

Medical Communications and Writing for Patients

Editorial

Dear All,

Happy New Year! Welcome to the first issue of 2022's *Medical Writing*. I hope that you and your loved ones are all managing to stay as safe and sane as possible, and I hope that you all had a wonderful Christmas break.

In this edition of *Medical Writing*, I'm delighted to present TWO articles. Both are time sensitive, so we took the unusual decision of running two pieces in this section rather than wait and space them out.

The first piece is a summary of the excellent work just completed by the Med Comms SIG. They have devised, run, and collated the results of a survey on predatory publishing. Predatory

publishing is an issue that should be of grave concern to the medical writing, clinical development, and academic communities, and so it is very important that we not only establish awareness and the extent of the problem, but also raise the issue for continued discussion and to keep awareness high.

The second piece is an update from the Med Comms SIG's second Meet and Share session, which took place in November 2021. The session was titled *Ethics in Publishing*, and covered the practical issues surrounding data integrity and authorship eligibility when writing manuscripts for clients. As always with Meet and Share sessions, it was an excellent exchange of knowledge and experience, and members were

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able to provide examples of key processes that could help to avoid misunderstandings and future disagreements. If you missed the session, this article is a great way to catch up on all of the discussions!

I hope that you enjoy both articles as much as I have, and see you in the next issue!

Bestest,
Lisa

Predatory practices posing problems

In Autumn 2021, a survey was sent out to all EMWA members on behalf of the Medical Communications Special Interest Group (MedComms SIG) to help it better understand the issues presented by predatory publishing practices. Expert and SIG member Simon Linacre analysed the results and suggests here some practical steps for medical writers to follow to mitigate the pitfalls of predatory journals [Full disclosure: Simon Linacre was formerly marketing director at Cabells, a scholarly analytics firm which sells products and services that help counteract predatory publishing].

Predatory journals are a major concern for medical writers, with a significant impact on all healthcare stakeholders – that is the overall finding from EMWA's member survey conducted in the second half of 2021. With 128 respondents – drawn mostly from EMWA but also ISMPP and AMWA members – the results paint a picture of high-levels of awareness, but also express concerns

about how predatory journals and conferences are permeating medical communications and public policy.

Predatory activities – mainly featuring journals and conferences, but also including books, author services and journal indexes – tend to focus on deceiving authors into thinking they are paying for a service that is not delivered. For example, an author will pay a fee to a journal to make their article open access when published, with the fee intended to cover costs such as peer review, copyediting, proof reading, and search engine optimisation (SEO). In the predatory world, none of these costs are incurred as they don't happen, with articles published without any form of independent check and potentially catastrophic results for any other researchers using the published research in good faith.

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Background

The survey was sent out in October 2021 following the high levels of interest and engagement in seminars hosted by EMWA in recent years on the topic of predatory journals. Predatory journals have been a hot topic of conversation since 2009 when librarian Jeffrey Beall first coined the term and highlighted their practices. Since then, the numbers of journals identified as predatory have grown rapidly, with spam emails soliciting papers for predatory journals and conferences appearing regularly in researchers' inboxes.

The apparent increase in predatory activity and potential for harm to medical communications, together with interest in the subject from EMWA members, provided a catalyst for the MedComms Special Interest Group to put together a survey to understand more about how it was affecting those in the industry. The survey was issued by EMWA Head Office, and also sent through to other medical communications bodies to garner as many responses as possible.



Figure 1. Word cloud showing open-ended responses from members of EMWA regarding how best the association can support members

Key findings

The key themes the survey uncovered can be summarised in the following ways:

- **Awareness:** Overall, there is huge awareness of the predatory phenomenon, with 97% of respondents saying they had heard of the terms associated with it. Similarly, 78% had themselves come across predatory activity, and 70% knew of the joint statement by COPE-ISMPP-AMWA on predatory publishing (<https://www.emwa.org/about-us/position-statements/joint-position-statement-on-predatory-publishing/>). However, in a trait that is seen across the survey, a significant minority (25%) had not heard of the joint statement at all.
- **Identification:** For the 78% of respondents who had come across predatory activity, there were some follow up questions on how they were able to identify this. Personal experience was the main factor (70%), with resources also proving useful for identification (36%). More worryingly, a large number of people

had been solicited directly (76%) to contribute to a predatory journal or conference, with 11% admitting they had inadvertently submitted a journal or paper. In addition, 20% of people didn't know if they had been solicited or if they had submitted anything, representing the significant minority again who appear to be unable to differentiate predatory journals and conferences from legitimate enterprises.

- **Impact:** There is little doubt medical writers believe predatory activities to be a big problem for medical communications, with 86% (journals) and 78% (conferences) thinking they have a major impact. Four in five don't believe it is just a problem affecting academics – although one in 10 do think it is just their problem – and 78% believe these activities can lead to disinformation in public policy. Perhaps the strongest result when it comes to impact is that one of the highest positive responses in the survey of 91% was reserved for those agreeing that there was a

wider impact on all health stakeholders such as medical professionals and patients.

- **Resources:** In terms of tackling the problem, given that the majority of respondents said they could identify predatory journals and conferences from experience and a third by using resources, developing programmes that build on these two factors would seem sensible. Specific resources used included the long-defunct Beall's List (54%), the Committee on Publications Ethics (<https://publicationethics.org/resources/discussion-documents/predatory-publishing> – 46%), the Think. Check. Submit. website (<https://thinkchecksubmit.org/> – 32%) and Cabells' Predatory Reports database (<https://www2.cabells.com/about-predatory> – 22%). Demand for such resources appears to be high, with 84% of people agreeing that further resources provided by EMWA would be useful for their work.

