

# Can a medical writer submit a manuscript on behalf of a corresponding author?

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## Abstract

Medical writers are frequently asked to submit manuscripts to journals using the corresponding author's login information. However, according to the Recommendations of the International Committee for Medical Journal Editors, this is not acceptable. This can put the medical writer in an awkward position of having to disregard the Recommendations or refuse and possibly upset the client. This article discusses some possible solutions.

In addition to writing publications, medical writers are frequently asked to submit manuscripts on behalf of the corresponding author. This happens because the corresponding author is often too busy or does not have sufficient experience or English language skills to handle uploading the article and other tasks required for submission. Typically, the corresponding author will provide their login information to the medical writer. This is common practice, but is it acceptable?

The Recommendations of the International Committee for Medical Journal Editors (ICMJE), the main ethical guidelines on authorship for journal articles, state:<sup>1</sup>

*The corresponding author is the one individual who takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process, and typically ensures that all the journal's administrative requirements, such as providing details of authorship, ethics committee approval, clinical trial registration*



*documentation, and gathering conflict of interest forms and statements, are properly completed, although these duties may be delegated to one or more co-authors.*

In other words, having a medical writer complete the submission on behalf of the corresponding authors is *not* considered acceptable. In practice, though, it is difficult for a medical writer to refuse to do this for a client. What are the options?

## Option 1: Insist that the corresponding author completes the submission

The best solution to this problem is to insist that the corresponding author complete the submission. Unfortunately, the corresponding author is often not chosen for their availability, ability to communicate in English, or ability to manage the submission and correspond with the journal. Instead, the corresponding author is often the first author and therefore considered an “honour role”, making it difficult to shift the corresponding authorship to a secondary author.

In this situation, the medical writer should explain that the corresponding author is a *functional* and not an honour role, describe the responsibilities, and insist that not being able to

perform them will create severe problems for the article's publication. If this approach does not work, the medical writer can (very diplomatically) explain that this could be considered an ethical breach by the journal and grounds for rejection or later retraction. Many clients and corresponding authors will appreciate this advice, although others will not, which can strain the relationship between the medical writer and the client.

## Option 2: Grant authorship to the medical writer

An interesting alternative might be to include the medical writer as a co-author. This would allow the medical writer to serve as the corresponding author or to perform the tasks on the corresponding author's behalf.

This implies that the medical writer can fulfil the ICMJE's requirements for authorship, which are:<sup>1</sup>

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND

4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

Whether medical writers can fulfil these requirements and be listed as an author continues to be debated.<sup>2-4</sup> Medical writers clearly fulfil the second ICMJE criterion and can fulfil the fourth, which basically means that if contacted about the study or article, the medical writer must provide contact information for someone who can provide answers. Granting authorship to a medical writer therefore largely depends on whether they have fulfilled the first and third criteria. In my experience, medical writers always fulfil the first criterion (substantial contributions) because they have to interpret the data, although they may not wish to fulfil the third criterion (agreement to be accountable) because they do not want to act as a guarantor for data or conclusions not their own.

Even in cases where a medical writer can and is willing to fulfil all four criteria – and therefore should be granted authorship – clients or co-authors are often unwilling. Some journals, such as *Dermatologic Surgery*,<sup>5</sup> have tried to address this and improve transparency by requiring that medical writers be listed as authors.

### Option 3: Change the system to reflect reality and Good Publication Practice (GPP)

In practice, the corresponding author often needs the assistance of a medical writer to upload the files and complete the submission. Changing the ICMJE Recommendations to allow a medical writer to perform these tasks would avoid this awkward situation. In fact, GPP,<sup>6</sup> the main ethical guidelines for industry, states:

*With the corresponding author's permission, and if allowed by the journal or congress, a medical writer (or an appropriately supervised delegate) may complete the administrative tasks associated with submitting the publication to the journal or presentation to the congress.*

This means that journals are the only barrier to allowing medical writers to upload articles on behalf of corresponding authors. Therefore, to avoid this complicated situation, two things should happen: (1) journals should update their submission systems to allow medical writers to upload articles and (2) the ICMJE Recommendations should be brought in line with GPP.

## Conclusions

Should a medical writer submit a manuscript on behalf of a corresponding author? According to the ICMJE Recommendations, no, but according to GPP, yes. To sort out this mess, journals should update their submission systems to allow it, and ICMJE Recommendations should be brought in line with GPP.

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## Disclaimers

The opinions expressed in the article are the author's own and are not necessarily shared by his employer or EMWA.

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## Abstract

Today's world of research and development could not survive without the help of competent medical and scientific writers. The need for such services has increased steadily over the past decades, and pharmaceutical companies as well as academic institutions rely heavily on the contributions made by both internal and external science writers. Many medical and scientific writers are of non-native English origin but are nonetheless expected to deliver high-quality work, both from a science and language perspective. This is not always easy, and it may be worthwhile to consider some of the difficulties that writers with a language background other than English may encounter.

Working as a medical writer in Basel, Switzerland, I have been dealing with such issues for many years. With this article, I wish to draw attention to the main pitfalls encountered, with the aim of helping to improve the quality of medical and scientific texts produced by non-native English speakers.

Does it make a difference whether or not you have learned a language in your childhood? It goes without saying that someone who plays an instrument well will be able to produce pleasant music. This works for languages too. Thus, writers who do not have a good command of the English language will find it harder to write with virtuosity. On the other hand, many non-native English speakers are careful writers because they are far more conscious of possible mistakes than are their native English colleagues. Many writers of non-English origin have learned the English language systematically and thoroughly and may thus be able to name the underlying rules and principles far better than those whose mother tongue is English.

Nonetheless, there are some typical problems