

## 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 Bosch and Ross.<sup>1</sup>

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

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.<sup>2,3</sup> 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.”<sup>4</sup> 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.”<sup>5</sup> Evidence shows that manuscripts prepared with professional medical writing assistance are:

1. Rarely retracted for misconduct<sup>6</sup>
2. More compliant with CONSORT guidelines<sup>7</sup>
3. Accepted more quickly for publication.<sup>8</sup>

This evidence and concerns about nonpublication support the increased use of professional medical writers. Ross et al recently concluded that “. . . substantial amounts of publicly funded research data are not published and available to inform future research and practice.”<sup>9</sup> Do Bosch and Ross

think professional medical writers (not ghostwriters!) could help address the unethical practice of nonpublication?

Finally, your readers should know that the latest published evidence on ghostwriting indicates that the prevalence of ghostwriting is low. Staff from *JAMA* surveyed 896 authors of articles published in 6 high-ranking journals in 2008, and the prevalence of ghostwriting was 0.16%.<sup>10</sup> 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.<sup>11</sup> They can show editors they aren't fools, and they're not using fool's gold!

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On behalf of the Global Alliance of Publication  
 Professionals ([www.gappteam.org](http://www.gappteam.org)).

<http://dx.doi.org/10.1016/j.amjmed.2012.03.019>

**Funding:** None.

**Conflict of Interest:** All authors have declared their conflicts of interest in a separate document (as per the *Journal's* guidelines; filename = MS12-219 GAPP *Am J Med*. COI Disclosures 13 Mar 2012).

**Authorship:** All authors had access to the data (ie, information used to develop this Letter) and all authors had a role in writing this Letter.

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