Interpreting these results, the responses appear to hold for most constituents in medical writing. It was distributed through aligned organisations as well as EMWA, which meant that while 68% of respondents were from Europe, a fifth were from North America. There was also a wide range of experience represented, with the most typical cohorts having 11 to 20 years experience (28%) and aged between 40–49 years old (35%).

Implications

One of the questions in the survey was an open one, which asked respondents how they would like to see EMWA support its members [see Figure 1]. There were many practical recommendations suggested by respondents, including education programmes available to all medical

writers, a single website including all relevant information, a new list available for anyone to check journal titles against, and the continued rollout of webinars and talks on the subject from organisations such as EMWA.

All of these recommendations for action will be taken on board by EMWA as it determines where to focus on its activities to support members and the wider medical communications community in the future. When it comes to predatory journals and conferences, it is clear that while most medical writers are aware of the problem and feel relatively confident in dealing with it, many others are either unaware or quite uncertain about identifying and avoiding being lured by predatory operators.

Acknowledgements

The author would like to thank EMWA Head Office for their assistance with the survey, as well as members of EMWA, AMWA, ISMPP, and the Australian and New Zealand medical writers association who responded to the survey.

Disclosures and conflicts of interest

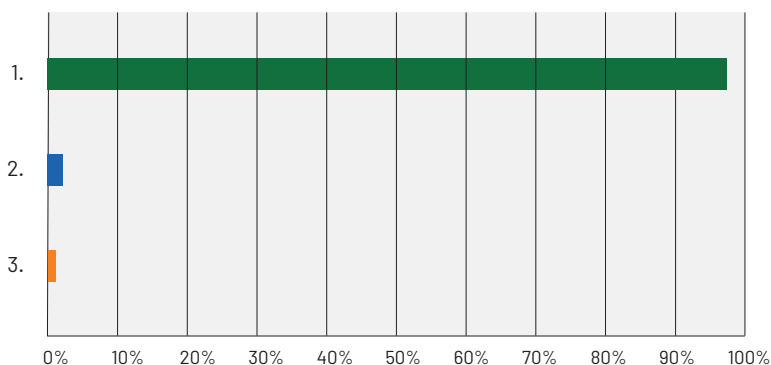
The author was formerly employed by Cabells, which sells products and services to combat predatory publishing activities.

Data availability statement

For inquiries about data and other supplemental information, please contact the corresponding author.

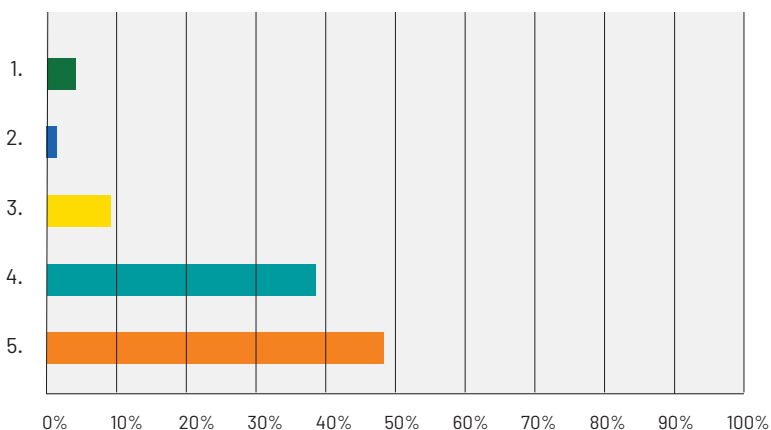
Results of the Survey

Question 1: Have you heard the term “predatory publisher”, “predatory journal” or “predatory conference”?



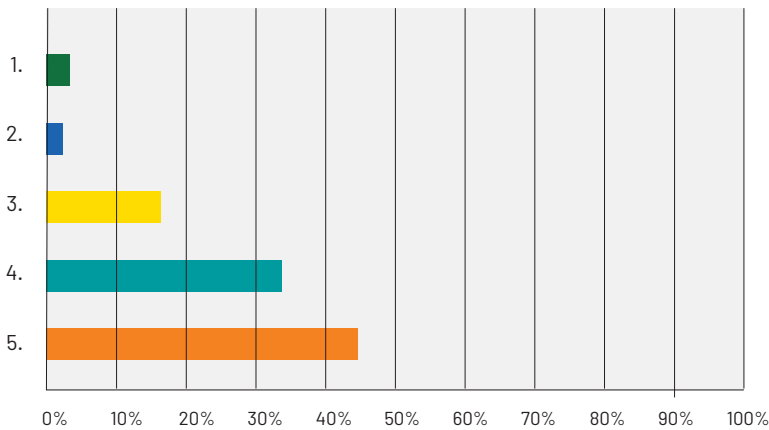
Answer choices	Responses	No
1. Yes	96.88%	124
2. No	2.34%	3
3. Not sure	0.78%	1
Total respondents		128

Question 2: Do you agree predatory journals impact the work of medical writers and medical communicators?



