



# Ghostwriting: Best Practices for Academic Medical Centers\*

## The Problem:

**G**hostwriting involves falsely attributing authorship to a person who did not contribute to the content of a publication. Often, a pharmaceutical company will enlist a medical writer to draft an article that advances the marketing campaign for a certain drug. The company will then solicit a prominent physician to sign on as author. The identity of the true author, who has direct industry ties, is not disclosed. Ghostwriting essentially serves as a surreptitious marketing tactic: for instance, a company might commission an article highlighting a particular disease area, examining potential side-effects of competing products, or promoting off-label uses of a drug in order to enhance the reception of their products. This practice conceals conflicts of interest and can lead to the proliferation of dangerous, inaccurate information.<sup>1, 2, 3</sup>

Ghostwriting is thought to be common: several studies suggest that 9-11% of articles in biomedical journals have been ghostwritten.<sup>5, 6, 7, 8</sup> Because some of these rates were self-reported, the actual prevalence may be much greater. In such instances, since the industry-paid writers are not credited as authors, their ties to industry go unreported. Journal editors and readers assume that the authors are conflict free. This lack of transparency hinders readers' abilities to interpret the article and its findings. Ghostwriting is an irredeemable marketing strategy that threatens the practice of evidence-based medicine.<sup>4</sup>

## Best Policy Practices:

### **Industry ghostwriting should be completely prohibited.**

The International Committee of Medical Journal Editors has adopted a set of authorship principles that can serve as a guide for physicians. Academic Medical Centers should ensure that their faculty members are aware of proper authorship principles, and that they know that they are responsible for upholding

## Model Policy

### Georgetown University

The policy prohibits “publishing articles or materials under an individual’s own name that are written by, or in material part by, Industry Representatives”. Ghostwriting is specifically forbidden.

Furthermore, this policy delineates specific standards for authorship, stating that “all persons who make a substantial contribution to a manuscript, presentation, or other writing meeting the ICMJE standards/criteria or other accepted scientific standards for authorship should be listed as authors and their affiliations listed (academic, Industry, other)”.

[http://www.medstarhealth.org/documents/conflict\\_of\\_interest\\_policy.pdf](http://www.medstarhealth.org/documents/conflict_of_interest_policy.pdf)

\*These recommendations come out of an ongoing study by Columbia University’s Center on Medicine as a Profession. The researchers will update their recommendations regularly to incorporate new policies and findings. These materials were made possible by a grant from the state Attorney General Consumer and Prescriber Education Grant Program, which is funded by the multi-state settlement of consumer fraud claims regarding the marketing of the prescription drug Neurontin.

For more information, contact IMAP at [CCOI-database@columbia.edu](mailto:CCOI-database@columbia.edu) or 212-305-6914.

these standards. Physicians should not be permitted either to produce such articles, or to sign their names to articles to which they have not contributed. ■

## References

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Figure 1.

