

editors to verify the truth and accuracy of every declaration made in the hundreds of articles which cross their desks, but when the information available conflicts, perhaps they have an obligation to question the statements. In this instance, if indeed there be a valid explanation for the apparent discrepancy, perhaps even the unusual step of an editorial reassurance that the accuracy of the declaration has been verified would serve to re-establish the credibility of the content of the article. The phenomenon of "ghost-written" medical literature is well established. As it stands, it appears that you have been used by the pharmaceutical industry to publish very well crafted advertising in the guise of science. I sincerely hope that this appearance is unfounded.

—David Maxwell MD CCFP(EM)  
Halifax, NS  
by mail

#### Reference

1. Flook N, Unge P, Agréus L, Karlson BW, Nilsson S. Approach to managing undiagnosed chest pain. Could gastroesophageal reflux disease be the cause? *Can Fam Physician* 2007;53:261-6.

## Response

The team of primary care authors that worked together to write the chest pain article<sup>1</sup> was supported by consultation with a cardiologist and research associate, Dr Karlson, who now works for AstraZeneca.

Our literature search was thorough and complete. The article is properly referenced, and it took us 3 years from the time we started writing until the article was published. The evidence quoted in the article has been rated for its value, and we are satisfied that the conclusions are evidence-based and accurate. We are happy to discuss any concerns that readers might have about the content or conclusions contained in the article.

Dr Karlson's employee relationship is clearly documented in the list of authors' affiliations at the start of the article and was clearly written on the disclosure form sent to

the journal before publication. The authors do not know why the publication did not also list Dr Karlson's employee relationship in the competing interest section as it did in the authors' section.

—Nigel Flook MD CCFP FCFP,  
Edmonton, Alta

—Peter Unge MD PhD, Stockholm, Swed

—Lars Agréus MD PhD, Stockholm, Swed

—Björn W. Karlson MD PhD,  
Mölnådal, Swed

—Staffan Nilsson MD, Norrköping, Swed  
by e-mail

#### Reference

1. Flook N, Unge P, Agréus L, Karlson BW, Nilsson S. Approach to managing undiagnosed chest pain. Could gastroesophageal reflux disease be the cause? *Can Fam Physician* 2007;53:261-6.

## Response from the Editor

*Canadian Family Physician* has a policy that all authors of a manuscript submitted to the journal are required to declare in writing any competing interests. Competing interests are published in the journal to allow readers to "make an informed decision about the existence and impact of potential conflicts of interest or bias."<sup>1</sup> We also ask reviewers and editors to reveal any potential conflicts of interest when reviewing a particular manuscript. If there is a conflict of interest, the reviewer or editor is asked to decline to comment on the manuscript.

Dr Flook and the other authors of the article in question<sup>2</sup> had completed the competing interest forms as requested. Inadvertently, the declared competing interests were omitted from the published version of the paper. It is our error, and we apologize for this omission. Please see the correction below.

—Diane L. Kelsall MD MEd CCFP FCFP  
Editor, *Canadian Family Physician*

#### References

1. Scott-Lichter D; Editorial Policy Committee, Council of Science Editors. *CSE's white paper on promoting integrity in scientific journal publications*. Reston, Va: Council of Science Editors; 2006.
2. Flook N, Unge P, Agréus L, Karlson BW, Nilsson S. Approach to managing undiagnosed chest pain. Could gastroesophageal reflux disease be the cause? *Can Fam Physician* 2007;53:261-6.