LETTERS TO THE EDITOR

Comments on "The corporate author"

To the Editor:—Fugh-Berman¹ described the unethical practice of soliciting an author for a review prepared by an undisclosed writer. We agree with Tierney and Gerrity's² characterization of the problem as failure to disclose the original author(s) and pertinent financial relationships. We also applaud the World Association of Medical Editors (WAME) for recommending that journal editors expand their Information for Authors to indicate that medical writers can be legitimate contributors to manuscripts and to encourage disclosure of their roles and affiliations.³ Put into practice, this recommendation empowers biomedical communicators to become part of the solution.

We believe biomedical communicators are in an ideal position to help solve the problem. More than 5,000 biomedical communicators belong to the American Medical Writers Association (AMWA), an educational organization founded in 1940 to promote excellence in biomedical communication and to recommend principles of conduct for its members. The first principle in AMWA's Code of Ethics⁴ states, "Biomedical communicators should recognize and observe statutes and regulations pertaining to the materials they write, edit, or otherwise develop." Principle 4 states, in part, "[Biomedical communicators] should refuse . . . assignments that require unethical or questionable practices." AMWA's recently adopted position statement recommends acknowledgment of substantial contributions to scientific publications with disclosure of pertinent relationships.⁵

Biomedical communicators who contribute substantially to manuscripts should join the author-writer team at the inception of the project. Under these circumstances, biomedical communicators can encourage authors to adhere to ethical standards while following a logical process—beginning with identifying the main message to be conveyed, targeting the audience, and determining the most appropriate journal for conveying the message.

One of us (C.W.H.) recently conducted a pilot survey to identify practices of biomedical communicators who contribute substantially to manuscripts submitted to biomedical journals. Seventy-three of 221 eligible advertisers in AMWA's freelance directory (33%) participated. More than half indicated that they followed guidelines from AMWA^{4,5} (59%) and the International Committee of Medical Journal Editors⁶ (ICMJE) (56%) and encouraged authors and other contributors to follow guidelines from AMWA (56%) and the ICMJE (54%). We plan to expand this survey to assess the experience of more biomedical communicators, the frequency of practices such as those described by Fugh-Berman,¹ and the impact of AMWA's ongoing educational campaign on that frequency. We encourage authors, editors, and writers to continue working together to eliminate unethical practices in the writing of scientific manuscripts. Sincerely—**Cindy W. Hamilton, PharmD, ELS**, Past chairperson, AMWA Task Force on the Contributions of Medical Writers to Scientific Publications; Hamilton House, Virginia

Beach, Va, USA; **Marianne Mallia-Hughes, ELS**, Past president of AMWA and Member of AMWA Task Force on the Contributions of Medical Writers to Scientific Publications; Manager, Scientific Publications, Texas Heart Institute, Houston, Tex, USA; **Devora Mitrany, ELS**, Past chairperson, AMWA Task Force on the Contributions of Medical Writers to Scientific Publications; Consulting Medical Editor, Caremark, Scottsdale, Ariz, USA; **MaryAnn Foote, PhD**, Past president of AMWA and Member of AMWA Task Force on the Contributions of Medical Writers to Scientific Publications; Director, Global Regulatory Writing, Amgen, Thousand Oaks, Calif, USA.

REFERENCES

1. **Fugh-Berman A**. The corporate coauthor. *J Gen Intern Med*. 2005;20: DOI: 10.1111/j.1527-1497.2005.0138x. Available at: <http://www.blackwell-synergy.com>. Accessed May 24, 2005.
2. **Tierney WM, Gerrity MS**. Scientific discourse, corporate ghostwriting, journal policy, and public trust. *J Gen Intern Med*. 2005;20: DOI: 10.1111/j.1527-1497.2005.41008.x. Available at: <http://www.blackwell-synergy.com>. Accessed May 24, 2005.
3. WAME Policy Statements. Ghost writing initiated by commercial companies. Available at: <http://www.wame.org/wamestmt.htm>. Accessed May 20, 2005.
4. American Medical Writers Association. Code of Ethics. 1994. Available at: <http://www.amwa.org>. Accessed May 24, 2005.
5. **Hamilton CW, Royer MG**. AMWA position statement on the contributions of medical writers to scientific publications. *AMWA J*. 2003;18:13–5.
6. International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. 2004. Available at: <http://www.icmje.org/index.html>. Accessed May 24, 2005.

In Reply:—If most medical writers, or biomedical communicators, were hired by bad writers with good ideas, I would have no problem with the suggestions made by Dr. Hamilton et al. However, many medical writers are hired by pharmaceutical companies (or indirectly through medical education companies) to flesh out manuscripts prescribed by pharmaceutical companies as part of a marketing strategy.

