

Authorship Policies and Ghostwriting in Medical Journals: A Political Economy Perspective

Adrienne Shnier, M.A. (c, 2012)

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MA supervisor: Dr. Joel Lexchin

MA advisor: Dr. Harriet Rosenberg

Presentation Outline

- ▶ Context
 - ▶ Key Questions
 - ▶ Methodology/Methods
 - ▶ Preliminary Results
 - ▶ Conclusion
 - ▶ Future Directions
- 

Context (1)

- ▶ Ghostwriting:
 - Marketing technique used by pharmaceutical companies
 - Promote favourable data regarding prescription medications
 - **Influence physicians' prescribing habits** and, ultimately, gain profit
 - Ghostwriting only part of multi-year marketing exercises (i.e. ghost management)
- ▶ Estimation of prevalence of ghostly practices is complicated by surrounding nature of secrecy



Context (3)

- ▶ Many definitions of ghostwriting results in an inability to effectively regulate authorship practices
- ▶ Comprehensive definition:

“Medical ghostwriting is a practice where pharmaceutical...companies hire medical education communication companies (MECCs) to **draft articles that are presented to prominent physicians and scientists to sign on as authors to increase the likelihood that the article will be published in important medical journals.**

Ghostwritten articles ... are **drafted by pharmaceutical ... company employees who are not acknowledged in the final publication...**The physicians and scientists agree to sign on even if they may not be intimately familiar with the underlying data or relevant research or provided limited input on the article. Authors who make little to no contribution to a publication are also referred to as **“guest” authors.**”¹

¹(Grassley, 2010, Ghostwriting in Medical Literature)

Key Questions

- ▶ Who is responsible for regulating ghostwriting?
 - Journal peer reviewers?
 - Academic medical research centres?
- ▶ Consider that authorship regulation is the responsibility of medical journals' peer-reviewers:
 - What policies are in place that allow peer-reviewers to regulate authorship practices?
 - Who benefits from these policies?



Methodology (1)

▶ Political economy:

- Relations between politics and economics
- Market-based North American culture
- Drug production is organized by materialist opportunities
- Companies value profit gain and maximization of revenue at the **expense** of consumers/patients by using unethical promotional strategies, i.e. ghostwriting



Methodology ⁽²⁾

- ▶ Critical political economy¹:
 - Health-related issues in the context of power relations
 - Effects of power relations on understandings of policies, policy change, policymaking, and resultant population health
 - Medical and lay communities are typically unaware of the occurrence and prevalence of ghostwriting and other multi-year marketing exercises

¹(Bryant, 2009, An Introduction to Health Policy)

Methods ⁽¹⁾

- ▶ Content analysis of authorship policies using original rating chart
 - Based on gaps identified through literature reviews on:
 - Ghostwriting
 - Guest authorship

- ▶ Rating chart constructed using methods by Burnard¹ and Spector²
 - i. Construct of interest: authorship policies in high-impact medical journals
 - ii. Textual data (policies) collected and read
 - iii. Rating measures identified (what should be present in policies?)
 - iv. Preliminary chart pilot-tested
 - v. Final chart
 - vi. Final results (in progress)

¹(Burnard, 1996, Teaching the Analysis of Textual Data: an Experimental Approach)

²(Spector, 1992, Summated Rating Scale Construction: An Introduction. Series: Quantitative Applications in the Social Sciences)

Methods (2)

▶ Population:

- Authorship policies from **10** general and specialty medical journals – publicly accessible online policies (as of November 2011)
- Appearance in the Drug Industry Document Archive (DIDA)¹ in industry publication planning documents for hormone replacement therapies (HRT)
- Journals (descending IF):
 1. New England Journal of Medicine (NEJM)
 2. The Lancet
 3. Journal of the American Medical Association (JAMA)
 4. Annals of Internal Medicine
 5. Circulation
 6. Journal of the American College of Cardiology (JACC)
 7. British Medical Journal (BMJ)
 8. Archives of Internal Medicine
 9. Current Atherosclerosis Reports
 10. Journal of Women's Health (JWH)

¹(DIDA, 2011, <http://dida.library.ucsf.edu/>)

Methods ⁽³⁾

Criteria:

1. Term searched in DIDA (i.e. “British Medical Journal” (X) **and** “BMJ” (Y))
2. Frequency of journal name in DIDA (i.e. $X+Y=$ total)
3. Impact factor (2011)
4. Accessibility of authorship policy (Based on fewest number of “mouse-clicks” necessary to locate policy from medical journal homepage)
5. Key terms included within policy (i.e. author*, ghost*, contribut*, draft*, revis*)
6. Comprehensive definition of key terms? (Yes/No)
7. Frequency of key terms in policy? (#)
8. °Strength and clarity of policy? (rating of 0-5)
9. ° Body responsible for enforcement of policy and sanctions? (rating of 0-5)

