

Open Medicine's ghost and guest authorship policy

Sally Murray, Jay Brophy, Anita Palepu

Ghost authorship exists when someone makes a significant contribution to a manuscript without due acknowledgement of their role. Guest authorship, on the other hand, is the practice of naming individuals as authors of manuscripts when they fail to meet authorship criteria. Both are disturbingly common.

A recent survey of corresponding authors publishing in six major medical journals conducted by the editorial staff of JAMA found that over one quarter had guest authors (range by journal: 16%-39%) and nearly ten percent used ghost authors (range by journal: 2%-11%). (1) The prevalence of guest authors and ghost authors was highest in *Nature Medicine* (39%) and *New England Journal of Medicine* (11%) respectively.

The editors at *Open Medicine* consider ghost and guest authorship a breach of professional ethics and believes that such practices violate readers' trust in scientific reporting, as well as potentially biasing medical literature. We need to be confident that all listed authors have indeed contributed substantially and no major contributors go unlisted. Public confidence and scientific integrity depend on it.

This is particularly important in the context of manuscripts reporting trials with potential economic ramifications as significant problems related to the use of ghost authorship have been reported in this area (2). Commercial interests should not inappropriately influence our scientific knowledge base.

To support transparent authorship reporting *Open Medicine* has instituted a ghost and guest authorship policy (link). The key features of the policy require that authors provide a contributor statement outlining the contribution of each named author and specify who wrote the first draft of the article; for research studies authors need also state who wrote the protocol and did the statistical analyses (3).

We do believe that professional medical writers can legitimately contribute to the production of manuscripts. However, professional writers that make *significant* contributions to a manuscript (as opposed to copyediting) should be considered as authors, their affiliations listed and a competing interest statement provided as per usual authorship requirements. It is not possible to write an early draft of an article without judgment and interpretation of data (4) and as such these medical writers meet the International Committee for Medical Journal Ethics (ICMJE) criteria for authorship (see http://www.icmje.org/ethical_1author.html) and should be prepared to take responsibility for appropriate portions of the article. If professional writers are used to improve manuscripts at the copyediting stage their specific contributions and affiliations should be identified. In both cases, when professional writers are used, an explicit statement should detail how the work was paid for and any other further potential competing interests declared. We have included a checklist adapted from Gøtzsche et al (4) to help submitting authors identify requirements for declaring contributions of medical writers. (link)

In line with other significant breaches of scientific conduct, articles found to have used ghost or guest authors will be retracted by *Open Medicine*. As per WAME guidelines (5) the Editors of *Open Medicine* will also undertake to: contact author institutions to inform them of the breach, identify the commercial company (if relevant) and ban further contributions by these authors to the Journal; publish a notice that a manuscript has been ghost written, along with the names of the responsible companies (if relevant) and the submitting author; provide specific names if contacted by the popular media or government organizations; and share their experiences with other Journal editors.

Open Medicine strongly believes in transparent reporting. Ghost and guest authorship is dishonest and we intend to maintain processes that improve public accountability and credibility of scientific research reporting. We welcome feedback on our policy and ways we can work toward improving the integrity of scientific publishing.

REFERENCES

1. Wislar J, Flanagan A, Fontanarosa Pb, DeAngelis C. Prevalence of Honorary and Ghost Authorship in 6 General Medical Journals, 2009. Abstract presented at the Sixth International Congress on Peer Review and Biomedical Publication, September 10-12, 2009, Vancouver. Available at <http://www.ama-assn.org/public/peer/abstracts-0910.pdf>. Accessed 4 December 2009.
2. The PLoS Medicine Editors (2009) Ghostwriting: The Dirty Little Secret of Medical Publishing That Just Got Bigger. PLoS Med 6(9): e1000156. Available at <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000156>. Accessed on 23rd September 2009.
3. Gøtzsche PC, Hróbjartsson A, Johansen HK, Haahr MT, Altman DG, et al. (2007) Ghost authorship in industry-initiated randomised trials. PLoS Med 4: e19. Available at <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.0040019>. Accessed 23 September 2009.
4. Gøtzsche PC, Kassirer JP, Woolley KL, Wager E, Jacobs A, et al. 2009 What Should Be Done To Tackle Ghostwriting in the Medical Literature?. PLoS Med 6(2): e1000023. Available at <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000023>. Accessed 23 September 2009.
5. World Association of Medical Editors (2005) Ghost writing initiated by commercial companies. World Association of Medical Editors. Available: <http://www.wame.org/wamestmt.htm#ghost>. Accessed 29 September 2009.