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# Towards responsible AI use in scientific publishing: A comprehensive generative AI policy for the *Journal* of Health and Social Sciences

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In recent years, the integration of generative artificial intelligence (GenAI) tools into scientific writing and editorial workflows has prompted increasing attention of both researchers and policy makers, as well as journal publishers, journal editors, and the wider community of research scholars. As a leader in promoting ethical publication practices, *JHSS* is committed to navigating the integration of GenAI tools with clarity, caution, and transparency. GenAI refers to artificial intelligence systems capable of producing human-like text, images, or code, such as ChatGPT, Gemini, or Claude based on large language models (LLMs). The convergence of AI and academic publishing presents not only innovative opportunities, but also significant challenges to the principles of transparency, accountability, and research integrity.

In response to these evolving dynamics, the *Journal of Health and Social Sciences (JHSS)* has formally adopted a comprehensive policy on the use of GenAI in manuscript preparation, peer review, and editorial processes, effective June 27, 2025. This decision aligns with recommendations from the Committee on Publication Ethics (COPE), International Committee of Medical Journal

Editors (ICMJE), recent evaluations and alerts from Scopus, and policies adopted by high-impact journals worldwide [1-3].

GenAI tools such as ChatGPT, Gemini, Claude, and others—are increasingly used for summarizing literature, translating scientific prose, and refining grammar. While such applications can support scientific communication, it is crucial that the human role in research conception, analysis, and authorship remains central and undisguised. As emphasized by recent literature [4,5], transparency regarding AI assistance is essential to avoid misleading readers or reviewers and to maintain the authenticity of scientific outputs.

The *JHSS* policy mandates that authors disclose any use of GenAI tools at any stage of manuscript preparation. AI may be employed for supportive tasks, such as language polishing or translation but not for generating novel content, analyzing data, or fabricating references. The attribution of authorship to AI systems is explicitly prohibited, in accordance with ICMJE and COPE standards. Reviewers and editors are similarly prohibited from using GenAI tools during the peer review process, to safeguard confidentiality and ensure that expert evaluation remains human-led. To support compliance, *JHSS* will require AI-use declarations at submission and will provide authors with detailed examples and guidance.

The implementation of these policies also responds to growing concerns about the potential for data bias, the issue of non-retrievable or non-existent citations in AI generated text, and about the ethical opacity of large language models [6]. The risk of unintended plagiarism or the automated reproduction of flawed or biased knowledge highlights the need for rigorous editorial oversight. As a recent commentary noted, "ethical controls and constraints must be implemented to avoid the spread of harmful ideas and inaccurate information" [5].

In addition, while large language models such as ChatGPT and similar systems have the potential to revolutionize medical writing and other natural language processing tasks, their use raises a broad set of ethical concerns. These include algorithmic bias, the dissemination of misinformation, privacy breaches, opacity in content generation, displacement of professional roles, suppression of human creativity, issues of plagiarism and authorship, and increasing dependence on automated outputs. Therefore, the development of appropriate mitigation strategies, such as robust bias detection mechanisms, safeguards for data privacy, clear attribution of AI assistance, and thoughtful consideration of the implications for employment and human intellectual contribution— is not optional but necessary [7].

Furthermore, the lack of harmonization in the policies adopted by scientific publishers regarding AI use further complicates the establishment of shared ethical norms. As Da Veiga (2025) highlights, publisher-level AI policies vary significantly: for instance, Sage allows researchers to cite ChatGPT as a source for written content, while Elsevier prohibits it altogether, and many publishers have yet to define clear standards regarding AI authorship [8]. The diversity in approaches, along with the general absence of robust and universally adopted guidelines, reflects a substantial knowledge gap concerning the responsible integration of generative AI into scientific research. Moreover, academic institutions have also taken different stances on the acceptable uses of AI, exacerbating inconsistencies and underlining the urgent need for cohesive frameworks and ongoing policy revision.

The adoption of these principles at *JHSS* is further informed by a broad body of evidence from systematic reviews that evaluated the methodological quality of existing AI-related guidelines in medicine [3,9]. These studies revealed substantial variability in rigor, stakeholder involvement, and reporting transparency underscoring the importance of trustworthy standards, including those governing AI use in publication.

JHSS acknowledges that AI technologies are reshaping the landscape of medical and social science research, and that its responsible application may contribute to accessibility, efficiency, and inclusivity. However, these benefits can only be realized within a framework rooted in strong ethical oversight.

Accordingly, *JHSS* views the adoption of its GenAI policy not merely as a compliance measure, but as a proactive commitment to safeguarding the credibility of scientific publishing. The full text policy is available on our website and has been incorporated into the *Instructions for Authors*. We encourage scholarly dialogue on this topic, and remain committed to revising our guidelines in response to future technological developments and ethical consensus.

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