

# Philosophy of Medicine

## Perspective

### Letter Writing to Promote Philosophical Reflection About Medicine

Timothy Daly<sup>1\*</sup> and Jaime A. Teixeira da Silva<sup>2\*</sup>

1 UMR 1219 (Bordeaux Population Health), University of Bordeaux & INSERM, Bordeaux, France; UMR 5164 (ImmunoConcept), University of Bordeaux & CNRS, Bordeaux, France; Bioethics Program, FLACSO Argentina, Buenos Aires, Argentina.

2 Independent researcher, Ikenobe 3011-2, Kagawa-ken, 761-0799, Japan.

\*Correspondence: [timothy.daly@u-bordeaux.fr](mailto:timothy.daly@u-bordeaux.fr); [jaimetex@yahoo.com](mailto:jaimetex@yahoo.com)

#### Abstract

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Letters to the editor (LTEs) are a versatile short-format forum with unique characteristics to allow for cross-pollination of different kinds of philosophical reflection about medicine. Philosophical LTEs have both benefits and possible drawbacks. We draw on a case study to warn against misuse through “CV inflation,” where low-quality ideas may favor a scholar’s publishing metrics more than scholarly debate. Factual inaccuracies in LTEs have implications for authors, publishing, and indexing, and we argue for prudence by editors and restraint by scholars, inviting them to focus on quality, rather than the quantity of LTEs published. When writing LTEs, rigor, readability, and relevance are needed.

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#### 1. Introduction: Article Formats in Philosophy and Biomedicine

Philosophers of medicine find themselves at the intersection of two disciplines—philosophy and medicine—each with its own research and publishing culture. Interdisciplinary is the norm for such philosophers (Bullock and Kingma 2014; Kaiser, Kronfeldner, and Meunier 2014), which presents various institutional obstacles, both general (Sá 2008; Jacobs and Frickel 2009) and domain-specific (Kaiser, Kronfeldner, and Meunier 2016). Moreover, against a backdrop of broader setbacks hindering a research career in philosophy (De Cruz 2021), one major obstacle for philosophy of medicine is publications, and in particular, what kind. On the one hand, the philosopher may collaborate with scientists and publish in scientific journals. Yet, they may also rightly fear the fact that these publications do not enhance their philosophy curricula vitae (CVs). Indeed, nowadays, philosophers who conduct academic research and progress in their careers typically publish in generalist or specialist philosophy journals—and, by rule of thumb, this is also true for the philosopher of medicine.



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Though the content of professional philosophy articles differs greatly, one criterion that unites them is their relatively long format, at the scale of thousands of words. Anecdotal evidence by Justin Weinberg (2015) and others indicates that the average length of a philosophy paper in a leading scholarly journal is dozens of pages and is increasing, rather than staying constant or shrinking. Conversely, within biomedicine, articles in leading journals, while also generally increasing in length over time, are rarely longer than a dozen printed pages (Lyu and Wolfram 2018), making them generally shorter than philosophy papers. Moreover, journals offer different article formats to authors and readers based on the kind of information to be communicated, although exceptions exist at review-only journals.

To the best of our knowledge, there has been little work asking the following question to the publishing philosopher of medicine: Should they stick to the status quo of choosing the philosophical venue to publish their research and ideas? Philosophy publishing is widely referred to as an ivory tower and while it may offer the advantage of political neutrality (Van der Vossen 2014), it also leads to low public visibility. Editorial slowness characterizes many fields of scholarly publishing (Björk and Solomon 2013). Philosophers write and publish long-format pieces, which generally face extreme editorial slowness of up to two years, recognized as a growing problem by the broader community,<sup>1</sup> and often published through a subscription model of paywalls that only academic institutions have access to (Day et al. 2020). This slowness and low public visibility risks making philosophy—and, by extension, the philosophy of medicine—irrelevant in urgent public matters. For instance, during the Covid-19 pandemic, the editor-in-chief of *Philosophy of Medicine* argued that philosophers of medicine “must do better” (Broadbent 2022). He argued that they ought to make “public, critical, and timely” contributions to public debates on health during emergencies, while also recognizing that “most people will not read” much philosophy of medicine (2022, 1–2). Solutions to improve public visibility include the *Philosophy of Medicine*’s dedicated public philosophy section, “The Examination Room,”<sup>2</sup> as well as philosophical op-eds in the lay press (for example, O’Leary 2023), or via popularization through public-facing platforms such as social media.