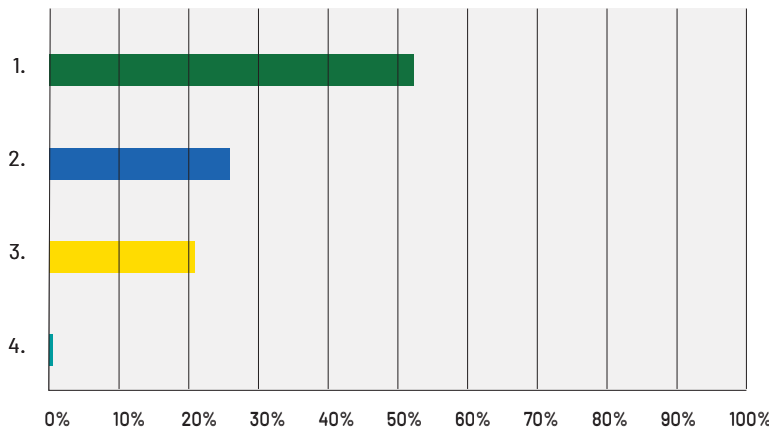
Answer choices	Responses	No
1. Strongly disagree	3.13%	4
2. Disagree	1.56%	2
3. Neither agree nor disagree	9.38%	12
4. Agree	38.28%	49
5. Strongly agree	47.66%	61
Total respondents		128

Question 3: Do you agree predatory conferences/events impact the work of medical writers and medical communicators?



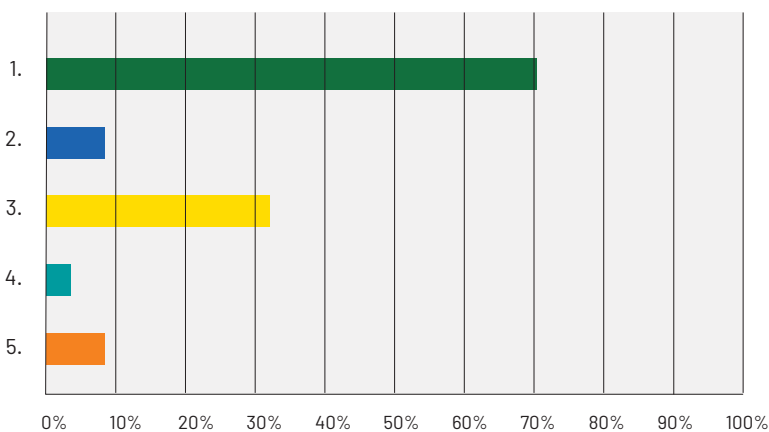
Answer choices	Responses	No
1. Strongly disagree	3.13%	4
2. Disagree	2.34%	3
3. Neither agree nor disagree	16.41%	21
4. Agree	33.59%	43
5. Strongly agree	44.53%	57
Total respondents		128

Question 4. Have you ever come across predatory publishing or predatory conference activities in the course of your work?



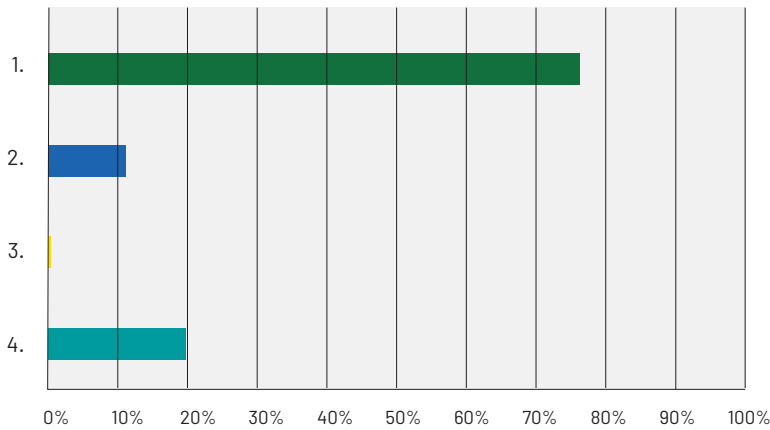
Answer choices	Responses	No
1. Yes, several times	52.34%	67
2. Yes, but only once or twice	25.78%	33
3. No, not that I am aware of	21.09%	27
4. I don't know	0.78%	1
Total respondents		128

Question 5: If you have answered "1" or "2" to Q.4, which methods did you employ to determine the journal as "predatory"?



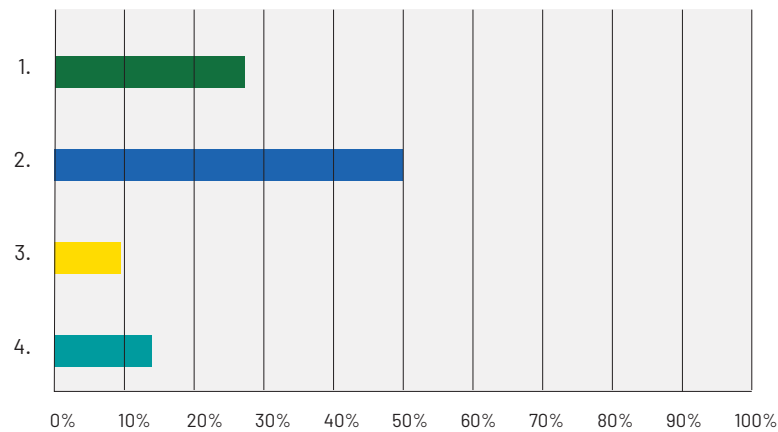
Answer choices	Responses	No
1. It was clear from my own experience	70.34%	83
2. It was pointed out to me by someone else	8.47%	10
3. I used a resource to help me	32.20%	38
4. I only found out after I had used the source	3.39%	4
5. I don't know	8.47%	10
Total respondents		118

Question 6: If you have answered "1" or "2" to Q.4, regarding your direct experience of predatory journals/conferences: [all that apply]



