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## Editorial

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### Walking the ethereal line – one spirit’s musings on ghostwriting

Wafting out of the netherworld of working as a medical writer (aka ghostwriter) in the pharmaceutical industry, and now in the academic community, I thought that it was time to pontificate upon the “bad thing” called ghostwriting, to add to the already burgeoning discussion about what constitutes ghostwriting and what does not, and try to reach a conclusion about when it is acceptable, if ever at all.

Those who argue most vociferously against ghostwriting maintain that it may lead to bias, especially in the medical literature, where publication of results of, for example, clinical trial data can influence prescribing practices and thus impact on the real lives of real patients. Let’s take an example – an antibiotic X made by Pharma A has just been through a non-inferiority trial (the value of such trials is debatable in the first place) and was shown to be ever so slightly inferior to the standard-of-care drug Y made by competitor B. The results of the trial must be published, as there is an ethical obligation to do this, but Pharma A is aware that to do so could have a negative impact on (ie, reduce) sales of drug X.

As all of the clinicians who performed the trial are “very busy people” (usually designing new clinical trials for a new – or even the same – drug), a medical communication agency is hired, and a medical writer is tasked with the unenviable job of making drug X look better than standard-of-care drug Y, but without actually lying or falsifying the data. At some point this medical writer, who is now spending his or her days massaging data and analyzing every adjective in the manuscript, is, if he or she has any conscience at all, waking up in a cold sweat in the early hours of each and every morning. The fact that anonymity is guaranteed (because he or she will not be mentioned by name or trade, even at the very end of the acknowledgements section) does not ameliorate this primeval guilt reflex.

Such manuscripts are usually aimed at high impact journals, but are invariably rejected with scathing reviews because journal editors (despite popular opinion) are not fools and usually know that even if not acknowledged a medical writer has been involved in this work of pseudo-fiction (usually because the medical communications agency has submitted the manuscript “on the authors’ behalf as we are assisting them with their administration”). Following rejection, these manuscripts are reformatted and submitted to journals of progressively lower and lower impact factor until they reach the level they truly deserve. Clearly, in this situation the medical writer is little more

that a literary marketer, and the process of ghostwriting is obviously wrong.

Let’s now look at a difference scenario, one of a team of busy research scientists, 70% of whom have English as a second language, all pushing back the frontiers of research medicine. More often than not these people are simply too busy and too motivated by discovering new answers to new (and old) questions, so they would rather move swiftly on to the next big experimental question and get back to their labcoats and racks of Eppendorfs. However, in these days of publish or perish, not to write up research as it develops is professional suicide. Such groups of scientists often employ a professional writer, but instead of being a separate entity, as in the first example, this person is part of the research team, and although he or she does not actively work in the laboratory – rather, being closeted in an office across the corridor – he or she contributes significantly to the intellectual activity of the team.

A medical (or scientific) writer in this instance will make a substantial intellectual contribution to any article published. However, it is the authors who dictate the framework, interpret the data, and select which datasets to present, and who take ultimate responsibility for the conclusions derived – a far more ethical situation, I believe. In this case, would the writer merit authorship? I maintain not, but a place in the acknowledgements section would be most welcome. In this case, we are not talking about ghostwriting proper, but – and this is how I like to see it – as facilitating dissemination of research progress.

The bottom line is that medical researchers and scientists are too busy to write up their own work, or they simply don’t want to do the writing. However, the results of the research belong to them in an intellectual sense: they planted the ideas, watered and nurture their hypothesis, and breathed life into the results. The final step – packaging it nicely and sharing with the world – sometimes requires some ethereal intervention. But the bottom line is that no matter who does the telling, the truth (nothing but, and the whole) must prevail. And therein lies the grey zone.

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