Title:
Applications medical paper submitted in various categories to be determined.

Word Count:
506

Summary:
The practice of an industry specialist writing a medical paper to be published in a peer-reviewed publication under the byline of a recognized researcher is called medical paper ghostwriting.

Keywords:
Medical Paper

Article Body:
"Many of the articles that appear in scientific journals under the byline of prominent academics are actually written by ghostwriters in the pay of drug companies." Used by doctors "to guide their care of patients," these "seemingly objective articles are often part of a marketing campaign," the Wall Street Journal reported.

The New England Journal of Medicine recently revealed that a 2000 article on Vioxx "omitted information about heart attacks among patients taking the drug. The deletions were made by someone working from a Merck computer." A 1999 "publications strategy" prepared for Pfizer by a WPP Group agency listed 81 proposed articles, promoting Zoloft for everything from "panic disorder to pedophilia." One physiologist hired by Elsevier's Excerpta Medica says she was asked to "slant" a 2002 paper in favor of a Johnson & Johnson drug. Many journals ask for disclosure, but say their ability to weed out ghostwriters is limited. "I don't give lie-detector tests," the Journal of the American Medical Association's chief editor told the Wall Street Journal.

Applications may be submitted in various categories to be determined. Each category has seven author classifications: family physicians and fellows primarily in academic medicine, family physicians primarily in clinical practice, family practice residents, medical students, international attendees, professionals primarily engaged in medical informatics and others.

Estimates suggest that almost half of all articles published in journals are by ghostwriters. While doctors who have put their names to the papers can be paid handsomely for 'lending' their reputations, the ghostwriters remain hidden.

They, and the involvement of the pharmaceutical firms, are rarely revealed.

While many studies have shown that cyber-records can reduce errors, improve care and lower costs, the medical community is moving too slowly to adopt the new technology. Providers are loath to change their record-keeping ways because of concerns about the expense, fears about software glitches and a mind-set against radical departures in treating patients.

One important contribution of the current paper is to update the prior econometric work to the current managed care and policy environment, using a nationwide sample of medical groups responding to two surveys (1997 data) of the Medical Group Management Association: The Compensation and Production Survey and the Cost Survey. Second, the rich data set provided by the MGMA surveys allows us to account for the role of a variety of potential productivity "drivers" within the medical group: ownership form, presence of monitoring mechanisms, size of the group, physician specialty mix, and individual physician characteristics. Third, this research examines a wider range of ownership forms and specialty types of medical group practice-non-primary care single-specialty groups, primary care groups, and multispecialty groups--than previous empirical studies of physician productivity.

In contrast, the analyses of Gaynor and Pauly (1990) and Gaynor and Gertler (1995) were restricted to primary care groups and the partners hip form of practice. Fourth, by virtue of the broader array of specialty groups in the MGMA sample, the current study will be able to distinguish differential responses to financial incentives and organization design features among primary care physicians (PCPs), medical specialists, and surgical specialists.

Tag: Medical Paper