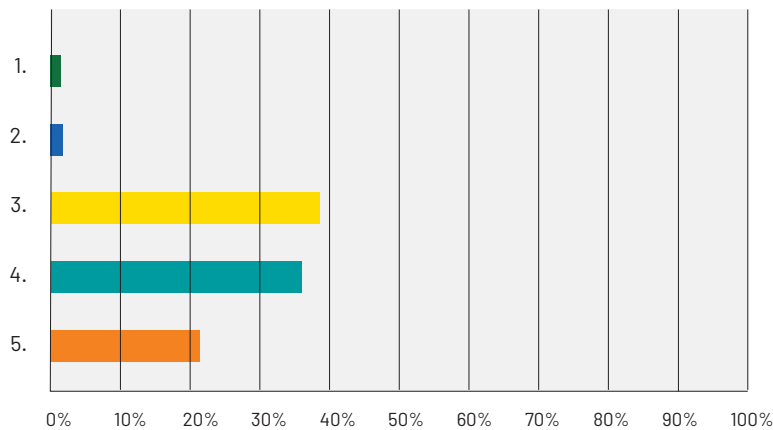
Answer choices	Responses	No
1. Have you been invited directly to submit an article and/or become an Editorial Board member?	5.89%	85
2. Have you inadvertently submitted articles to journals/papers?	10.71%	12
3. Have you knowingly submitted articles to journals/papers?	0.89%	1
4. I don't know	19.64%	22
Total respondents		112

Question 7: If you have answered "1" or "2" to Q.4, how often do you receive unsolicited emails from suspected predatory journals or conferences?



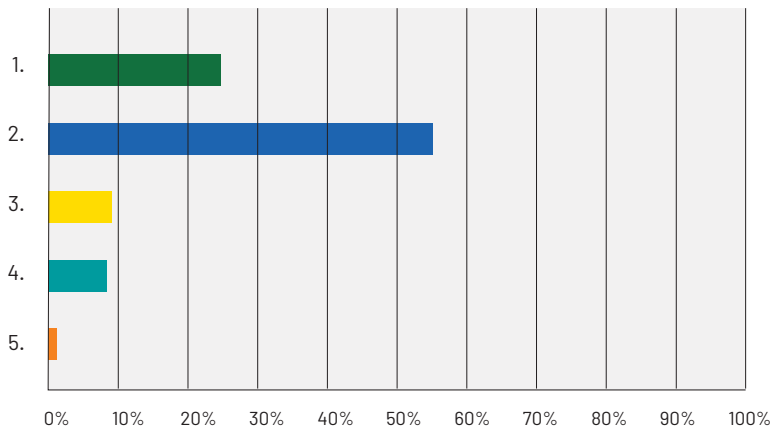
Answer choices	Responses	No
1. Never	27.19%	31
2. Once a month	50.00%	57
3. Once a week	9.65%	11
4. More than once a week	14.04%	16
Total respondents		114

Question 8: If you have answered "1" or "2" to Q.4, do you agree predatory solicitations are becoming more common?



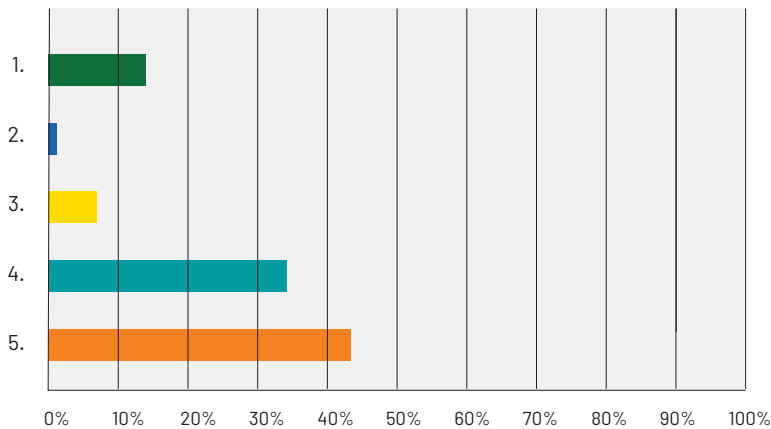
Answer choices	Responses	No
1. Strongly disagree	1.72%	2
2. Disagree	1.72%	2
3. Neither agree nor disagree	38.79%	45
4. Agree	36.21%	42
5. Strongly agree	21.55%	25
Total respondents		116

Question 9: Do you agree with this statement: "Predatory publishing practices are an academic problem and they don't impact me or my work"?



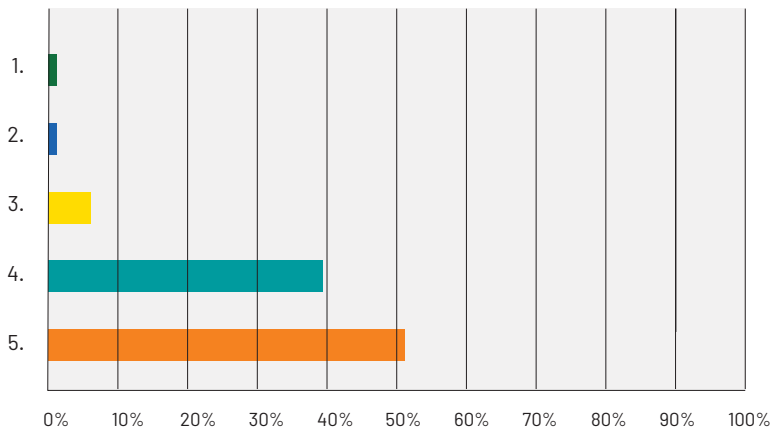
Answer choices	Responses	No
1. Strongly disagree	25.00%	32
2. Disagree	55.47%	71
3. Neither agree nor disagree	9.38%	12
4. Agree	8.59%	11
5. Strongly agree	1.56%	2
Total respondents		128

Question 10: "If left unchallenged ... predatory practices could fuel disinformation in public policy". Do you agree with this statement?