We focus on the shortest format in biomedical journals, letters to the editor (LTEs), also known as “correspondence,” a long-standing article format, with different communicative functions (Daly and Teixeira da Silva 2023). LTEs satisfy Alex Broadbent’s “public, critical, and timely” criteria and can be used by philosophers as a transdisciplinary forum to improve the quality of critical scholarship and the visibility of philosophical reflection (Daly 2023). Our goal is to encourage philosophers and other scholars with expertise in biomedicine to consider writing short articles in medical journals to complement their long-format pieces.

The LTE genre first appeared in the *Philosophical Magazine*, founded in 1798, when the term “natural philosophy” also embraced what we now distinguish as science. The LTE would later contribute to the success of scientific journals such as *Nature* and the *Physical Review* by ensuring rapid publication (Blakeslee 1994; Baldwin 2014). Generally, the

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<sup>1</sup> See, for example, the journal surveys of the *Blog of the APA* [American Philosophical Association], <https://blog.apaonline.org/journal-surveys/>, accessed January 20, 2025.

<sup>2</sup> According to the journal website: “A place for public philosophy, The Examination Room contains content for everyone, including health professionals, health researchers, and the general public. Content is typically created by philosophers and curated by health experts,” <https://philmed.pitt.edu/philmed/examroom>, accessed January 20, 2025.

correspondence format does not exist in leading philosophical journals since the splitting of natural philosophy into contemporary philosophy and science. The closest thing would be the open peer commentary format that exists in, for example, the *American Journal of Bioethics*. However, philosophical scholarship has also made use of the criterion of brevity—as can be seen in notorious and highly cited examples of one-page articles within philosophy (for example, see Carroll 1895; Gettier 1963; Evans 1978). *Analysis* and *Thought* are two leading philosophy journals both committed to conciseness in articles, with a maximum cutoff of 4,500 words. However, these are exceptions in an otherwise wordy discipline.

Thus, focusing on brevity, we limit discussion to biomedical journals, though other disciplines do use this format. LTEs are short articles between 200 and 800 words on subjects of interest to a journal’s readership (Peh and Ng 2010). In other words, any two LTEs are made similar as a result of their length, rather than their content, making for huge variety. There is thus no universal definition beyond brevity that provides necessary and sufficient criteria for LTEs across journals and disciplines, and there need not be. Given this loose definition of LTEs, each journal generally defines its own philosophy of publishing LTEs, though there are certainly many similarities across journals. In biomedicine, LTEs exist typically as three kinds (Table 1). Generally assessed swiftly by a journal’s editor-in-chief, these short contributions can be impactful because of their timeliness, readability, and indexing in databases such as Web of Science and Scopus, by which they are discoverable and identifiable via a digital object identifier (DOI). During the Covid-19 pandemic, several highly cited empirical LTEs describing the pathophysiology and transmission of SARS-CoV-2, responsible for Covid-19, demonstrated their value to public health, while appraisal LTEs served as important vessels to examine and offer pinpointed critiques of Covid-19 research (Daly and Teixeira da Silva 2023).

**Table 1.** The three major types of letter to the editor in biomedicine

<b>Letter type</b>	<b>Description</b>	<b>Function</b>
General letters	Letters of general interest on a topic relevant to a journal’s readership	Present a novel, cogent argument
Appraisal letters	Critical letters in response to a recently published article	Keep editors, peer reviewers, and authors accountable for the content published in a journal
Empirical letters	Letters presenting experimental findings	Rapid presentation of research findings

We argue that philosophers of medicine can use LTEs to cross-pollinate their ideas,<sup>3</sup> to improve the quality of critical scholarship in the literature, and to amplify the visibility of their work. We draw on select LTEs related to Covid-19 and travel medicine to highlight possible drawbacks of overreliance on this format that could lead to both under- and overvaluing of the letter format. We warn against misuse through a phenomenon we call “CV inflation,” in which low-quality ideas could favor individual publishing metrics more than debate. We reflect on what factual inaccuracies in LTEs might imply for authors,

