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# ***The Write Stuff***

The Journal of the European Medical Writers Association

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## ***Problem Management***





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## Problem Management Vol. 12, No. 1, 2003

### **Amsterdam 2002** **11**

**Patricia Bünz**

Another great meeting at a wonderful hotel with a Spanish tapas bar to die for. After the conference there was the city of Amsterdam, another one of those fabulous cities our "Old" European culture has to offer. So, are you feeling bad enough, those of you who missed the meeting?

### **Business Strategies for Freelancers and Small Businesses** **12**

**Adam Jacobs**

Adam presents the conclusions from one of the Prague conference lunch discussions on a topic that has since become very dear to the editor's heart, small businesses. Find out what to do and just as importantly what NOT to do as various EMWA members share their accumulated wisdom born of hard and sometimes bitter experience. [INT]

### **From Over the Pond: Writing about HIV/AIDS** **16**

**Susanna Dodgson**

As you slog through another Clinical Study Report for another old drug or attempt to prepare a manuscript about work that never should have been done in the first place, you might be thinking that writing about more relevant topics is what you were really born for. Here you can find out what it is really like - it's not exactly a bowl of cherries.

### **Stage Fright: Not All Bad** **19**

**Jenny Gretton**

So you agreed to give a presentation in a moment of weakness at the bar, and now you are about to go on stage. Feel your stomach doing gymnastics, your palms beginning to sweat, an overwhelming urge to run away and hide starting to take hold? Fear not. This article will help you to overcome the terror and deliver more poised and professional public speeches [originally published in European Science Editing].

### **Regular Columns**

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[INT] - this symbol indicates that the article has been or will be published on the EMWA internet site: <http://www.emwa.org>

Cover image from the "Zehn der Stäbe" of the "Tarot der Weisen Frauen". Reproduced with permission of AGMüller, Bahnhofstrasse 21, 8212 Neuhausen, Switzerland. For their complete and truly astounding selection, see [www.tarotworld.com](http://www.tarotworld.com).

## Journal Insights

**The Write Stuff** is the official publication of the European Medical Writers Association. It is issued triannually and aims to provide EMWA members with relevant, informative and interesting articles and news addressing issues relating to the broad arena of medical writing. We are open to contributions from anyone whose ideas can complement these aims.

Articles or ideas should be submitted to the Editor-in-Chief (see back cover) or another member of the Editorial Board.

### Subscriptions

Subscriptions are included in EMWA membership fees. Non-members can subscribe at an annual rate of:

- €35 within Europe
- €50 outside Europe

### Instructions for Contributors

- The Write Stuff typically publishes articles of 500 - 1500 words although longer pieces or those with tables or graphics will be considered.
- All articles are subject to editing and revision by the Editorial Board. Any changes will be discussed with the author before publication.
- Submissions should include the full address of the author, including the telephone and fax numbers and email address. Suitable quotes for side boxes can be indicated or they can be selected by the Editorial Board.
- Material should be submitted electronically on computer diskette or by email as an MS Word file using Arial font (or equivalent), 11 point size, and single spacing.
- Published articles generally include a recent photograph of the author (portrait picture, CV or passport style).

### Back Issues

Subject to availability, previous issues of The Write Stuff can be obtained for the cost of mailing by contacting the EMWA Head Office (see back cover for address).

### Advertising Rates (in Euros)

<b>Corporate</b>	
• Full page	€400
• Half page	€200
• Quarter page	€100

### Private

Freelance members only	
• Full page	€200
• Half page	€100
• Quarter page	€50

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### *Behind the Press, The Editorial Board*

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**Judi Proctor,  
Varsha Imber**

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**Hilde Joosen**

Linguistic Diversity Editor  
**Patricia Bünz**

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Columnists  
**Adam Jacobs,  
Karen Shashok,  
Alison McIntosh,  
Diana Epstein,  
Susanna Dodgson**

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### From the Editor's Desk: The New Look

by Barry Drees

Those of you who pay close attention to The Write Stuff (and I just know that that includes all of you out there) will probably have noticed that the last issue looked and felt a little different and that this issue continues to have a different feel and also shows that there will not be a fourth issue in Vol. 11. This represents a new approach in TWS publishing strategy. First of all, the EMWA Executive Committee has decided to reduce mailing costs and make TWS longer and only distribute it 3 times a year. I hope that the less common arrival of TWS in your mailboxes (you will now receive it every 4 months instead of every 3 months) will not be too much of a trauma and it will certainly make the life of the editor a little easier (hear that all you potential future editors?).