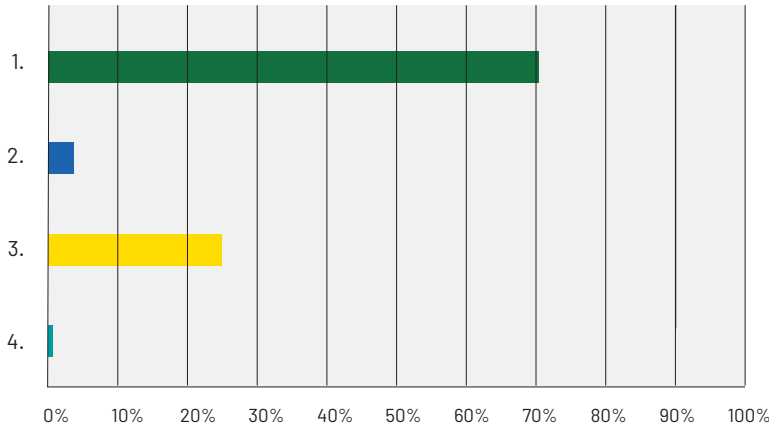
Answer choices	Responses	No
1. Strongly disagree	14.06%	18
2. Disagree	1.56%	2
3. Neither agree nor disagree	7.03%	9
4. Agree	34.38%	44
5. Strongly agree	43.75%	56
Total respondents		128

Question 11: Do you agree predatory publishing practices could impact significantly on medical professionals, patients and other related stakeholders?



Answer choices	Responses	No
1. Strongly disagree	1.56%	2
2. Disagree	1.56%	2
3. Neither agree nor disagree	6.25%	8
4. Agree	39.84%	51
5. Strongly agree	51.56%	66
Total respondents		128

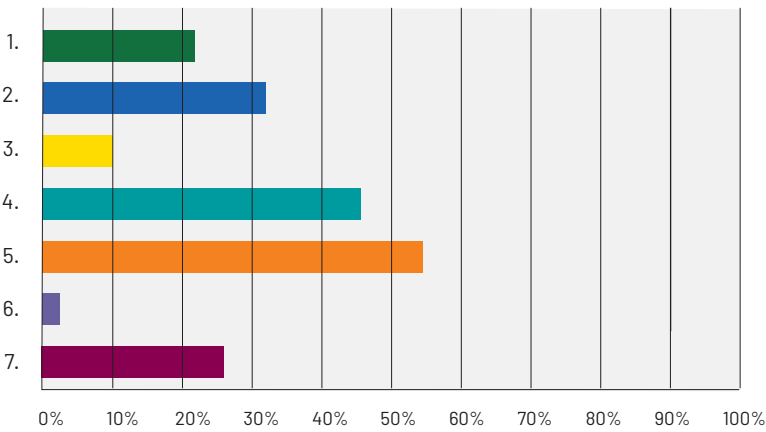
Question 12: Are you aware of the EMWA-ISMP-AMWA Joint Position Statement on Predatory Publishing <https://www.emwa.org/news/amwa-emwa-ismppjoint-position-statement-on-predatory-publishing/> and other related stakeholders?



Answer choices	Responses	No
1. Yes	70.32%	90
2. Maybe	3.91%	5
3. No	25.00%	32
4. I don't know	0.78%	1

Total respondents 128

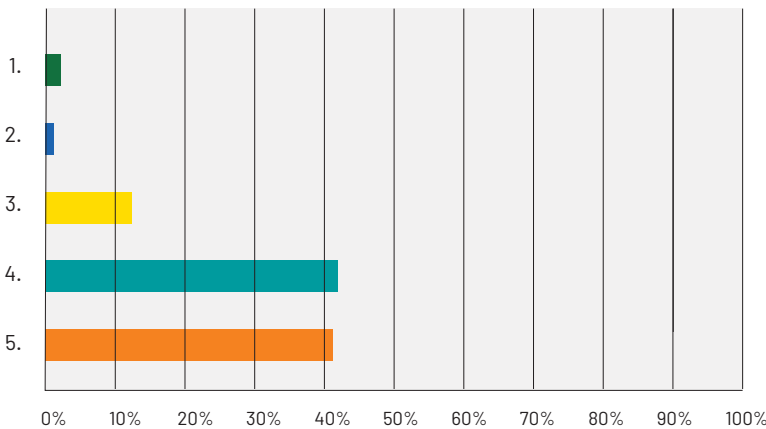
Question 13: Have you heard of the following resources developed to counter predatory practices? [all that apply]



Answer choices	Responses	No
1. Cabells Predatory Reports	22.05%	28
2. Think. Check. Submit.	32.28%	41
3. Think. Check. Attend.	10.24%	13
4. COPE principles of transparency	45.67%	58
5. Beall's List	54.33%	69
6. Dolos list	2.36%	3
7. None of the above	25.98%	33

Total respondents 127

Question 14: EMWA is thinking of developing further resources for members to support them in dealing with predatory journals, books, conferences and author services. Do you agree such resources would be for your work?



