Journal Watch

Dedicated medical writing rotation for pharmacists, publication of drug industry funded research, and evidence-based medicine for clinical decision making

Section Editor:

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Dedicated medical writing rotation for pharmacists

The ability to write up results and contribute to the medical literature is an important skill in a number of professions, including pharmacy practice. Some pharmacy residency programmes require that their participants produce a manuscript of publishable quality (although it may never actually be submitted); however, there is rarely any formal training in medical writing skills. In a recent original article, a group of pharmacists suggested that a structured residency rotation dedicated to medical writing should be considered to fill the knowledge gap that often accompanies medical writing skills in these students.[1] This may have implications for training other healthcare professionals and professional medical writers.

The purpose of the article was to describe the design and implementation of such a residency programme dedicated to developing medical writing skills. Faculty involved in the rotation should have medical writing experience, such as publication in peer-reviewed journals and acting as a peer reviewer for biomedical journals. The medical writing rotation is designed to introduce the resident to aspects of medical writing such as reasons to publish, different types of manuscript, authorship and acknowledgement considerations, composition of a manuscript, submission and publication process, and peer reviewing. At the end of the rotation, each resident is required to prepare, with appropriate assistance, a manuscript for intended publication.

At the time of publication, five postgraduate year 2 residents had completed the medical writing rotation at a tertiary care academic medical centre in the US. Since then, five manuscripts written by the residents have been accepted for publication in peer-reviewed journals. Therefore, a structured medical writing rotation during a pharmacy residency programme can help participants develop skills that are important for contributing to the medical literature in the future.

Publication of drug industry funded research

The *British Medical Journal* (*BMJ*) and associated journals have stopped publishing research funded by the tobacco industry. The reasons are that 'the research is corrupted and the companies publish their research to advance their commercial aims, oblivious of the harm they do'. In this 'Head to Head' article,[2] the authors debate whether these arguments also apply to research funded by the drug industry and if, therefore, journals should also stop publishing the results of drug company-funded trials.[2]

The 'Yes' argument claims that drug company-funded research is flawed and is published to encourage sales. They propose a new model where trial planning begins with a systematic review of previous work to determine if a new trial is necessary; if yes, the systematic review and new trial protocol should be posted publically on the internet for review and comment. The statistical analysis plan should be written before any data are available for analysis, and posted with the protocol. Upon trial completion, the entire anonymised data set should be made available for everyone to analyse. Journals should then publish the results from the systematic review and all independent analyses of the trial data.

The 'No' argument states that the tobacco and drug industries are fundamentally different – tobacco industry products harm health whereas pharmaceutical products aim to improve health – and that there are plans to increase integrity in the publication of drug company-funded research. Many steps are being taken to improve transparency in the evidence base for new drugs (e.g. mandatory prospective trial registration, reporting of all results, access to patient level data on the benefits and harms of interventions); these rules should also be applied retrospectively to previously unreported

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trials. The *BMJ* are keen to publish papers from the Restoring Invisible and Abandoned Trials initiative, where academics can find and publish previously unreported trials if the original investigators declined to publish, and also trials where there was no evidence of benefit, providing the research questions are important and the methods are robust.

The article concludes by considering if editors would be afraid or unable to ban drug company-funded research, given the income journals receive from advertising, reprints, and sponsorship from the pharmaceutical industry. The current *BMJ*'s editor in chief has stated that 'If these efforts do not soon bring about a necessary sea change in the way industry funded trials are performed, the BMJ may well decide to stop publishing them. Whether an editor would survive such a decision is a question I may have to test'.[3]

Evidence-based medicine for clinical decision making

There is currently much debate about the merits of using evidence-based medicine for clinical decision making. An oral history of evidence-based medicine film was made last year for a joint *Journal of the American Medical Association* (*JAMA*) and *BMJ* celebration; this film has been published online (bmj.com/evidence and the *JAMA* network) and was summarised in a recent editorial.[4] While there is some support for the argument that evidence-based medicine leaves no room for discretion and has fuelled over diagnosis and treatment, others do not agree.[5]

In her recent editor's choice in the *BMJ*,[6] Fiona Godlee introduces a commentary about the Wingspan intracranial stenting device.[7] The article notes that this device is currently licensed for use in people with a previous stroke on the basis of a single, industry funded, uncontrolled study of 44 patients, whereas the only randomised trial showed clear evidence of increased deaths and strokes when the device was compared with medical treatment.[7] The special regulatory programme for high-risk devices in rare conditions under which Wingspan was licensed is the subject of an accompanying commentary[8] that highlights the generally poor quality of the evidence for such devices. The authors' of these commentaries conclude that there should be greater regulatory scrutiny of the safety and effectiveness of medical devices.

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