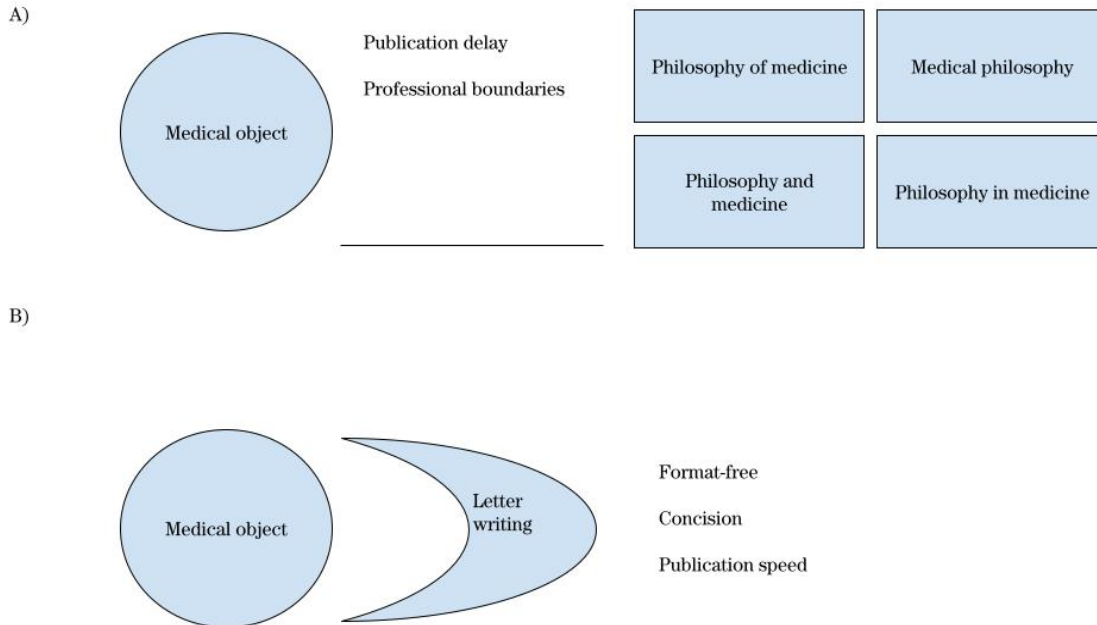
<sup>3</sup> Timothy Daly first read the term “cross-pollination” of ideas in letters in a private conversation with Dr. Rosa Ritunano in a Twitter (now X) exchange, so we attribute it to her.

publishing, and indexing, and argue for more prudence by editors, and restraint from scholars, inviting them to focus on quality, rather than the quantity of LTEs published.

## 2. The Letter Can Serve as a Forum for the Cross-Pollination of Ideas in Philosophy of Medicine

As a professional field of study, philosophy of medicine deals with epistemology and metaphysics in the theory and practice of the health sciences and includes priority areas such as defining health or disease, theories of causality, hierarchies of evidence, and questioning values at work in medical decision-making (Reiss and Ankeny 2022). This highly watertight definition of philosophy of medicine as a branch of technical philosophy of science (Caplan 1992) is generally understood to be separate from what Élodie Giroux and Maël Lemoine (2018) mention as three other modes of thinking that bring together philosophy and medicine: “medical philosophy” (the reflection of clinicians); “philosophy and medicine” (reflecting on problems common to both disciplines); and “philosophy in medicine” (applying philosophy to medical problems).

We suggest that the LTE naturally blurs the lines between these distinct modes of thinking and, as such, can be useful to philosophy of medicine as a field by making philosophical reflection more visible (Figure 1). Because the letter is format-free, it is a unique forum where the expression of philosophical concerns—such as definitions, concepts, and values—are the most likely to be accepted within the biomedical literature itself.



**Figure 1.** The letter as a forum for cross-pollination of philosophical reflection about medicine. A) Generally, there are watertight distinctions between philosophy of medicine and other forms of philosophical reflection about medicine. B) The format-free, concise, quickly published letter blurs the technical distinctions between philosophical thinking about medicine, creating a forum for cross-pollination. Source: Giroux and Lemoine (2018).

Using this format to enter into critical scholarly discussions with researchers from other disciplines is likely to improve the philosopher's own reasoning since "individual reasoning mechanisms work best when used to produce and evaluate arguments during a public deliberation" (Mercier and Landemore 2012, 243).

Given the blurred lines between these disciplinary reflections, what we say from now on applies to scholars from all fields who wish to engage in one of the four activities above (philosophy of medicine, medical philosophy, philosophy and medicine, or philosophy in medicine) by writing LTEs in medical journals.

Writing LTEs can allow philosophers to adopt either a more "embedded" or "reflective" stance, "engag[ing] in problems that are generated by the agenda of the sciences in question" (embedded) or "by philosophy" (reflective) (Kaiser, Kronfeldner, and Meunier 2014, 62). The aforementioned speed of publication of LTEs is an important feature that allows them to engage with problems in real time (Daly 2024b), and timing is of major importance in public health emergencies, where LTEs "allow potential misinformation that exists in the media, social media or in the public domain to be debated and corrected within an academic context" (Teixeira da Silva 2021, 3725).

