It is only right that I begin this essay on professional ethics with a pertinent disclosure: For several years I considered medical communications as an unethical profession. The book *Bad Pharma* by Ben Goldacre was my introduction to the business and practice of medical communications. In it, he portrays publication planning as an inherently unethical process that is rife with distortion and deception, uses the term “ghostwriting” as a synonym for medical writing, and at one point refers to professional medical writers’ associations as “ghostwriters’ associations” (p.325). Comfortably seated on the moral high horse as an academic, I accepted these statements as facts – after all, what more could I expect from a profit-driven industry?! This was 2016. In 2019, I was signing up to become a member of EMWA. In those three years, having been on the receiving end of a barrage of medical information as a parent and a patient caregiver, I came to deeply appreciate the importance of effective medical communication. So much so that I decided to become a medical communicator. Curiosity led me to EMWA, but what got me to stay were its ghostwriting position statement and its joint position statement (with American Medical Writers Association [AMWA] and International Society for Medical Publication Professionals [ISMPP]) on the role of professional medical writers.

To earn the right to be called a professional, one must accept the ethical responsibilities that go along with that position. Ethical principles are moral values interpreted within a specific context. They state abstract requirements. Onara O’Neill, an eminent philosopher with influential writings on ethics, argues that “Ethical principles are always needed in the middle of lives and activities in which action and practices, policies and institution are constrained in multiple ways,” (p. 124). Medical communicators face many constraints: guidelines, regulations, laws, personal morality, conflicts of interest, target audience, business partners, healthcare professions, and even society at large. Ethical codes allow for nuanced navigation of complex situations involving multiple stakeholders.

AMWA’s code of ethics, with its broad scope,
acts as a basic code for all professional medical communicators (hereafter, communicators).

ISMPP’s code of ethics is instructive for communicators involved in the development and dissemination of scientific publications. These professionals also adhere to the recommendations provided by the International Committee of Medical Journal Editors (ICMJE) and the Good Publication Practice (GPP) guideline, which prioritise integrity, transparency, and accountability. For accurate, complete, and clear presentation of medical research, communicators use relevant reporting guideline(s) available from the Enhancing the QUAlity and Transparency Of health Research (EQUATOR) network. The Committee on Publication Ethics (COPE) provides guidance on ethical publication processes to help authors, editors, and communicators make ethically sound decisions. The recently published AMWA-EMWA-ISMPP statement on standardizing medical publication processes offers solutions that uphold data integrity and enable transparent practices.

Communicators working on regulatory documentation primarily follow regulatory authority-issued guidelines that are based on ethical principles. In addition, gaining a deeper understanding of the ethical principles behind Good Clinical Practice (GCP) is recommended. This helps in identifying ethical situations and in prioritizing the ultimate goal of clinical research: to improve healthcare while always respecting the dignity of human life.

So that is who I shall be: an ethical, virtuous, trustworthy professional medical communicator. Never a ghostwriter.

Communicators developing materials for promotional purposes and medical education abide by the ethical codes and latest regulations that pertain to the interactions between healthcare professionals and the pharmaceutical and medical technology industries, such as, the codes developed by the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) and MedTech Europe. The codes of ethics of professional associations of writers and journalists who specialise in reporting science- or health-related news (eg, Association of Health Care Journalists) make for excellent guides for communicators developing any content for the lay audience.

Professional organisations’ codes and legal compliance checklists lay out minimum ethical requirements; therefore, communicators should aim to go above and beyond these in their work. Communicators should aim to define their personalised standard operating procedures and share these with prospective contractors and clients – a practice that is recommended for freelancers, who often do not receive compliance training from their clients. To facilitate ethical decision-making, communicators could use the five steps outlined in the “RIGHT model”: Recognise the ethical situation, Investigate the facts, Gauge the situation, Handle the situation, and Tailor the decision. Communicators are more than the ethically sound documents they develop; their ethical principles must extend to all aspects of their professional behaviour. The Elements of Ethics for Professionals, a book favoured by the ethics workshop leaders at AMWA, elaborates on 11 virtue-based behaviours that an ethical professional should constantly practice: Working with integrity, Doing no harm, Being respectful, Benefiting others, Being cautious, Being compassionate, Promoting fairness, Encouraging self-determination, Being loyal, Aiming for excellence, Using sound judgment.
Maintaining an ethical practice is difficult; it requires diligence and moral fortitude. It may not even guarantee an increase in trust in the profession. According to O’Neill, we are living within a "culture of suspicion." Goldacre wrote that "ghostwriters" could not be trusted to adhere to "a weak new voluntary code with no teeth" (p. 305). The authors of a recent article in the journal *JAMA Oncology* speculated that an increase in medical writing assistance is a cause for concern because "medical writers may unduly influence the interpretation of [clinical] trials." In fact, neither of these states hold up to systematic scrutiny. So why bother? O’Neill reminds us that our obligations are clear even if trust is withheld. We must always do what is fundamentally ethical. She recommends that instead of asking for trust one should strive to be trustworthy, which she defines as being reliable, honest, and competent. So that is who I shall be: an ethical, virtuous, trustworthy professional medical communicator. Never a ghostwriter.

**References**


