember that the Abstracts must be written in perfect english, so they can be internationally understood and eventually cited, increasing our impact factor. We are translating all articles into English, but everyone's cooperation is crucial, as we will see below.

Articles in English

In order to streamline the publication of the BJCVS in various databases, we have emphasized that authors have to send us their papers in English or that provide the translation as soon as it is approved. Thus, we will save valuable time, with potential benefits for Impact Factor, because the sooner BJCVS is available, the greater the chances are of more recent articles to be cited. English is currently the world's lingua franca and it is fundamental that the authors know this language to express themselves properly.

Editorials

We published two important Editorials in this issue. In (p. III), the Professor Enio Bufollo, a member of the Editorial Board of the BJCVS, and Dr. Alberto Juffe Stein, Chief of Cardiac Surgery at Hospital Modelo in La Coruña, Spain, comment the results of the SYNTAX trial and the need for implementation of guidelines that demonstrate superiority of CABG surgery over percutaneous techniques. The editorial will also be published by "Cardiovascular Surgical", a Journal of the Spanish Society of Thoracic and Cardiovascular Surgery.

In "The debt with our nation's health: the case of congenital heart diseases" (p. VI), the President of the Brazilian Society of Cardiovascular Surgery (BSCVS), Prof. Dr. Walter Gomes, from the data of the article "Regionalization of Brazilian pediatric cardiovascular surgery" (p. 256), assesses the prospects in Brazil, this important specialty of cardiovascular surgery.

Specialist Title

We also published the Internal Rules for obtaining Specialist title of the BSCVS (p. 306). The goal is to make candidates aware of the rules governing the process, so that they can prepare themselves properly.

Updated Standards

After a long research paper, we published the BSCVS updated standards in this issue (p. 309), according to the requirements of PubMed Central that the authors should follow when submitting papers. Examples of how references should be written were also renovated. Please read it carefully, and we are open to criticism and suggestions.

40th BSCVS Congress

Unfortunately, due to health reasons, I could not be present at the 40th BSCVS Congress held from April 18th to 20th in Florianópolis (SC), but, as always, the event was really successful. Again, I congratulate the Board of BSCVS and the Organizing Committee.

This congress has been gaining more and more content with its numerous scientific activities, such as the section called "Hands-On". The presence of international guests and the participation of professionals from related activities, such as perfusionists, nurses and physical therapists, in addition to academics, ensures the opportunity for socializing and learning with colleagues who have decades of experience.

The awarded works in the area of Cardiovascular Surgery, were as follows: Free Themes - 1st place: "Control of graft vascular disease with intravenous infusion of artificial nanoemulsion carrying methotrexate. Experimental study", by Dr. Alfredo Fiorelli (São Paulo) and colleagues; 2nd place: "Comparative analysis of patency of right and left internal thoracic arteries in the anterior interventricular branch revascularization. Evaluation by angiography after 6 months in the postoperative period", by Dr. Maurílio Onofre Deininger (Paraíba) and colleagues; 3rd place: "Myocardial regeneration after implantation of porcine submucosa in left ventriculotomy", by Dr. Luiz César Guarita Souza (Paraná) and colleagues.

Posters - 1st place: "Thrombocytopenia after transcatheter implantation of aortic valve", by Dr. João Roberto Breda (São

Paulo) and colleagues; 2nd place (a tie): "The CABG benefits equally both genders?", by José Carlos Rossini Iglezias (São Paulo) and colleagues; "Comparative study of the route of administration of cardioplegia in heart transplantation", by Dr. Orlando Petrucci (São Paulo) and colleagues; and "Coronary artery bypass grafting in patients with severe atherosclerotic disease of the ascending aorta: number of cases", by Dr. Rodrigo Coelho Segalote (Rio de Janeiro) and colleagues.

The Award of BSCVS Professional of the Year went to Dr. João Alberto Roso (Rio Grande do Sul), vice president of the BSCVS for his tireless work on the Board of our organization. My congratulations to him!

We published the last part of the essay "Cardiac Surgery: the infinite quest," by Dr. Rodolfo Neirotti in this issue. The topic emphasizes the particularities of pediatric cardiac surgery. I hope that the series of texts may have caused reflection on how we deal with various aspects of our specialty and can serve as a boost in the adoption of new measures in order to raise the level of excellence in cardiovascular surgery promoting the patients well-being, which is our ultimate goal.

Items available for testing by the Continuing Medical Education (CME) are the following: "Impact of autologous blood transfusion on the use of pack of red blood cells in coronary artery bypass grafting surgery" (p. 183); "Mediastinitis: mortality rate comparing singlestage surgical approach and preconditioning of wound" (p. 200); "Comparison between the Doppler flowmetry and the free flow of dog's internal thoracic artery with and without use norepinephrine", p. 224); e "Heart surgery programs innovation using surgical risk stratification at the São Paulo State Public Healthcare System: SP-SCORE-SUS STUDY" (p. 263).

My warmest regards and have a good read.



1 – Editor-in-Chief - BSCVS

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