

Ghost-Writing

Letter to the Editor

Cindy W. Hamilton (PharmD, ELS; Principal of Hamilton House)

Correspondence – Cindy W. Hamilton: Cindy@HamiltonHouseVa.com

Kudos to Dr Christmas¹ for proposing solutions to ethical issues concerning evidence-based medicine. We agree that ghost-writing is unethical and wish to clarify two related issues.

Firstly, ghost-writing is not common among professional medical writers. In contrast with ghost-writers, professional medical writers are transparent about their contributions, adhere to ethical guidelines, and ensure that authors control the content from the inception of a manuscript until publication. The International Committee of Medical Journal Editors (ICMJE) states that such contributions are acceptable provided they are disclosed along with potential conflicts of interest. This is noteworthy because the *Scottish Universities Medical Journal* and hundreds of other biomedical journals adhere to ICMJE guidelines. Methods of disclosure include authorship and acknowledgment. To decide which is more appropriate, authors should review authorship criteria, as defined by the target journal or ICMJE, and a checklist developed for this purpose². If medical writers do not satisfy authorship criteria, they (and their funding source) should be identified in the *Acknowledgments* section.

Secondly, evidence does not support the perception that ghost-writing is common. The case studies cited by Dr Christmas lack the denominators needed to estimate the prevalence of ghost-writing. Findings from JAMA-led surveys of authors of more than 600 articles published in high-impact biomedical journals provide a more robust indication of the prevalence of ghost-writing. In the most recent survey³, an unnamed individual participated in writing only one

¹ Christmas, D (2014). 'Has the Pharmaceutical Industry Commandeered Evidence-Based Medicine?' *Scottish Universities Medical Journal*, 3(S1), PP. S19-S25.

² Gøtzsche, P. C., Kassirer, J. P., Woolley, K. L. et al. (2009). 'What should be done to tackle Ghost-Writing in the Medical Literature?' *PLOS Medicine*, 6(2), E. 23.

³ Wislar, J. S., Flanagan, A., Fontanarosa, P. B. et al. (2011). 'Honorary and Ghost Authorship in High Impact Biomedical Journals: A Cross Sectional Survey'. *British Medical Journal*, 343, D. 6128.

article (i.e., ghost-writing). This 0.16% prevalence represents a decrease compared with the previous survey, in which an unidentified medical writer participated in 11 of 809 articles (1.4%)⁴. Collectively, these data confirm that ghost-writing is not common practice. Indeed, we continue to support efforts to completely eradicate the practice.

We are not surprised by confusion about the terminology or prevalence of ghost-writing, and formed the Global Alliance of Publication Professionals (GAPP) to shed light on these issues. As members of this non-commercial organisation, we believe that professional medical writers help solve ethical issues concerning evidence-based medicine, particularly problems arising from failure to publish research findings needed to make evidence-based decisions.

Professional medical writers facilitate the publication process, helping authors prepare timelier, more compliant, and higher quality publications. We encourage authors to partner with professional medical writers, request financial support for publication assistance at the time of grant writing, and use writers' extensive knowledge of ethical guidelines and writing expertise to help meet ethical and scientific publication commitments. Too many researchers do not meet these commitments, creating a pressing and legitimate need for professional medical writing support. We also encourage authors to join our efforts to disseminate accurate information about best practices - including transparency - and to eradicate unethical practices.

⁴ Flanagin, A., Carey, L. A., Fontanarosa, P. B. et al. (2008). 'Prevalence of Articles with Honorary Authors and Ghost Authors in Peer-Reviewed Medical Journals'. Journal of the American Medical Association, 280(3), PP. 222-224.

Contributors

Cindy W. Hamilton

PharmD, ELS, Assistant Clinical Professor, Virginia Commonwealth University School of Pharmacy, Richmond; Hamilton House Medical and Scientific Communication, Virginia Beach, Virginia 23454, USA.

Art Gertel

MS, Vice President, Regulatory and Medical Affairs, TFS, Inc, USA; Senior Research Fellow, CIRS

Adam Jacobs

PhD, Director, Dianthus Medical Limited, 4 Lyon Road, London SW19 2RL, UK

Jackie Marchington

PhD, CMPP, Director of Operations, Caudex Medical, UK

Karen Woolley

PhD, CMPP, Divisional Lead, Proscribe – Envision Pharma Group, 535 Noosa Springs Drive, Noosa Heads QLD 4567, Australia; Adjunct Professor, University of the Sunshine Coast, Australia

Corresponding Author

Cindy W. Hamilton, 844 Quail Point Cove, Virginia Beach VA 23454 USA; Phone: (757) 481-2799; Email: cindy@hamiltonhouseva.com

Disclosure

All authors declare that: 1) all authors have provided or do provide ethical medical writing services to academic, biotechnology, or pharmaceutical clients, 2) KW's husband is also an employee of Proscribe – Envision Pharma Group; all other authors' spouses, partners, or children have no financial relationships that may be relevant to the submitted work; and 3) all authors are active in national and international not-for-profit associations that encourage ethical medical writing practices. No external sponsors were involved in the preparation of this manuscript, and no external funding was used.