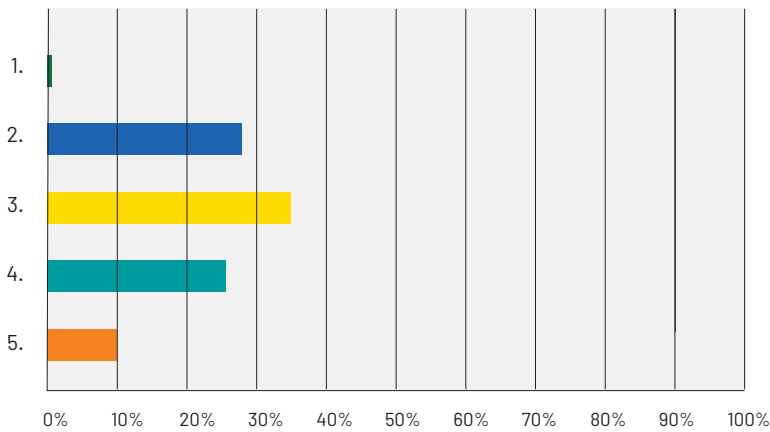
Answer choices	Responses	No
1. Strongly disagree	2.34%	3
2. Disagree	1.56%	2
3. Neither agree nor disagree	12.50%	16
4. Agree	42.19%	54
5. Strongly agree	41.41%	53

Total respondents 128

Question 15: If you have any ideas on how EMWA can support its members with regard to predatory publishing activities or if you have any comments, please add them below.

[Space for respondent comments]

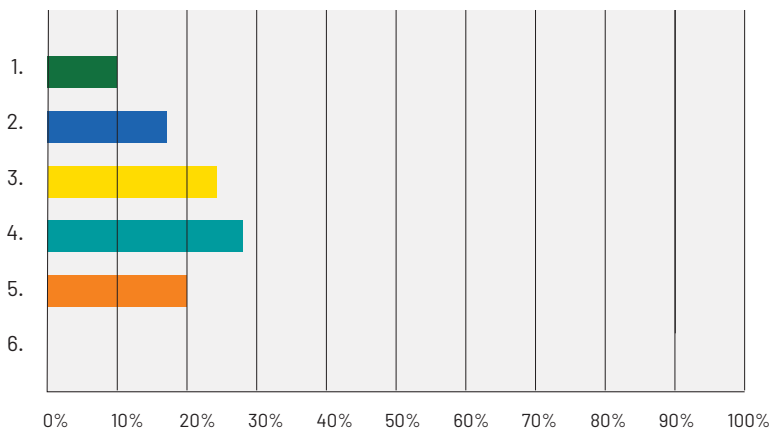
Question 16: How old are you?



Answer choices	Responses	No
1. Under 30	0.78%	1
2. 30-39	28.13%	36
3. 40-49	35.16%	45
4. 50-59	25.78%	33
5. Over 60	10.16%	13

Total respondents 128

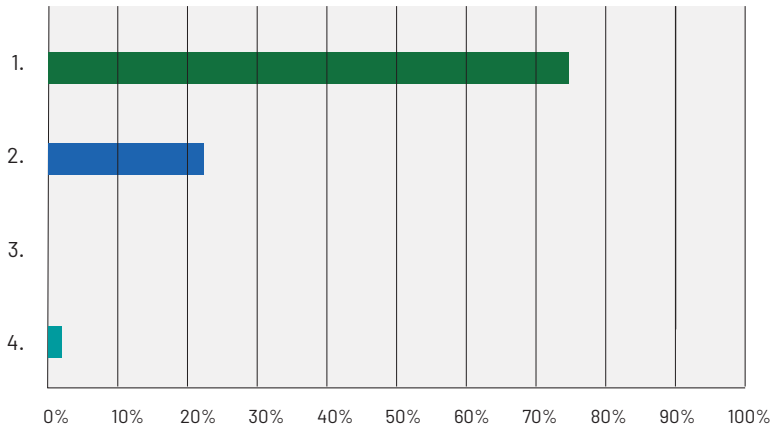
Question 17: How many years' experience do you have as a medical writer/communicator?



Answer choices	Responses	No
1. 0-2 years	10.16%	13
2. 3-5 years	17.19%	22
3. 6-10 years	24.22%	31
4. 11-20 years	28.13%	36
5. 21+ years	20.31%	26
6. I have no experience as a medical writer/communicator	0.00%	0

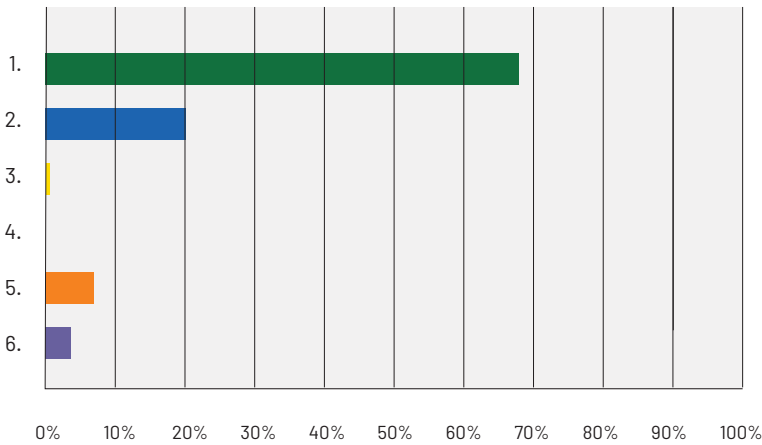
Total respondents 128

Question 18: Which of the following best describes you?