Indeed, letter writing within medicine is recognized by researchers and editors alike as necessary for critical reflection (Bhopal and Tonks 1994; Gupta 1996; Brown 1997; Süer and Yaman 2013). However, the format has been historically undervalued (Bhopal and Tonks 1994). We do not consider this a negative feature, since much of the published scientific literature may be laden with bias because of personal and structural pressures leading to low-quality published research (Ioannidis 2005), which the low professional value associated with letter writing may reduce. As Vinod Kumar Gupta argues: "The philosophically uncommitted, unsponsored, unfinanced, substantive letter-writer, unworried about remaining unsung while working for the truth in a state of tranquillity beyond applause or financial award (and not simply to notch up conventional publications for career ascent), is an endangered, perhaps already extinct, species" (1996, 244).

This "endangered" practice of substantive letter writing probably no longer exists. Publishing a 300-word LTE in *Nature* or the *New England Journal of Medicine* might be accompanied by significant professional and financial reward in some research systems and in some countries, meaning that LTE writing cannot be said to be truly disinterested and there is the possibility of abuse of the format, as was documented for the latter journal (Teixeira da Silva 2024). We argue that from an individual perspective, the LTE should be written for one reason alone: to contribute to scholarly discourse.<sup>4</sup>

However, the philosopher, who is perhaps used to writing pieces that are thousands of words long on a very nuanced thesis, will have to accept the criterion of brevity for good writing, rather than the nuance associated with length (De Cruz 2015). This does not mean that counterarguments and objections should not be considered; it just means that they do not necessarily need to be included in the finished piece of writing (Williams 2006). Writing LTEs usually comes from actively reading the literature and the need to comment on aspects of a published article, usually those aspects with which one disagrees.

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<sup>4</sup> However, we also recognize the importance of the writing itself for the writer. To quote the philosopher Hannah Arendt: "What is important to me is that I must understand. This understanding for me also entails writing ... And if other people understand in the same sense as I have understood, this gives me satisfaction, a sense of being at home" (Gaus 2024).

We highlight three “philosophical” letters relating to public health during the Covid-19 pandemic, all published in the *Journal of Public Health* in open-access format, on virtue and freedoms (Cordero 2021), on trust (Cardenas 2022), and on the relationship between Covid-19 measures and religion (Kahambing 2021). These are all philosophical topics upon which philosophers of medicine have varying degrees of expertise and could rightly publish. However, if they felt they could benefit from other nonphilosophical contributions to their reflection, coauthorship is a major feature of science journals, and there are examples of philosophers working with scientists and clinicians in leading journals that use the LTE format to embed philosophical reflections. See, as a recent example, the LTE by Jasper Feyaerts et al. (2024), cowritten with a philosopher (Dr. Rosa Ritunnano), in response to Jessica Niamh Harding et al. (2024a) in the *Lancet Psychiatry* on the phenomenology of delusions. This LTE received a reply from the original authors (Harding et al. 2024b), favoring the cross-pollination of ideas and satisfying Broadbent’s three criteria for maximizing the public impact of philosophy of medicine.

We argue that this kind of dialogue between disciplines is important because it may help practitioners from within a given discipline to overcome confirmation bias and other “cognitive barriers” (MacLeod 2018, 697) toward other fields, since “when people reason either alone or with like-minded peers, this confirmation bias leads them to reinforce their initial attitudes, explaining individual and group polarization” (Mercier and Landemore 2012, 243).

### **3. Misuse of the Letter Format: Inflation of the CV**

Overreliance on the letter format is a danger for scholars. Publishing LTEs is neither a necessary nor sufficient condition for successful practice of any scholarly discipline. Before focusing on outright misuse of this format, we recognize the potential irrelevance of letter writing for philosophers. In many institutions, in many countries, the format receives no professional recognition by employers and colleagues, who will judge the philosopher of medicine on their longer pieces in high-impact philosophy journals. Thus, the first major problem with the LTE for philosophers of medicine is their professional irrelevance. The question is not only whether a given journal will publish this format, since most philosophy journals do not (though *Philosophy of Medicine* should be lauded for offering this format). It is primarily that, since publication in these journals will have a major impact on the career prospects of professional philosophers of medicine, publishing an LTE is essentially irrelevant to career advancement, and arguably a distraction from working on those critical high-impact philosophy papers in top-tier journals required for professional progression (De Bruin 2023).

Skewed perceptions about prestige mean that LTEs may be under-published by some academics and, conversely, over-published by others: since LTEs are indexed and having indexed papers counts toward a researcher’s standing in a competitive academic publishing ecosystem, there is the risk that LTEs are not used primarily for their communicative functions but rather to inflate an author’s academic CV. Finally, analogously to the phenomenon of “salami-slicing” in empirical science, where the results from one study are sliced up into smaller pockets of findings that are then published across several papers (Smolčić 2013), it is important that philosophers of medicine do not “salami-slice” their own theories, which should be defended in long-format articles. LTEs should therefore not serve

to replace such longer work but should be understood as a separate activity of a philosopher of medicine, which, incidentally, experts and the public are more likely to read.

