

A Question of Credit

Question

You receive a freelance assignment to write an in-depth article on the global magnitude of emerging infectious diseases for submission to a major medical journal. Developing the draft requires you to do extensive library research and design a presentation format that will most clearly and concisely incorporate a wealth of interrelated issues. Your clients, a group of physicians, are very pleased with the final draft you submit and make few emendations to the article. Though you are paid for your services, you have requested and assumed all along that, since you did most of the writing, you would receive credit as a coauthor. When you meet with the physician group, however, they point out that you have no medical degree and therefore lack authority to sign off on the scientific content of the article. In addition, they indicate their concern that your omission would decrease their credibility and thus the credibility of the article in the eyes of their peers. Initially so pleased with the opportunity for your work to have enormous impact on both the physician and lay community alike, you now realize that the public will be unaware of your association to the published piece. Do you have a right to claim authorship? If so, how can you logically persuade your physician-coauthors after the fact and still maintain them as clients? (*CBE Views* 1997;20(2):64-5)

Solutions

Easy question! The article does not seem to be a meta-analytic review or even a systematic review put together by scientists according to well-defined rules. You have not told us that you have those skills (which the physicians might also lack). It sounds like the sort of narrative review that freelance writers are often called on to write after they have completed a thorough literature search. You wrote the article and take full responsibility for the extensive search on which it is based, as well as for its "presentation format". The article seems to be based only on the published articles that you found and cited. The members of the physician group,

who "made few emendations", obviously did not subject the literature that you unearthed to the sort of careful analysis that systematic review requires and that would have justified their authorship. Thus, they cannot guarantee the article's integrity or take responsibility for it: they are simply paying for places on the byline.

The possession of a medical degree might allow the holder to practice medicine; it cannot justify either including the physicians as authors or excluding you because you lack such a degree. Claim to authorship must be based on contribution and ability to take responsibility rather than on hierarchy, degree, or institution. If the physicians made no real contribution, as seems to be the case, it is unethical for them to claim authorship; but their assistance could be acknowledged in a footnote. If their only contribution is their names, which might make the review more credible, that is a deceptive practice, designed to fool the editors and the readers while enhancing their reputations at your expense.

It is just as unethical for you *not* to appear as the author. Freelance writers like you are just as much to blame as those who hire you for this disjunction between credit and responsibility. Before you get into this situation again, you should weigh the ethics of allowing yourself to be a ghost and thus labeling your product in a doubly deceptive way. See—an easy question!

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"Never assume" is the 1st answer to this question. It is far too easy for an author's editor to develop a working relationship characterized (the author's editor believes) by mutual understanding and professionalism, only to discover that the understanding was anything but mutual. The author's editor always gets hurt in this deal.

The second answer is "Get it in writing." Author's editors in this situation should develop an agreement spelling out precisely

what each party was responsible for and how each would be compensated. The agreement should be signed by both parties before any work is done.

The physicians' point about the author's editor's qualifications is well taken. However, perhaps a different credit line could be used—"By XX, MD, and YY, MD, with ZZ" (ZZ being the author's editor). Books by nonwriting movie stars and the like have accustomed us to this sort of credit line. Multiple credit lines were used years ago in medical journals as a way to include technicians or other persons who had made smaller but noteworthy contributions to an article. The practice is no longer in vogue, which might be unfortunate. Some European journals insert the academic rank or job title directly after each person's name. Assumptions about who contributed what must still be made, but perhaps such a compromise would be useful in the dilemma outlined here.

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The physician group might have believed that it was commissioning a "work made for hire", in which case the writer would not be entitled to coauthorship. However, such an agreement apparently was not expressly obtained in writing. Although the writer was paid for his or her services, those services met the criteria for authorship: the writer adequately participated in both the design and the reporting of the information.

The physician group is presenting 2 invalid arguments against coauthorship. First, lack of a medical degree does *not* prevent the writer from vouching for his or her adequate participation in the design and the reporting and thus accepting responsibility for the article's content. Second, the writer's inclusion as coauthor would not necessarily decrease the physicians' credibility. *CBE's Scientific Style and Format* (p 583) refers to "the scientific standard that the validity and importance of research should stand on its

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evidence and not on the 'authority' of authors."

Inasmuch as "few emendations" were made by the physicians, they must concede that the writer wrote the major portion of the paper. The writer need only demonstrate that the presentation format constitutes a primary contribution for which he or she is willing to take public responsibility in exchange for public credit.

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New Question: A Question of Motivation

Your organization's medical-editing department has lost several positions in a general

corporate layoff; as manager, you are responsible for training the remaining editors in unfamiliar tasks. The remaining editors, stressed by the fear of losing their jobs, increasingly display either unproductive or inappropriately competitive behavior. You know that any editor who leaves cannot be replaced.

Whereas you have previously informally passed on and responded to authors' compliments or complaints to motivate your editors to achieve goals, you now recognize that you must quickly provide a focused training effort by establishing quantitative methods for measuring production and rewarding quality. What expectations of timely and excellent manuscript editing can you outline to motivate the manuscript editors to train

in new skills while remaining efficient in their current roles? That is, what specific experience with your authors and manuscript products can you use to establish baseline measures of quantity and quality that you can incorporate into the new training program? What behavioral measures can you include to improve these editors' satisfaction with the job and with coworkers?

Send your responses to the new question by 15 October 1997 to Della Mundy, Kaiser Foundation Research Institute, Department of Medical Editing, 1800 Harrison Street, 16th Floor, Oakland CA 94612-3429; Della.Mundy@kcal.kaiserf.org; telephone 510-987-3573; fax 510-873-5131.