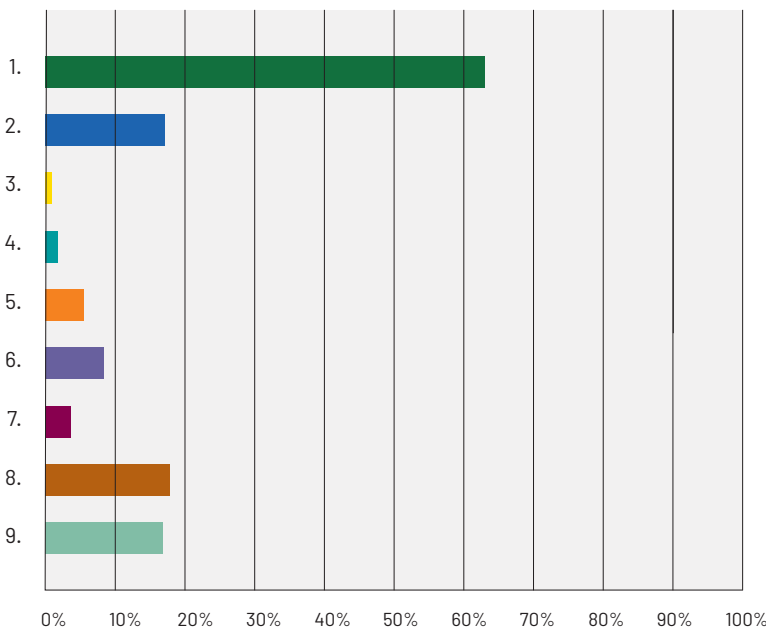
Answer choices	Responses	No
1. Female	75%	96
2. Male	22.66%	29
3. Non-binary	0%	0
4. Prefer not to say	2.34%	3
Total respondents		128

Question 19: In which region did you live in August 2021?



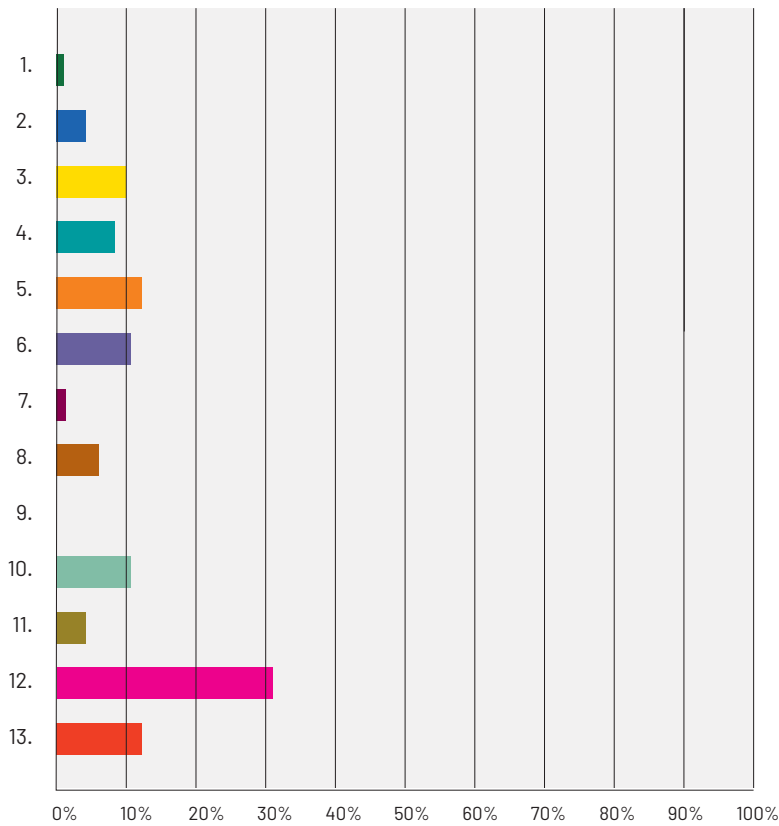
Answer choices	Responses	No
1. Europe	67.97%	87
2. North America	20.31%	26
3. South America	0.78%	1
4. Africa	0.00%	0
5. Asia	7.03%	9
6. Oceania	3.91%	5
Total respondents		128

**Question 20: Which of the following departments is your function assigned to in your company?
(Do not answer if freelancer)**



Answer choices	Responses	No
1. Medical writing	63.81%	67
2. Medical affairs	17.14%	18
3. Pharmacovigilance	0.95%	1
4. Statistics	1.90%	2
5. Marketing / branding	5.71%	6
6. Clinical operations	8.57%	9
7. Regulatory affairs	3.81%	4
8. Publishing	18.10%	19
9. Other (please specify)	17.14%	18
Total respondents		105

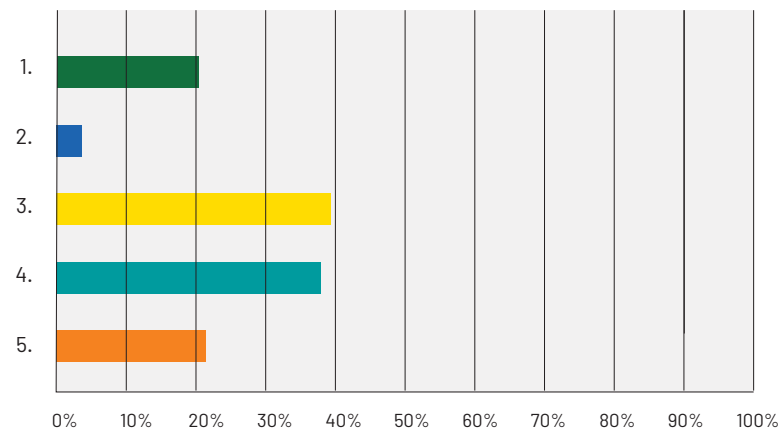
Question 21: Which of the following best describes your job title?



Answer choices	Responses	No
1. Associate medical writer	1.56%	2
2. Junior medical writer	4.69%	6
3. Senior medical writer	10.94%	14
4. Principal medical writer	8.59%	11
5. Manager, medical writer	12.50%	16
6. Communications lead / specialist	10.94%	14
7. Publishing scientist	1.56%	2
8. Medical writing scientist	6.25%	8
9. Drug safety specialist	0.00%	0
10. Head of department	10.94%	14
11. Owner of medical writing company	4.96%	6
12. Freelance	31.25%	40
13. Other (please specify)	12.50%	16

Total respondents 128

Question 22: Are you a member of one of the following organisations?



