

Title:

Don't be a fool – don't use fool's gold

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Professional medical writers are not ghostwriters

Don't be a fool – don't use fool's gold

To the Editor:

When ghostwriting and legitimate professional medical writing are conflated, many are fooled. Professional medical writers are not ghostwriters, but your readers may not appreciate this distinction after reading the article “Ghostwriting: Research Misconduct, Plagiarism, or Fool's Gold?” by Drs Bosch and Ross.¹

We agree with Drs Bosch and Ross that ghostwriting is research misconduct, but believe their definition of ghostwriting is incomplete. Ghostwriters are ghosts not only because their contribution is unknown (they may or may not qualify for authorship), but also because their involvement and funding source are not disclosed.² In contrast, professional medical writers adhere to ethical publication practices and disclose their involvement and funding source.³ If professional medical writers meet authorship criteria, they should be named as authors.³

The distinction between ghostwriters and professional medical writers is not a matter of semantics. Ghostwriting is unethical; professional medical writing is an ethical and legitimate practice and profession.^{2,3} As reinforced in a paper co-authored by BMJ editor, Trish Groves, “many journal editors recognize that help from a professional writer can raise reporting standards, improve compliance with guidelines, and elevate overall editorial quality.”⁴ Indeed, the World Association of Medical Editors advises that “editors should make clear in their journal's information for authors that medical writers can be legitimate contributors.”⁵ Evidence shows manuscripts prepared with professional medical writing assistance are:

1. Rarely retracted for misconduct⁶
2. More compliant with CONSORT guidelines⁷
3. Accepted more quickly for publication⁸

This evidence and concerns about non-publication support the increased use professional medical writers. Dr Ross recently concluded that "...substantial amounts of publicly funded research data are not published and available to inform future research and practice."⁹ Do Drs Bosch and Ross think professional medical writers (not ghostwriters!) could help address the unethical practice of non-publication?

Finally, your readers should know that the latest published evidence on ghostwriting indicates the prevalence of ghostwriting is low. Staff from JAMA surveyed 896 authors of articles published in six high-ranking journals in 2008 and the prevalence of ghostwriting was 0.16%.¹⁰ This prevalence does not seem "common". On a practical note, authors can use a free "anti-ghostwriting" checklist, published in PLoS Medicine, to document appropriate use of medical writers.¹¹ They can show editors they aren't fools and they're not using fool's gold!

Professor Karen Woolley

On behalf of the Global Alliance of Publication Professionals (www.gappteam.org).

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