*variations of term

°detailed on next slides

Methods ⁽⁴⁾

➤ Strength and clarity of policy (rating of 1-5)

1: no authorship policy

2: authorship policy present, no key terms defined

(i.e. simple referral to ICMJE/COPE without listing terms of policy)

3: policy present, key terms defined (1 or more)

4: policy present, all key terms defined (must explicitly define author* and ghost*)

5: policy present, all key terms defined, ghostwriting is explicitly prohibited

Methods (5)

- Enforcement of authorship policies and sanctions? (rating of 0-5, cumulative score)

Presence of:

0. no stated enforcement/sanction mechanisms or no authorship policy

i. definitions that cannot be exploited by industry

ii. regulation and enforcement of authorship policies by specific department/group

iii. explicit prohibition of ghostwriting, ghost authorship, and variations

iv. investigatory action in suspected ghostly cases

v. clearly explained sanctions for ghostly practices

(i.e. retraction of article from journal, publishing privileges of guest author revoked)

Preliminary Results ⁽¹⁾

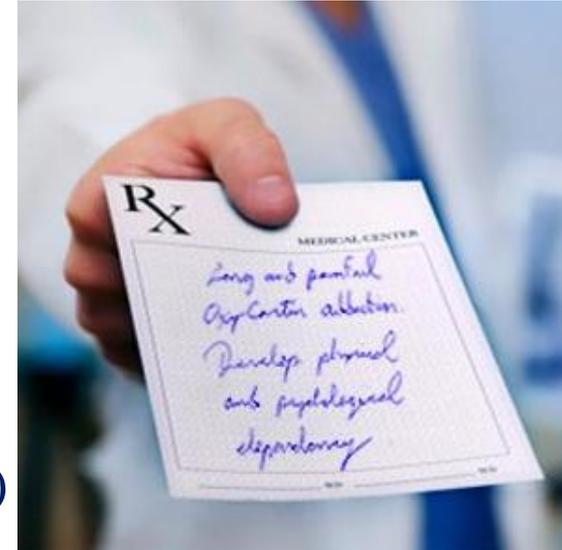
Journal	Freq of journal name in DIDA	IF 2011	Authorship policy accessibility	# key terms in policy	# key terms defined	Strength/clarity of policy	Enforcement/sanctions
NEJM	335	53.484	2	6	0	2	0
The Lancet	251	33.633	3	5	0	2	0
JAMA	476	30.011	3	10	1	3	0
Ann Int Med	45	16.729	2	8	4	4	4
Circulation	286	14.429	2	0	0	2	0
JACC	65	14.292	2	5	0	2	1
BMJ	128	13.741	3	7	2	3	1
Arch Int Med (JAMA)	100	10.639	2	10	0	2	0
Curr Ath Rep	35	2.449	2	0	0	1	0
JWH	43	1.287	1	5	0	2	0

Preliminary Results (2)

- ▶ Important descriptive results:
 - ▶ 7/10 medical journals failed to list authorship policy enforcement mechanisms and sanctions for ghostly activity
 - ▶ 3/7 are the highest impact journals (NEJM, the Lancet, JAMA)
 - ▶ 1/10 medical journals (Ann Int Med) explicitly both defined and prohibited ghostwriting
 - ▶ 1/10 medical journals (Ann Int Med) expressed intent to investigate suspected ghostly practices
 - ▶ 0/10 medical journals noted intent to retract ghostwritten articles
 - ▶ 1/10 medical journals (Curr Ath Rep) failed to provide an authorship policy
 - ▶ All authorship policies were accessed in 3 or fewer mouse-clicks
 - ▶ 10/10 journals failed to define all key terms; 7/10 journals failed to define any key terms

Conclusions

- ▶ Failure of medical journals to identify ghostly practices as unacceptable has significant health implications
- ▶ Physicians make prescribing decisions based on results published in high-impact medical journals
- ▶ Who benefits?
 - **Pharmaceutical companies:** drug sales at the *expense* of prescription drug consumers
 - **MECCs, CROs, ghostwriters, guest authors (\$)**
- ▶ Authorship policies must clearly define ethical authorship practices and enforcement mechanisms
- ▶ Proposals for legal interventions to challenge current authorship practices – hold both journals and guest authors accountable for ghostwritten articles



Thank you,
Questions/comments/suggestions?

adrienne.shnier@gmail.com

shnierad@yorku.ca

