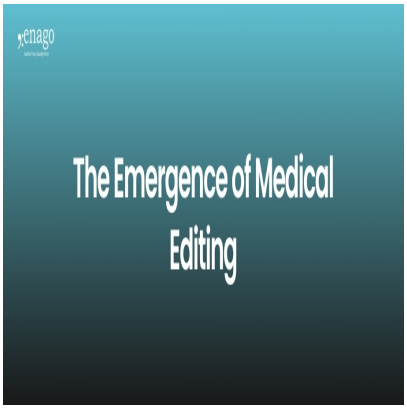

Description

The biomedical literature has expanded rapidly: PubMed indexed more than 27 million records through 2024, reflecting steep growth in biomedical outputs and an expanding set of journal formats, reporting guidelines, and editorial expectations. This volume, combined with increasingly complex study designs, multi-author teams, and an international author base for whom English is not the first language, has created a distinct demand for specialist editorial support that goes beyond general language polishing. This article explains what medical editing is, why it has emerged as a distinct specialty, how it addresses the unique needs of medical research publications, and practical steps researchers can take to reduce avoidable delays and desk rejections.

What is medical editing and how is it different from general manuscript editing?

Medical editing covers a spectrum of interventions targeted at biomedical texts, from copyedit-level language correction to substantive and developmental editing. Unlike general scientific editing, medical editing requires editors to combine advanced language skills with clinical or biomedical subject-matter expertise. Medical editors check the correct use of medical terminology, verify clarity in descriptions of clinical procedures and interventions, ensure compliance with reporting standards (for example, CONSORT for randomized trials or PRISMA for systematic reviews), and flag ethical and regulatory issues such as patient-identifiable information or incorrect reporting of informed consent. This hybrid skill set differentiates medical editing from generic proofreading or off-the-shelf grammar checks.

Why medical editing has emerged

- **Volume and complexity of submissions:** The biomedical literature's exponential growth places heavier demands on authors and journals. Higher submission volumes also mean journals have less bandwidth to correct avoidable language, structure, or compliance problems during peer review.
- **Globalization of authorship:** A large and growing share of submissions comes from researchers whose primary language is not English. English remains the dominant language of most indexed journals, and nonnative-English authors face measurable time and quality burdens that influence revision cycles and acceptance likelihood. Dedicated medical editing can bridge

that gap by producing text that meets journal expectations while preserving scientific content.

- **Stricter methodological and reporting standards:** Journals increasingly expect explicit adherence to domain reporting guidelines CONSORT, PRISMA, STROBE, CARE, and others because these guidelines increase transparency and reproducibility. Medical editors routinely check manuscripts against these checklists and can help authors present methods and results to match editorial expectations.
- **Ethical, regulatory, and patient-safety concerns:** Medical manuscripts often include clinical data, patient narratives, or diagnostic images. Editors with clinical literacy help identify potential breaches of patient confidentiality, missing documentation of consent, or problematic image handling issues that general editors might miss.
- **Rapid adoption of AI and new editorial policies:** The arrival of large language models and other AI tools has altered the authoring and pre-submission landscape. Leading editorial bodies (ICMJE, WAME, and journal consortia) now require disclosure of AI use and caution against listing AI as an author. Medical editing practices have adapted to include verification of AI-assisted text for accuracy, hallucination, and attribution. Editors with medical domain knowledge are especially valuable in detecting substantive AI errors that mimic plausible but incorrect medical statements.

Core services medical editing provides

- **Structural and substantive editing:** Improving logical flow, clarity of hypotheses and objectives, alignment between methods and reported outcomes, and readability of complex clinical descriptions.
- **Technical language and terminology checks:** Ensuring correct, consistent use of medical terms, drug names, units, and abbreviations; reconciling ambiguous phrasing that could change clinical interpretation.
- **Compliance with reporting guidelines and journal instructions:** Cross-checking that required checklist items (e.g., trial registration, CONSORT flow diagram, PRISMA checklist) are present and that the manuscript's structure matches the target journal's expectations.
- **Statistical and data reporting review:** Verifying that tables, figures, and statistical statements are consistent, that confidence intervals and P-values are presented appropriately, and that methods are described with sufficient detail for reproducibility.
- **Ethical and regulatory screening:** Flagging missing IRB or ethics committee statements, absence of informed consent details in case reports, or possible patient-identifiable information.
- **Pre-submission peer-review-style feedback:** Many medical-editing providers now offer multi-editor workflows or mock-review reports to simulate journal feedback in order reports to anticipate reviewer concerns and reduce revision cycles.

Real-world examples and evidence of impact

Reporting guidelines such as PRISMA and CONSORT are widely recognized for improving transparency and completeness of reporting. Authors and teams that align manuscripts to these checklists typically face fewer major revisions related to reporting omissions. For case reports, the CARE guideline provides a 13-item framework that improves completeness and utility of clinical narratives; journals that endorse these checklists report clearer, more reproducible submissions. These guidelines illustrate how editorial knowledge of domain-specific standards is a practical intervention

that shortens the path from submission to acceptance.

Practical advice for authors: how to use medical editing effectively

- **Match the service level to manuscript goals:** Use copy editing when a paper only needs language polishing; choose substantive or developmental medical editing when conceptual clarity, methods presentation, or compliance are concerns.
- **Provide clear supplementary material:** Share protocols, statistical analysis plans, trial registration numbers, and raw tables so the editor can verify consistency.
- **Request guideline checks:** Ask the editor to cross-check the manuscript against relevant reporting checklists (CONSORT, PRISMA, STROBE, CARE) and to prepare a short compliance statement authors can submit with the manuscript.
- **Disclose tool usage transparently:** If AI tools were used for initial drafting or language editing, document the tools, versions, sections affected, and human oversight in the cover letter or methods per ICMJE/WAME guidance. Medical editors can help craft accurate disclosure language and verify AI-generated text for factual fidelity.
- **Prioritize clinical accuracy over fluency:** Ensure that any language edits preserve data meaning and that editors with subject expertise are asked to query ambiguous clinical phrasing rather than silently rewrite it.

Checklist: pre-submission items researchers should complete

- Confirm adherence to the target journal's author guidelines and reporting checklists (e.g., CONSORT, PRISMA, CARE).
- Ensure trial registration and ethics statements are present and accurate.
- Run a subject-specific language and terminology check by a medical editor or specialist tool.
- Disclose any AI-assisted drafting or editing per journal/ICMJE requirements.
- Prepare a clean, labeled submission package (cover letter, highlights, figures, tables, supplementary files).

How medical editing services integrate with journal strategy

Medical editing is both a quality-improvement and a publication-strategy tool. For authors aiming at higher-impact journals, developmental medical editing can include a mock peer-review to identify likely methodological or clarity objections in advance. For authors seeking appropriate journal fit, services that provide journal selection guidance when combined with substantive editing help align manuscript framing and novelty claims to journal scope, thereby improving the chance of editorial triage success. Enago, for example, offers tiered medical editing services (copy editing to top-impact developmental editing) and optional journal-selection or revision support that is designed to meet these needs.

Category

1. Reporting Research

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