One of the definitions of “inflation” is “the act of making something larger or more important, or of making it seem larger or more important than it really is.”<sup>5</sup> We define CV inflation as the use of unsubstantial scholarly contributions to expand a scholar’s résumé, without these contributions representing a significant contribution to academic debate. In this particular instance, we argue that factual inaccuracies, unclear use of language, and baseless claims made within LTEs all serve to detract from their ability to convey a timely and relevant message to a journal’s readership, which is the goal of the LTE. To exemplify this argument, we focus on LTEs by a scholar whose hyperproductivity has been questioned (Retraction Watch 2023),<sup>6</sup> and who was recently classified as the world’s second-most productive author, with 3,366 papers, as assessed in a December 2022 preprint (Abduh 2002), and in 2021 as the most prolific author on the topic of Covid-19 (Ioannidis et al. 2021; Surulinathi et al. 2021).<sup>7</sup> A perusal of several of these LTEs would lead readers to the conclusion that a number of them are unsatisfactorily written, from both a communicative and a factual point of view.<sup>8</sup>

### 3.1 Low-Quality Letters: Unsubstantiated Claims and Unclear Ideas

We argue that the LTEs referenced in Table 2 serve as lessons that philosophers or other scholars with interests in medical topics should not engage in wasteful writing about subjects over which they have insufficient expertise to make a substantive contribution.

**Table 2.** Markers of select low-quality LTEs from a single “hyperproductive” scholar

Letter DOI	PubPeer URL	Summary of criticisms
<a href="https://doi.org/10.1111/jep.13976">https://doi.org/10.1111/jep.13976</a>	<a href="https://www.pubpeer.com/publications/88886D363396445115322BFF9B5434">https://www.pubpeer.com/publications/88886D363396445115322BFF9B5434</a>	Retracted LTE, which “lacks relevant scientific discussion and the statements in this letter are not sufficiently supported by references to the literature” (PubPeer)
<a href="https://doi.org/10.1016/j.euroneuro.2023.05.003">https://doi.org/10.1016/j.euroneuro.2023.05.003</a>	<a href="https://www.pubpeer.com/publications/2EFB620B252C005A870B833546C853">https://www.pubpeer.com/publications/2EFB620B252C005A870B833546C853</a>	Unclear claims Repeated use of unclear terms across authored LTEs

<sup>5</sup> <https://dictionary.cambridge.org/dictionary/english/inflation>, accessed January 20, 2025.

<sup>6</sup> Of 1,289 PubMed-indexed articles, 865 related to Covid-19, mainly LTEs, were published between January 1, 2020 and October 30, 2023 (see <https://pubmed.ncbi.nlm.nih.gov/?term=Wiwanitkit+V&filter=dates.2020%2F1%2F1-2023%2F10%2F30> and [https://pubmed.ncbi.nlm.nih.gov/?term=wiwanitkit+covid&filter=datesearch.y\\_5](https://pubmed.ncbi.nlm.nih.gov/?term=wiwanitkit+covid&filter=datesearch.y_5), both accessed January 20, 2025).

<sup>7</sup> “Most productive” status also confirmed by other papers: Shiva Kumara, Sampath Kumar, and Vinay (2021); Pathak (2020); and Kaya and Erbay (2020).

<sup>8</sup> For readers without access to the full texts, PubMed offers a convenient filter “free full text,” which allows the full texts of the 1,289 articles to be identified (884 items): <https://pubmed.ncbi.nlm.nih.gov/?term=Wiwanitkit+V&filter=simsearch2.ffrft&filter=dates.2020%2F1%2F1-2023%2F10%2F30>, accessed January 20, 2025.