However, another reason is less banal and is also why we have a new look - we are now being printed in the Central European Republic of Slovenia. The reason that we switched printers was partly because, despite continuous nagging from the editor, I continued to find grievous differences between what I had approved as the final version to print and what actually appeared in TWS (the blank half page on page 49 of Vol. 11, No.2 is a good example of something that simply vanished between approval and printing). Such a situation was clearly unacceptable and couldn't continue. Since as medical writers, we are all more or less in the service industry, we should all know better than to allow the same mistake to happen more than once with a customer.

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***Everyone teaches by example, some by good example, and some by bad example.***

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Some people like to scream and shout like a US Marine drill sergeant when something goes wrong, but that has never really been my style. I have found that it rarely improves things much and frequently poisons the working relationship for the future. When faced with a problem situation, I prefer to discuss with the person what went wrong and how we can insure that it does not happen again. A solution-oriented approach always seemed much more productive to me. What was so immensely frustrating about the TWS printing problems, and which also serves as a lesson to us medical writers, is that when I would talk to the printers, they never seemed to know why the problems had happened and therefore never had a suggestion as to what to do to make sure they didn't happen again - which is probably why they always did happen again!

As the old saying goes, "Everyone teaches by example, some by good example, and some by bad example". I think that we can all learn from this, that when dealing with a client or team, if you do something wrong, don't just apologise, but find out why the problem happened and develop a strategy to prevent it happening again. This will give the client the feeling not just that you take the problem seriously, but also that you have a reasonable approach to ensure that it won't be repeated. Of course, most important is that you DON'T repeat it, but no one is perfect, and people feel much better about errors if you can explain what happened and why it won't happen again.

### **From the Editor's Desk**

In addition to hoping for the elimination of sudden and mysterious changes in the published output, I have found that the new printer just seems a lot more, to borrow the overused sports metaphor, hungry and eager to please, not to mention better priced. One of the unexpected advantages of switching to the new printer in Slovenia was that they can work much more independently. They were actually quite surprised that I was spending so much time providing them with copy that was exactly the way it would appear in the journal. They were more used to getting much rougher texts and assembling the finished product themselves. Of course, if they can handle it, I will be happy to oblige. This should greatly reduce the time and effort spent on the early stages of the journal, although it might mean a bit more in the way of checking the final print proofs. All of this should make it easier for the next person who becomes TWS editor, therefore making the position more attractive and thus easier to fill. So if you're still thinking about it, here's another reason to check it out and give me a call.

I am happy to introduce in this issue a new cooperative agreement for article exchange with the journal, "European Science Editing" the journal of the European Association of Science Editors. EMWA has long had contact with this organisation and at Prague, their journal editor, Hervé Maisonneuve and I agreed to exchange articles of mutual interest. They have already reprinted 2 articles from TWS.

Finally, I am pleased to announce that I was able to lure Hilde Joosen out of TWS Editorial Board retirement (she apparently missed the life of excitement and adventure that is the lot of a TWS editor) and she volunteered to take over the vacancy of Artistic Director. I look forward to attractive conference advertisements and great cover images in the issues to come. There are still plenty of other openings at the TWS Editorial Board for any creative soul out there looking for an outlet for their expression. So if that sounds like you - get in touch with me right away.

#### **Barry Drees**

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***"For like most normally constituted writers, he had no use for any candid opinion that was not wholly favourable."***

***Patrick O'Brian, The Far Side of the World, 1984***



## Message from the President

by Julia Cooper

The next EMWA conference in May seems a long way off at the moment, but it will be upon us before we know it. The conference brochure was dispatched just before Christmas and all members should have received a copy by now. If you did not, this may be because we do not have your correct address details, so please contact Head Office for a copy. This year, our conference manager Isabelle Thirolle has introduced a post-card format to promote the conference to non-members (the brochure is available on request). This has helped to reduce the cost of conference promotion materials by over €2000 compared to Prague, despite the longer length of the brochure.

Many members find it increasingly difficult to obtain funding for conference attendance. Employers seem to cut travel and training budgets every year. Freelances must finance conference attendance themselves. However, the EMWA conferences continue to be one of the best value options, providing relevant medical writing training from the experts. The combined cost of workshops and registration at an EMWA conference is substantially lower than training events offered by commercial conference organisers, plus the EMWA conferences offer the chance to gain formal accreditation of medical writing skills. It is worth reminding employers that Good Clinical Practice regulations require all staff participating in any aspect of clinical trials to have received appropriate training. Attendance at EMWA workshops is a cost-effective way of fulfilling this requirement.

