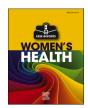


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#### Invited Editorial

# Artificial intelligence, authorship and publication of case reports



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Artificial intelligence (AI) is a technology with as yet unclear implications and vulnerabilities. The use of generative AI and AI-assisted technologies in clinical care, research, and scientific writing has led to new advice, emphasising the importance of human oversight [1,2,3,4,5]. The World Medical Association and the Committee on Publication Ethics have issued guidance about the use of AI tools in scientific publishing [5,6]. Thus, chatbots and generative AI tools cannot be listed as authors [5,6].

Authorship of case reports and case series implies responsibilities and tasks that can only be attributed to and performed by humans with the relevant clinical expertise who have provided patient care. The Guide for Authors for Case Reports in Women's Health details that each author is required to describe their individual contribution to the article [7]. All authors must have made substantial contributions to the case report, for example by defining the scope of the article, by completing the literature review, by acquiring and interpreting the data, or by drafting the article or revising it critically for important intellectual content. At least one author should have been involved in patient care. Individuals only involved in patient care who have not contributed to the writing of the article should be listed in the acknowledgements. The statement that all authors have approved the final article should be included in the authorship disclosure.

The Guide for Authors further says that AI technologies should only be used to improve readability and language, which must be undertaken with human oversight and control. Authors must disclose the use of generative AI and AI-assisted technologies in the writing process by adding a statement to their manuscript in a section entitled 'Declaration of generative AI and AI-assisted technologies in the writing process' [7]. The statement is not needed for use of spelling, grammar and reference checking tools.

The clinical expertise of authors or that of their institutions should match the nature of the case report or case series. This pertains not only to the original submitted manuscript but also to author changes during revision or proof correction. Mismatch will raise concerns that the manuscript could have been fabricated [8,9]. AI could have been used to write the case report and generate the images. Suspicions will arise that

a 'paper mill' could have been involved [9,10]. The term in quote marks refers to commercial organisations that engage in the manufacture and sale of papers to researchers, academics, and students for publication in peer-reviewed journals [9]. There are concerns that use of generative AI tools will increase ways for paper mills to generate fake papers [10].

Case reports provide a unique resource to assist healthcare professionals in the management of rare clinical conditions or unusual presentations of disease which complement large datasets [11,12]. They may generate hypotheses for randomised controlled trials [13]. Fake case reports therefore can compromise healthcare and clinical research. It is essential that the integrity of the scientific record is maintained.

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#### Conflict of interest statement

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