<a href="https://doi.org/10.1016/j.bjps.2023.04.084">https://doi.org/10.1016/j.bjps.2023.04.084</a>	<a href="https://www.pubpeer.com/publications/513BE5044AB44FB8306D043471759D">https://www.pubpeer.com/publications/513BE5044AB44FB8306D043471759D</a>	Unclear claims Reference to an uncited code of conduct Repeat use of unclear terms across coauthored LTEs
<a href="https://doi.org/10.1016/j.ejogrb.2023.04.027">https://doi.org/10.1016/j.ejogrb.2023.04.027</a>	<a href="https://www.pubpeer.com/publications/E11832FBB58FD8214FE992D4B4B00B">https://www.pubpeer.com/publications/E11832FBB58FD8214FE992D4B4B00B</a>	Unclear claims Reference to an uncited code of conduct Unsubstantial citing of another coauthored LTE
<a href="https://doi.org/10.1016/j.amjmed.2012.04.030">https://doi.org/10.1016/j.amjmed.2012.04.030</a>	<a href="https://www.pubpeer.com/publications/4FD2B42C94BoC2BD3E3EA6CE710D9B">https://www.pubpeer.com/publications/4FD2B42C94BoC2BD3E3EA6CE710D9B</a>	Accusation of “waste-writing” by covering too many topics
<a href="https://doi.org/10.1016/j.hkjot.2011.05.003">https://doi.org/10.1016/j.hkjot.2011.05.003</a>	<a href="https://www.pubpeer.com/publications/E2D39F9B74B23413B29104E1C83F5C">https://www.pubpeer.com/publications/E2D39F9B74B23413B29104E1C83F5C</a>	Generalization without evidence
<a href="https://doi.org/10.1016/j.ijisu.2017.08.018">https://doi.org/10.1016/j.ijisu.2017.08.018</a>	<a href="https://www.pubpeer.com/publications/38527B7720587D5CEA1F710ECB156E">https://www.pubpeer.com/publications/38527B7720587D5CEA1F710ECB156E</a>	No explicit comment, but suggestion of a lack of rigor in peer review
<a href="https://doi.org/10.1016/s2055-6640(20)30308-3">https://doi.org/10.1016/s2055-6640(20)30308-3</a>	<a href="https://www.pubpeer.com/publications/38EBC72208B671E34E528071839ECF">https://www.pubpeer.com/publications/38EBC72208B671E34E528071839ECF</a>	Anomalous use of corresponding author email address
<a href="https://doi.org/10.1016/j.jflm.2020.101964">https://doi.org/10.1016/j.jflm.2020.101964</a>	<a href="https://www.pubpeer.com/publications/09C03B578EAB9067D3CA2B4CF73423">https://www.pubpeer.com/publications/09C03B578EAB9067D3CA2B4CF73423</a>	Ambiguous claim about Covid transmission, <sup>9</sup> later leading to a corrigendum
<a href="https://doi.org/10.1016/j.legalmed.2023.102283">https://doi.org/10.1016/j.legalmed.2023.102283</a>	<a href="https://www.pubpeer.com/publications/ACB4ED69C5CAADCF181E36B2A21F5A">https://www.pubpeer.com/publications/ACB4ED69C5CAADCF181E36B2A21F5A</a>	Citation without reference

### 3.2 Travel Medicine and the Case of Neurocysticercosis: Factual Inaccuracies

In this section, we deepen our analysis by diving into the historical archives of a travel medicine journal to reveal a rather unique case of an unresolved scholarly debate that is still relevant to this day, referring to a 2012 LTE (Joob and Wiwanitkit 2012) in response to an article by Oscar H. Del Brutto (2012). In their exchange, Del Brutto initially looked at the

<sup>9</sup> Following [reports](https://doi.org/10.1016/j.jflm.2020.101964) of an early case at the beginning of the Covid-19 pandemic in which transmission may have occurred between a deceased patient with Covid-19 and a member of forensic medicine personnel in Thailand, an LTE claimed: “There is low chance of forensic medicine professionals coming into contact with infected patients, but they can have contact with biological samples and corpses ... According to our best knowledge, this is the first report on COVID-19 infection and death among medical personnel in a Forensic Medicine unit” (<https://doi.org/10.1016/j.jflm.2020.101964>).



possibility of transmission of neurocysticercosis by citizens in non-endemic areas after travel to endemic areas of transmission, while Beuy Joob and Viroj Wiwanitkit proposed that one possibility of transmission might be through the consumption of food during travel, a counterargument that Del Brutto claimed was highly unlikely. Del Brutto directly rebutted the claims made by Joob and Wiwanitkit, as a “Response to Letter,” which can be found published immediately after Joob and Wiwanitkit (2012). Moreover, a number of years later, Del Brutto believed that he (and his work) were the subject of unprecedented challenges by Wiwanitkit, via repeated LTEs, in actions that Del Brutto described as a possible case of “scientific misconduct” (2019, 12).<sup>10</sup>

The first issue is nosological, the importance of distinguishing between two kinds of parasitic infection caused by *Taenia solium*: taeniasis and cysticercosis (Table 3). This distinction has led to ambiguity in recent literature by different communicators, including health bodies and scientific authors, as to how humans become sick due to *T. solium* infection (see Notes below Table 3).