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This year, EMWA will have an annual budget for the first time. The budget is still at draft stage at the moment, but it is already clear that we need to make some changes to EMWA finances. Don't worry - EMWA is not about to go bankrupt! We have some reserves in the bank. However, our annual expenditure has been increasing faster than our income over the years and we are now starting to dip into our reserve fund. This should be retained to cover emergencies such as cancellation of a conference due to events beyond our control (cancellation insurance is very expensive, due to the large sums insured). The most sensible approach is to try to achieve a moderate increase in income, and at the same time, make moderate cuts in expenditure. Our two largest sources of income are membership fees and income from the EMWA website. At €90 for members in Europe, our membership fees are low compared to other professional organisations. It is likely that we will have to increase the membership fee on 1 July 2003, but we will keep the increase as low as we can.

### **Message from the President**

Prices for web adverts were raised on 01 Jan 2003 and we are also trying to generate more income from other sources such as direct marketing services, sponsorship and other advertising. One of our largest annual expenses is the administrative fee for Head Office support for three days per week. Head Office staff are working at full capacity, but it is simply not possible to address EMWA members' queries as fast as we would like at this level. We are trying to find ways of becoming more efficient. For example, we have cancelled the next EC and EPDP committee meetings and are dealing with outstanding business by e-mail. However, we will probably need to increase our expenditure on administration if we want to provide a professional service. I hope that this information will help you to understand the reasons for any forthcoming increases in fees.

If you have visited the Courses & Meetings of Interest page on the EMWA website recently ([www.emwa.org/Meeting.html](http://www.emwa.org/Meeting.html)), you may have noticed that we have started to include details of meetings held by the Association of Information Officers in the Pharmaceutical Industry (AIOPI). The AIOPI course offering is complementary to that of EMWA and includes topics such as pharmacovigilance requirements and advanced training in medical information skills. AIOPI will be promoting EMWA conferences to their members, some of whom are medical writers, and we hope to build on this partnership with AIOPI. Other EMWA partner organisations are the American Medical Writers Association (AMWA), Australian Medical Writers Association (AuMWA) and European Association of Science Editors (EASE). If you would like to see partnerships arranged with other professional organisations of interest to EMWA members, please contact me at the address below.

#### **Julia Cooper**

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## ***Announcement from the EMWA Head Office***

***The EMWA Head Office would like to point out that a number of members seem to have outdated contact information. If you are one of these, or even if you aren't sure, please send your updated contact information (postal and email addresses, telephone and fax numbers) to the Head Office (see back cover for address) to ensure that you continue to receive your benefits as members.***



EMWA

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- The Clinical Overview
- Clinical Study Design
- Managing Medical Writers
- Writing Clinical Study Reports Using ICH E3
- Grammar Flaws: Taxonomy and Revision
- Publication Strategy and Planning
- Medical and Pharmaceutical English for Non-Native Speakers
- Speaking in Public: A Practical Guide, Parts 1 and 2
- Marketing Your Manuscript and Dealing with Biomedical Journals
- Essentials of Editing and Proofreading
- Using Statistics in Medical Writing
- Literature and Medicine: Susan Sontag's *Illness as Metaphor*
- The Clinical Study Protocol
- Starting Up and Running a Freelance Company
- Medical Writing for Vaccines
- Syntax Flaws: Taxonomy and Revision
- Advanced Word Processing
- Pharmacology for Medical Writers, Parts 1 and 2
- European Regulatory Procedures for Medical Writers
- Medical Writing for the Multilingual Audience:
- Medical Writing Between Dossier Submission and Drug Approval
- Plain English: The Clinical Trial Patient Information Leaflet
- Information Sources for Medical Writers
- Crafting a Press Release: The Principles of Writing for the Press
- Statistics for Medical Writers in Pharmaceutical Development
- Improving Comprehension: Theories and Research Findings
- Do More with Less Faster: Project Management for Biomedical Communicators
- From Protocol to Study Report: What's In Between?
- Basics of Epidemiology for Medical Communicators
- Interpersonal Skills for Medical Writers
- Medical Writing and Quality Control
- Maximising Presentation Performance
- The Investigator's Brochure
- Introduction to Macros in Microsoft Word
- Understanding Homeopathy
- Targeting your Audience





## **Meet the EMWA Candidates . . . 2003**

*Candidates for Executive Committee positions will be elected based on voting by members present at the Annual General Meeting in Lisbon on May 15, 2003. If you will not be present, you may also vote by proxy in advance, by sending your vote to Julia Cooper and Isabelle Thirolle prior to May 13.*

### **For the position of Vice-President: Adam Jacobs**

I have been a member of EMWA since 1998, and have been actively involved in it as a member of the Executive Committee, as a contributor to *The Write Stuff*, and as a workshop leader. I have very much enjoyed the opportunity EMWA has given me to meet other medical writers from a range of different medical writing environments, and I consider it an honour and a privilege to be standing for the post of Vice-President.

