



<https://www.ncbi.nlm.nih.gov/pubmed/24919306>

Gabriel JM, Goldberg DS. Big pharma and the problem of disease inflation. *Int J Health Serv.* 2014;44(2):307-22.

**\*\*Ghostwriting is neither common nor current\*\***

We, the members of the Global Alliance for Publication Professionals, are concerned by the implication in Gabriel and Goldberg's article that ghostwriting is a common and current practice in pharmaceutical industry-sponsored research reporting. We wholeheartedly agree that ghostwriting – undisclosed writing support, of any kind – is dishonest and unethical. We understand that the thrust of Gabriel and Goldberg's article is not about ghostwriting, but casual references to ghostwriting in the present tense and use of anecdotal and popularised stories about its frequency are not supported by published evidence. We appreciate why Gabriel and Goldberg (and others) have the perception that ghostwriting is common, given the lack of critical analysis of early reports of ghostwriting and the traction that this perception has had in the literature, despite subsequent research that refutes it. The prevalence of ghostwriting is small (0.16%) and decreasing.[1] Indeed, the first systematic review on the prevalence of ghostwriting (Stretton S; accepted for publication in *\_BMJ Open\_*) documents how early estimates of ghostwriting have been poorly interpreted, incorrectly cited, and published without critical review. In contrast to ghostwriters, professional medical writers are transparent about their contributions, work within ethical guidelines and ensure that authors control the content at every step of the process.[2–4] In addition, articles written with professional medical writing assistance are more likely to comply with reporting standards[5,6] and are less likely to be retracted for misconduct.[7] The World Association of Medical Editors (WAME) Editorial Policy Committee statement quoted by Gabriel and Goldberg goes on to state that professional medical writers can be legitimate contributors to an article as long as their roles, affiliations and funding are described in the manuscript,[8] as do the recently revised International Committee of Medical Journal Editors' (ICMJE) recommendations for the conduct, reporting, editing, and publication of scholarly work in medical journals.[9] Gabriel and Goldberg also mention that reform efforts in the US are underway, but make no reference to any of the steps taken internationally by the pharmaceutical industry and by publication professionals to create best practice guidelines relating to ethical and transparent publication development. [10–13] The recently published Global Publication Survey of publication professionals shows that these guidelines are routinely followed by over 90% of pharmaceutical industry, medical communications agency and contract research organization (CRO) respondents, and that acknowledgement of medical writing support by authors working with publication professionals was almost universal (96% industry, 99% agency, 100% CRO).[14] Gabriel and Goldberg discuss a range of activities they describe as "...dubious practices that should be significantly curtailed if not entirely eliminated". As previously stated, we wholeheartedly agree that ghostwriting should be curtailed and eliminated, and we believe the publications we have cited demonstrate the commitment and progress of professional medical writers – not ghostwriters – towards this goal.

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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) we 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 comment, and no external funding was used.

**\*\*References\*\***

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