**Table 3.** The nosological distinction between taeniasis and cysticercosis, both caused by infection with *T. solium*. Adapted from WHO (2022) and CDC (2024a, 2024b)

Name of condition	Route of infection	Pathophysiology	Symptomatology
Taeniasis	Consumption of <i>T. solium</i> cyst-containing infected and undercooked pork	Intestinal infection with mature <i>T. solium</i> worms	Digestive problems (weight loss, pain, loss of appetite, and so on)
Cysticercosis	Consumption of <i>T. solium</i> egg-containing human feces	Infection of muscles with cyst-forming <i>T. solium</i> larvae	Headache, blindness, severe epilepsy and even death

#### Notes

1. Statement: “*T. solium taeniasis* is acquired by humans through the ingestion of the parasite’s larval cysts (cysticerci) in undercooked and infected pork ... Humans can also become infected with *T. solium* eggs due to poor hygiene (via the fecal-oral route) or *ingesting contaminated food or water*” (WHO 2022; emphasis added).
2. Statement: “Infection with *T. solium* tapeworms can result in human cysticercosis, which can be a very serious disease that can cause seizures and muscle or eye damage” (CDC 2024b).
3. Statement: “Eating pork cannot give you cysticercosis” (CDC 2024a).

In other words, if food is contaminated with human feces, such food is also a possible, though perhaps unlikely, source of cysticercosis. However, as health authorities, the World Health Organization (WHO) and US Centers for Disease Control and Prevention (CDC), are focused on communication to the general population, what about communication within scientific journals, whose readers are supposedly experts? A PubMed-indexed review paper states ambiguously in its first paragraph:

*T. solium* infection arises from ingestion of contaminated food or water and ingestion of raw or undercooked pork and may result in taeniasis (caused by the adult tapeworm

<sup>10</sup> We note at this junction of our brief debate that whereas the *Journal of Travel Medicine* is indexed in PubMed, *Revista Ecuatoriana de Neurología*, which published Del Brutto’s rebuttal in 2019, is not.

living in the small intestine) and/or cysticercosis or neurocysticercosis [NCC, caused by invasion of the larvae into the central nervous system (CNS)] in humans (Butala et al. 2021, 2).

The second issue thus relates to the factual adequacy of the claims made by Joob and Wiwanitkit in their LTE in response to Del Brutto’s work: “Cysticercosis is classified as a food-borne disease, not a disease that can be person to person transmitted” and “this disease does not directly spread from person to person. Cysticercosis occurs due to intake of contaminated food” (Joob and Wiwanitkit 2012, 274). In light of the aforementioned distinction between taeniasis and cysticercosis—by the WHO and the CDC, respectively—these are factually incorrect statements and should be corrected by the authors. From a travel medicine perspective, since *T. solium* uses humans as a definitive host and pigs as its intermediate or secondary host, it makes sense that there are both cases of travel-related and food-based transmission of neurocysticercosis.

## 4. Discussion

### 4.1 What Factual Inaccuracies in LTEs Mean for Authors, Editors, and Publishers

Authors, editors, and publishers should make concerted efforts, alongside the critical eyes of peer reviewers, to avoid the publication of factually inaccurate LTEs. We raise some issues and offer some possible solutions in Table 4. Recommendations on how to improve the value of LTEs in biomedicine also already exist (Daly and Teixeira da Silva 2023). If editors wish to accept a paper based on its scientific claims, they should provide linguistic services to ensure readability, or make sure that linguistic accuracy is ensured prior to publication, while also making sure that such services are acknowledged (Teixeira da Silva, Daly, et al. 2024). It is vital that LTEs and the medical literature do not contribute to further confusion, particularly against the contemporary backdrop of mistrust born from medical misinformation (Suarez-Lledo and Alvarez-Galvez 2021). When truthfulness is not respected, there should be no reward from publication for authors, editors, or publishers.

**Table 4.** Issues and potential solutions related to the publication of factually inaccurate letters to the editor (LTEs)

	<b>Issues</b>	<b>Solutions</b>
Authors	Using the letter for CV inflation  Deliberately diluting and/or misleading the scientific record through incoherent language	Exercise restraint, with a focus on quality rather than quantity of LTEs  Use of grammar checkers or in-house editing prior to publication

Editors	Allowing for the publication of incomprehensible or inaccurate LTEs	Encourage authors of incomprehensible LTEs to reformulate them in order to be considered for publication Refuse to publish poor-quality LTEs
Publishers	Reaping rewards from the publication of inaccurate LTEs	Regular audits of LTEs to ensure factual accuracy

