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## Readers Offer Opinion on Medical Writer Policy

We applaud the *Clinical Journal of Oncology Nursing (CJON)* for its efforts to develop the publication skills of oncology nurses. Also, we share Dr. Griffin-Sobel's view that the practice of "ghostwriting" manuscripts in the absence of collaboration with authors is unethical (Griffin-Sobel, 2005). Authors must determine the content of published articles and take public responsibility for it. We disagree, however, with the journal's decision to reject all papers written with the assistance of medical writers. This policy is a disservice to authors who could benefit from a writer's services and to the readership, which certainly will miss some important papers.

We are disappointed by the statement, "Any oncology nurse . . . has every skill needed to write a manuscript." Doubtless, this is true of some. However, as oncology nurses receive specialized training in the care of patients with cancer, so medical writers receive specialized training in medical communications. Trained medical writers are adept at assimilating and compiling data into clearly communicated tables, graphs, and prose. Writers work closely with authors to ensure that the study and its findings are set in the context of the current state of knowledge, that the study design and statistical methods are intelligibly described, and that the data and authors' message are clearly, concisely, and accurately communicated. Through such collaboration, authors often learn ways to improve their own writing.

Refusal to publish professionally written papers—which may lead to delays in reporting, poorer quality of manuscripts, and even a failure to publish important findings—is not in the best interest of scientific communication. We support the more balanced approach of *BMJ*, which requires that professional medical writers be named as contributors and that their funding be fully disclosed. This policy is consistent with the standards set by the International Committee of Medical Journal Editors (2006) in its Uniform Requirements for Manuscripts Submitted to Biomedical Journals. Because prohibition of the use of medical writers cannot be enforced, we believe that such an action will increase the likelihood that articles will contain undisclosed contributions by medical writers, an unwanted outcome for all concerned.

The American Medical Writers Association (AMWA) and the European Medical Writers Association (EMWA) have taken an active role in discouraging ghostwriting, in which the role of medical writers and their funding are not disclosed (Hamilton & Royer, 2003; Jacobs & Wager, 2005). We appeal to you to join us in our efforts and to reconsider your policy on the publication of professionally written papers.

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Griffin-Sobel, J.P. (2005). The status of peer review. *Clinical Journal of Oncology Nursing*, 9, 669.

Hamilton, C.W., & Royer, M.G., for the AMWA 2002 Task Force on the Contributions of Medical Writers to Scientific Publications. (2003). AMWA position statement on the contributions of medical writers to scientific publications. *AMWA Journal*, 18, 13-16.

International Committee of Medical Journal Editors. (2006). Uniform requirements for manuscripts submitted to biomedical journals: Writing and editing for biomedical publication. Retrieved January 27, 2006, from <http://www.icmje.org>

Jacobs, A., & Wager, E. (2005). European Medical Writers Association (EMWA) guidelines on the role of medical writers in developing peer-reviewed publications. *Current Medical Research and Opinion*, 21, 317-321.

## The CJON Editor and Editorial Board Respond

We appreciate your feedback on our decision to prohibit papers written by communication companies and medical