Certainly all authors, including medical writers, should be acknowledged. But the term "author" applies to those who are in fact responsible for the ideas, facts, and perspectives in a paper. The American Medical Writers Association (AMWA) Code of Ethics seems to acknowledge the limitations under which medical writers toil.¹ The first principle cited by Hamilton et al. means that medical writers should obey the law. Principle 3 states, in part, that biomedical educators "should attempt to prevent the perpetuation of incorrect information." These are hardly stellar standards, which makes it rather disheartening that only 59% of survey respondents observe them.

I'm not just picking on medical writers. The researchers who sign sponsored articles understand that they are being paid for ceding control to the sponsor. A researcher who insists

on control of a paper will be allowed to make changes, but if changes do not fit the sponsor's agenda, that version of the manuscript will not be published. And an uncooperative sham author cannot expect future assignments.

When a sponsoring company determines not only the ideas, facts, and perspectives in a paper, but additionally determines when, where, and whether to publish it, then the sponsor is also an author. In my ideal world, medical journals would simply list sponsoring companies as primary authors. At an absolute minimum, published disclosures should explicitly state that "author X was paid to write this manuscript on behalf of drug company Z."—**Adriane Fugh-Berman, MD**, *Complementary and Alternative Medicine Master's Program, Department of Physiology and Biophysics, School of Medicine, Georgetown University, Washington, DC, USA*.

REFERENCES

1. American Medical Writers Association. Code of Ethics. Available at: <http://www.amwa.org/default.asp?Mode=DirectoryDisplay&id=114>. Accessed July 25, 2005.

Comments on "The Impact of SARS on Medical House Staff . . . "

To the Editor:—We were moved by the honest account by Rambaldini et al.¹ of the impact of Severe Acute Respiratory Syndrome (SARS) on medical house staff in the university hospitals in Toronto. As medical educationists faced with the same catastrophic outbreak in Singapore, we identified with the reported struggles and barriers to traditional clinical teaching, and fully agreed with the authors' call for new strategies to deal with future health threats.

In line with the authors' suggestion that more creative educational mechanisms be developed, we would like to share our experience with an innovative method employed to teach cardiac auscultation during the SARS crisis in Singapore.² Clinicians in full personal protective equipment used electronic stethoscopes to record the heart sounds of patients with echocardiographically proven heart disease at the 6 classically

taught precordial positions for cardiac examination. Cardiologists validated the sounds, which were then used to teach students in simulated "bedside" sessions. Students took turns to act as "patient" and "auscultator." While the auscultator simulated the clinical examination routine on his/her "patient," the soundtrack corresponding to each area of auscultation was played through the stethoscope earpieces. Students thus learned to examine real people while picking up real auscultatory signs, a process similar to actual patient encounters. Peer-to-peer teaching helped to overcome the shortage of teaching staff. Soundtracks could be downloaded, stored, "beamed" from one stethoscope to another, and reused to teach large groups of students, thus maximizing the limited clinical material available. Objective outcome measures and subjective feedback proved that the method was effective and well-received by the students. Since then, we have applied this simulated learning method in retraining doctors in basic skill competency during continuing medical education.³

Although this new teaching method was developed in response to the SARS crisis, we have seen that there are applications in modern everyday medicine as well. With patients becoming less tolerant of multiple examinations, illustrative clinical signs becoming rarer with effective disease prevention strategies, and teaching resources growing increasingly limited, more innovative educational strategies are clearly needed. Rather than waiting for the next public health crisis, we believe that the time to develop and apply these new teaching methods is now. We thus join voices with the authors in urging educationists everywhere to think creatively in developing new teaching methods, and to start doing so without delay.—**Carolyn SP Lam, MBBS, Crystal-Jing Yeo, Pak-Yean Cheong, MBBS, Khok-Yu Ho, MD**, *National University of Singapore, Singapore*.

REFERENCES

1. **Rambaldini G, Wilson K, Rath D, et al.** The impact of severe acute respiratory syndrome on medical house staff: a qualitative study. *J Gen Intern Med* Online publication date: April 19, 2005. DOI: 10.1111/j.1525-1497.2005.0099.x.
2. **Lam CSP, Cheong PY, Ong BK, Ho KY.** Teaching cardiac auscultation without patient contact. *Med Educ*. 2004;38:1184-5.
3. **Lam MZC, Lee JT, Boey PY, et al.** Factors influencing cardiac auscultation proficiency in physician trainees. *SMJ*. 2005;46:11-4.