#### 4.2 Inaccurate Letters and the Right to Not Want to Be Cited

In his LTE, Del Brutto (2019) was clearly dissatisfied with being cited by Joob and Wiwanitkit's letter (2012). In other words, had Del Brutto been given the right and the opportunity to decide whether Joob and Wiwanitkit could cite his work, in doing so, not only misrepresenting his own ideas but also the medical record, would Joob and Wiwanitkit have been allowed to cite Del Brutto if the editors of those journals had been aware of this conflict at the time? Retrospectively, we believe that Del Brutto should have had the right to want not to be inaccurately cited (Teixeira da Silva and Vuong 2021) by Joob and Wiwanitkit, but either his concerns were unknown at the time, or could not be voiced since Del Brutto was not aware, at the time of publication, that his research was being miscited by Joob and Wiwanitkit. As part of a wider exploration into authors' rights, we wonder whether, a decade after this very particular situation in *Journal of Travel Medicine*, Del Brutto should be given an opportunity to rechallenge the claims and potentially factual inaccuracies by Joob and Wiwanitkit (2012). A case study of a commentary that was cited more than 1,600 times within the space of three years (2020–2023), with almost every citation being invalid or thematically irrelevant (Teixeira da Silva, Vickers, and Nazarovets 2024), serves as a reference point that would allow authors the right to want not to be wrongly or inaccurately cited, allowing the authors of miscited work to challenge the misciting authors, as well as the editors, journals, and publishers of papers that allowed such miscitation practices to be fueled.

### 5. Conclusions for Letter Writing in Biomedicine: Rigor, Readability, and Relevance

If the versatile and concise LTE format is to have scientific value and expand the range of authors for which journals become accessible, letter writing must be undertaken with rigor. Each sentence should be judged for its capacity to convey a timely and relevant message to the journal's readership. Claims made should be clearly enunciated so as to be unambiguously interpreted, and ideally supported by references to robust existing literature. If an LTE is published in response to a recent article, as most usually are, the LTE should actually engage with the content of the original article, rather than mention it in passing and using it as a platform for their own ideas. Authors of critical LTEs should be constructive: if there are issues with the article, problems and solutions should be mentioned (Daly 2024a).

On this point, we express two additional concerns: time wasting and indexing. First, an LTE that is submitted to a journal, typically in response to a recently published article, is usually sent to that paper's authors, who are also usually invited to respond. If the submitted LTE is of low quality, the authors of the original paper have to invest (basically waste) precious time and resources not only trying to comprehend incomprehensible text and

ideas, but also trying to politely further scholarly debate. Here, we believe that editors have the responsibility to carefully screen LTEs and to “desk reject” those lacking rigor, readability, and relevance. They should not merely automatically send the submitted LTE to the authors of the original publication. We do not spare criticism for those editors of ranked and indexed journals who have published low-quality LTEs, who must be more conscientious of how journal ranking can be abused, especially when such activity takes place at scale, as highlighted in Table 2. Second, we also express concern about indexing inappropriate or improperly peer-reviewed literature at PubMed (Teixeira da Silva 2023), which hosts and thus promotes low-quality LTEs, suggesting the need for improved filtering mechanisms (Teixeira da Silva, Bornemann-Cimenti, et al. 2024). These considerations point to the need for broader reform and discussion on responsible metrics in academia (Rushforth and Hammarfelt 2023).

Finally, many philosophers of medicine teach medical students at medical schools. We highlight a pedagogical function of LTEs: LTE-writing workshops as part of journal clubs to help students in medicine develop critical writing skills (Edwards et al. 2001), and increase their confidence in these abilities (Gokani et al. 2019). Faculty philosophers of medicine could encourage philosophical letter writing with medical students as a first publication for undergraduate and graduate students in diverse settings (Daly 2024c).

On a final and practical note, what can be done with rejected, unpublished LTEs? As a widely offered format, they can be resubmitted to different venues. However, for as long as a dedicated preprint server does not exist, philosophical letters can be uploaded to existing philosophical preprint servers, including PhilArchive and PhilSci-Archive.<sup>11</sup> This allows such “homeless” LTEs to be indexed, visible, and readable.

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We recently coauthored a related article, “Reinventing the Letter to the Editor in Science: A Dedicated Preprint Server,” currently undergoing a publication delay, making it uncitable. That paper also mentions the problem of CV inflation and “homeless” letters, and offers a solution: a dedicated LTE preprint server (Timothy Daly, Serhii Nazarovets, and Jaime A. Teixeira da Silva, forthcoming in *Publishing Research Quarterly*).

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<sup>11</sup> See <https://philarchive.org/> and <https://philsci-archive.pitt.edu/> (accessed January 22, 2025).

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