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❖ **The PubMed Advanced Search feature** is out of beta, and the PubMed user interface (www.pubmed.gov) will be changing in 2 ways in the near future. First, the “Single Citation Matcher” will disappear from the blue bar at the left of the screen. Advanced Search allows searches by author, journal, and publication date. Select “Click here!” if you also want to search on the title or the volume, issue, or page number. Second, the tabs on the user interface (Limits, History, Preview/Index, and Details) will also disappear because these features are now on the Advanced Search page.

❖ **Twitter** has gone mainstream for medical journalists. Pia Christensen, managing editor of online services for the Association of Health Care Journalists, is urging members to experiment with this microblogging tool in order to get news and press releases, follow expert commentary, and connect with sources and readers. An increasing number of physicians and medical organizations (even the Cochrane Collaboration) are on Twitter, so it’s only a matter of time before most medical writers will want to try it, especially those who have books and services to promote. The rationale for journalists to join Twitter and a step-by-step tutorial for getting started are at <http://tinyurl.com/5w9m63>. (See page 78 for an article about the value of Twitter for medical communicators.)

❖ **The library without walls**—*European Journal of Physical and Rehabilitation Medicine*, of all places, has published an article listing medical encyclopedias, dictionaries, atlases, and images that are free on the Web. The article will be of most use to newer medical writers and editors (it’s not specific to physical medicine), but veterans might find a treasure or two worth bookmarking. Free online at <http://tinyurl.com/67uqbd>.

❖ **New guidelines for preparing journal articles** include the STREGA statement about reporting genetic association studies, guidelines for submitting manuscripts to American Psychology Association journals, guidelines for reporting medical dispatch in emergency medicine studies, and guidelines for reporting evaluation studies in health informatics. See <http://tinyurl.com/bbkeoc>.

❖ **“A checklist for authors using medical writers: a practical tool to discourage ghostwriting”** appears in the February issue of *PLoS Medicine* (free online at <http://tinyurl.com/afonhr>). Developed by Karen Woolley, AMWA president Cindy Hamilton, and other leading medical writers, the short questionnaire “prompts authors to acknowledge professional medical writers and their funding source; to confirm that the authors controlled the main points, outcomes, and data reported in the manuscript; and to verify that medical writers could provide evidence that guidelines on ethical writing practices were followed.” The checklist is also well-suited to helping medical writers counsel clients about ethical practices and ensure they will receive proper acknowledgment.

Woolley et al sent their editorial to *PLoS Medicine* as an independent submission, but the journal editors commissioned 2 other statements on ghostwriting and published the 3 viewpoints as a “debate.” Jerome Kassirer, a former editor of *The New England Journal of Medicine*, notes that some kinds of “ghost involvement” are ambiguous. “Is it acceptable to hire a science writer to interview a physician and write a paper on that subject, which the physician then calls his or her own?” he wonders. “How much help with writing is okay?” Peter Gotzsche, director of the Nordic Cochrane Center, addresses “ghost authorship,” which he defines as making a substantial contribution to a manuscript without receiving authorship credit or acknowledgment. He has a firm opinion: journal editors should insist that medical writers get credit as authors. “As it is not possible to write a paper without judgment and interpretation of data. . . . writers fulfill the authorship criteria.” Gotzsche adds that journal editors should not accept “meaningless” acknowledgments such as “We thank XX (without specifying for what)” or “XX provided editorial assistance.”

In an accompanying article (free online at <http://tinyurl.com/coend6>), the editors of *PLoS Medicine* include combatting ghostwriting in their list of “five ways in which authors and [journal] editors can mitigate the effects of biased agendas on the published scientific record.” They imply that they agree with Gotzsche: they say ghostwriting occurs “when individuals who have made a substantial contribution to the research project, or to writing of the article, are not named as authors.”

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