Ethical challenges in acknowledging professional writing support

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Abstract
Professional medical writers have an important role in facilitating the accurate and timely dissemination of medical and scientific data. This support should be appropriately acknowledged in peer-reviewed publications, but guidance on how to appropriately disclose and attribute the contributions of individual medical writers is lacking, limiting transparency in the publication development process. In particular, the contributions of subcontrated or freelance professional medical writers are inconsistently acknowledged. We propose personally acknowledging any professional medical writer who makes a substantial contribution to the outline or full first draft of a publication or who provides a substantial intellectual contribution to publication development. This will provide appropriate and transparent attribution of the contributions made by medical writers to manuscript development.
Introduction
The role of professional medical writers in supporting the accurate and timely dissemination of medical and scientific data in peer-reviewed literature is now widely recognised, and formal guidelines on attribution, acknowledgement, and authorship (when justified) for professional medical writers have been issued.1,2 These guidelines are clear in the responsibilities of professional medical writers and the need for appropriate disclosure of their contributions. However, applying these guidelines can be challenging, especially when writing tasks are subcontracted or delegated to freelance writers who are not directly employed by a medical communications agency because the criteria defining who to acknowledge, and how, are lacking.

Why should professional medical writers be personally acknowledged?
The International Committee of Medical Journal Editors (ICMJE) criteria govern authorship and the Good Publication Practice 3 guidelines have outlined the role of professional medical writers working on industry-funded research.1,2 However, there is currently no guidance on ethical publication practices for subcontractors or an industry code of conduct regarding subcontracting medical writing services.

The conventional practice in acknowledging medical writers is to name the professional medical writer(s), the organisation they are employed by and the source of funding for their assistance in the Acknowledgements section of manuscripts.1 This aims to avoid accusations of ghostwriting, which has been defined as “the unacknowledged use of writing assistance,”3 but what constitutes writing assistance that is deserving of acknowledgement remains undefined. In practice, this means that substantial medical writing support provided by subcontractors or freelancers, for example, may not be acknowledged. Instead, contributions are often exclusively credited to agency staff.

How should professional medical writers be personally acknowledged?
Stocks et al. provided narrow examples of contributions that would qualify a medical writer to be acknowledged, such as drafting the introduction and discussion sections of a manuscript or developing a manuscript from a clinical trial report written by another writer with substantial input from the authors, but without performing a literature review or elaborating on the discussion.4 We believe that a broader framework must be defined to facilitate a consistent standard. Namely, individual professional medical writers should be personally acknowledged if they have:
- Made a substantial contribution to drafting the outline or full first draft of a publication;
- Provided a substantial intellectual contribution to publication development.

Individuals providing subcontracted or freelancer professional medical writing support who meet the criteria outlined above should also be acknowledged using the following statement: “[Name of subcontracting individual] of [Contracting medical communications agency] provided professional medical writing support funded by [Sponsor].” This statement aims to provide greater transparency by appropriately attributing credit to individual subcontracted writers, while also crediting the contracting party by naming them as the entity supplying medical writing support.

Increasing transparency surrounding medical writing support
Potential conflicts of interest are rarely discussed between subcontractors and agencies. Situations do occur where freelance writers are simultaneously working on projects relating to competing drugs (sometimes with the full knowledge and blessing of at least one client), in contrast to
the agency setting where clients demand and expect rigid controls between colleagues working on conflicting accounts. Acknowledging the support of individual subcontractors in the literature would provide greater transparency by ensuring public disclosure (and discoverability) of potential competing interests medical writers may have.

The right to benefit from intellectual exercises

Denying the opportunity for contributors to approve submissions is a potential loophole that has been identified in the ICMJE criteria for authorship that could be used to inappropriately avoid granting authorship to an individual.6 This same loophole applies to professional medical writers, especially subcontractors or freelancers who may be exploited, in that acknowledgement may be disproportionately or solely attributed to a supervising writer. Furthermore, the passing of time, rather than lack of intellectual contribution, may be used to justify not contacting a subcontracted or freelance writer to seek permission for acknowledgement at the time of manuscript submission.

Professional medical writers are also routinely expected to indemnify their clients against errors and omissions as part of the manuscript development process. In return, they should have the right to claim responsibility for their work, much as an artist or photographer receives credit for a commissioned piece.

Reports from more than 15 years ago also describe successful attempts to interrogate the Acknowledgements sections of published scientific literature to better understand the intellectual contributions of individuals to publications.7 Efforts to assess the contribution of individuals to the scientific body of knowledge outside of authorship have continued since, such as Publons collating peer review contributions. Accordingly, for many professional medical writers, acknowledgement is a formal recognition of their contribution to the scientific literature and a demonstration of their skill. Appropriate acknowledgement for a medical writer has implications for their career advancement; therefore, the impact of novel tools being used to assess contributions to the scientific literature (beyond authorship) must be considered.

Increasing the accountability of professional medical writers

Informal survey data indicate that only 3% of professional medical writers would decline acknowledgement.5 Before an individual is acknowledged in a manuscript, the ICMJE recommends seeking written permission because acknowledgement implies endorsement of the content in a manuscript and the policies and procedures followed during drafting.2 Therefore, the ability to decline acknowledgement is an important mechanism for self-regulation within the industry.

While the default position may be that a subcontractor should be acknowledged, any ability to disagree with, influence and/or protest client practices is generally limited, so declining acknowledgement offers one method of balancing what can be a one-sided working relationship in the client’s favour. Accordingly, subcontractors should not be forced to accept responsibility for outputs or practices that they do not agree with.

Conclusions

There is limited guidance on how to assess the contributions of individual professional medical writers to manuscript development or define who should be acknowledged when disclosing medical writing support. This is particularly relevant when medical writing supported is subcontracted, or performed by a freelancer, without attribution to the individual writer. Accordingly, we propose criteria for identifying and appropriately acknowledging all professional medical writers who have made substantial contributions to manuscript development.

Conflicts of interest

BH is the owner and Managing Director of Kainic Medical Communications Ltd, a company that provides subcontracted medical writing support to medical communications agencies. BH is also a principal consultant at First in Human, the specialist pharmacokinetics/pharmacodynamics division of Kainic Medical Communications. MS is an employee of Kainic Medical Communications Ltd and a consultant at First in Human.

References


Author information

Blair Hesp, PhD, NZDipBus, CMPP, has worked as an agency and freelance medical writer for more than 10 years and was the lead author of the Asia-Pacific adaptation of the Good Publication Practice 5 guidelines (Hesp BR et al. Res Integr Peer Rev. 2019;4:21).

Marissa Scandlyn has been working as a medical writer for 2 years after previously working as a scientific instructional designer for a scientific instrument manufacturer.

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