Answer choices	Responses	No
1. AMWA	20.25%	16
2. AMWA (Aus / NZ)	3.80%	3
3. ISMPP	39.24%	31
4. EMWA	37.97%	30
5. Other (please specify)	21.52%	17

Total respondents 79



Ethics in publishing: Second Meet and Share session of the Medical Communications Special Interest Group (MedComm SIG)

In the second Meet and Share session, which took place in November 2021, we discussed practical ways to handle issues surrounding data integrity and authorship eligibility that we may encounter when developing manuscripts for our clients. It was a stimulating exchange of various points of view, from experienced writers sharing their strategies on working with uninformed clients to publication professionals providing examples of key processes that could help avoid misunderstandings and future disagreements.

When we begin the process of developing a manuscript, we cast our fresh eyes over the data and critically assess its quality and validity. We

We may, at times, discover that the conclusions are exaggerated, data analysis is problematic, or data quality is poor.

may, at times, discover that the conclusions are exaggerated, data analysis is problematic, or data quality is poor. We may find that authors are not contributing sufficiently enough to merit a byline. Also, we may face illegitimate authorship requests at the time of article submission. During this session, the following recommendations were made to help navigate these tricky situations:

- **Communicate risk:** When conclusions are inflated, alert the sponsor of the risks they face if they lose their audience's trust. A loss of reputation would affect brand and market value. Although such discussions are more difficult with clients who

feel personally involved in the study, it is

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worth highlighting the good faith under which scientific research is conducted.

- **Communicate politely and clearly:**
 - Clients would be more open to discussing data integrity problems and altering their perceptions if our tone was helpful, respectful, and humble. So, lead the discussion by asking questions and request clarifications.
 - Offer actionable suggestions, e.g. performing root cause analyses if the primary outcome analysis yielded disappointing results.

- We should not let imposter syndrome silence our doubts. This advice is especially pertinent to junior writers. The experienced writers in the group assured that voicing concerns is welcomed by most publication teams, provided it is done in an inoffensive and humble way. The clients' reactions to such behaviour can also help the writers assess if they would consider working with these clients again. The consensus was that it is better to lose a few business prospects in the short term in order to attract the right type of client.
- As we are the first line of control to ensure that all authors listed in a manuscript have fulfilled the authorship criteria, we could get "silent" authors to take ownership of the manuscript's content by asking them direct questions that require detailed answers.
- We should be clear about the author inclusion and exclusion criteria with the authors and sponsors early in the publication development. The prospective authors must be made aware of the International Committee of Medical Journal Editors (ICMJE) and Good Publication Practice (GPP3) guidelines.^{1,2} Marketing efforts may be affected when an author who is prominent in their field is removed from the author list; therefore, we must aim for open and clear alignment of processes with all impacted departments. We agreed that medical writers should not succumb to commercial pressures.
- **Do our own calculations:** We should check if the reported limits of data ranges seem sensible, if units are accurate, and if basic calculations are correct. While it is helpful to have basic statistical knowledge to check data quality, our meticulous nature can also help us identify errors in the data. For instance, we could look at the minimum and maximum values to detect outliers within a dataset.
- **Make it less personal:** In addition to referring the clients to best practice guidelines for ethical writing, we could highlight that our concerns will eventually be voiced by other groups who will be reviewing the data, e.g. regulatory authorities, peer reviewers, and journal editors. It would help to pose some challenging questions to the client to help them think deeply about the data and reassess their strategy, such as:
 - What questions do you not want to be asked by the regulator?
 - Is there data in here that could embarrass you?
 - Are we working with a verified dataset or reviewed report?
 - What do you think the editor or peer reviewer will say?
- **Share responsibility:**
 - **With editors and reviewers:** Following writing guidelines requires us to explain the limitations of the data clearly in the manuscript. We should also mention any concerns that impact the conclusions of the study. This will help the journal editors and peer reviewers correctly assess the quality of the study.
 - **With statisticians:** It would be helpful to have statisticians take ownership of the data quality and analyses. We agreed that their contributions merit an authorship. A colleague with knowledge of the scholarly publishing industry shared that editorial boards and peer reviewers are sceptical of the data analysis if they do not find a statistician listed as an author. This could be a good argument to convince the client to use and credit a statistician.
 - **With authors:** We could present the issues to the lead author and ask for their support.
- **Have a process-driven approach for assessing authorship eligibility:** Using a detailed authorship eligibility form based on the Contributor Roles Taxonomy (CRediT) terms for contributorship may be helpful.³ Ideally, it should be filled in and agreed to already at the kick-off meeting. It would need to be updated throughout the publication development process and finalised at the time of submission. To convince all parties to complete the form, use the following rationales:
 - The information contained within could be used to justify authorship eligibility to the journal editor and to settle any internal disputes that may arise later.
 - At the time of an audit, the form could be used to provide evidence of contributions. Using publication planning software tool, like Datavision,⁴ can also help keep detailed records that could be useful if an audit were requested.
- **Walk away:** If the issues are not resolved despite all our efforts, then we should consider stepping back from the project and requesting that our names be removed from the acknowledgements section.

Overall, we learnt that having confidence, using positive and clear communication strategies, and sharing accountability would help us reach our ethical objectives as medical writers. The MedComm SIG is grateful to all participants for their openness. This forum, which is open to all EMWA members, continues to be a judgment-free space to learn from and lend support to other medical writers.

Acknowledgements

I would like to thank Beatrix Doerr for her helpful review of the article.

Disclosures and conflicts of interest

The author declares no conflicts of interest.

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