There are two things I would like to do as Vice-President. First, it has been my impression that the membership of EMWA has been rather skewed towards those involved in regulatory writing, and that those who work in medical communications are under-represented. I certainly hope EMWA continues to be the splendid forum it is now for exchanging ideas about regulatory writing, but I would also like to encourage more members from the medical communications world so that the membership of EMWA more fairly represents the overall population of medical writers.

Those of you involved in medical publications will be aware that there is some hostility from medical journals towards industry-sponsored papers, and that ghost writers are often viewed with suspicion (see the News desk section of the EMWA website). The second thing I would like to do is to ensure that EMWA is active in putting forward the benefits of having papers written by professional medical writers.

I look forward to meeting both old friends and those of you whom I haven't met before at the Lisbon conference, and to hearing what you, the members, think that EMWA should be doing for you.

### **For the position of Membership Officer: Judi Proctor**

I would like to re-stand as the membership officer for EMWA. The norm previously has been for members to serve their two years and then leave the Executive Committee. However, I believe that some continuity is also essential, and I currently feel that my job is only half done. So I would like to ask the membership for the opportunity to finish it!

I have been the Membership Officer since May 2001 and have tried hard to support members wherever possible. I feel that it is the Membership Officer's duty to work for and stand up for all members' rights. More specifically, I am the only freelancer on the Executive Committee at present and I feel that it is extremely important for the many freelance members of the association that they have direct representation on this committee.

#### **For the position of Education Officer: Wendy Kingdom**

I have been a member of the EMWA Professional Development Committee (EPDC) since its inception in 1999 when the EMWA Professional Development Programme (EPDP) was launched under the direction of Julia Cooper. During Stephen de Looze's term of office, the EPDP has been consolidated, broadened and quality assurance processes implemented. Both of these Education Officers have set a high standard for the post and have ensured that EMWA is outstanding as an organisation for providing educational opportunities for its members.

I have a strong interest in continuing professional development and training. Apart from serving on the EPDC, I am a module leader for the Institute of Clinical Research post-graduate diploma as well as offering two EMWA workshops, and I am developing a third workshop.

I should like to take this opportunity to build on the foundations laid by Julia and Stephen and lead the EPDC in taking the EPDP forward to meet the needs of all EMWA members. This will involve a balance between increasing the scope of the workshops available whilst keeping the programme to a size at which the continued quality of the workshops is assured. My knowledge of the workings of the EPDC will be very useful in this respect. The EPDC has worked well together, and I am confident that, as a team, we can achieve a great deal.

#### **For the position of University Liaison Officer: Teresa Roberts**

I'm really pleased to have the opportunity to stand for re-election as University Liaison Officer. I've had a great two years in office talking to journalists, students, and people at various organisations, and writing articles. I guess my biggest achievements were the careers leaflet and the slot in the graduate careers supplement to the New Scientist, but I've also attended careers fairs and dealt with e-mail and telephone enquiries. As I see it, the ultimate goal of the University Liaison Officer is to ensure that every graduate in a relevant subject anywhere in Europe knows that medical writing is a possible option. If I am re-elected, I'll take further steps towards this goal. I'll spend the next two years ensuring that the careers leaflet is translated into as many European languages as possible, and finds its way to students and graduates throughout Europe. I'll also continue to contact organisations and journals that distribute careers information, and attend as many careers events as I can. If you're at the Lisbon conference, please feel free to come and ask me questions. If you can't make it, you can contact me anytime for a chat. I look forward to seeing as many of you as possible in May.

#### **For the position of Executive Secretary: Julia Cooper**

I have been a member of the Executive Committee since 1998, initially as Education Officer, then Vice President, and now as President. During my year as President, I have also been performing the role of Secretary, carrying on the work started by Mike Matthews who resigned just before the AGM last year due to work commitments. Although I will become Immediate Past President in May, this is a less time-consuming role than President, so I hope to spend more time on the Secretary's responsibilities. These are two-fold. The role was originally created to ensure that EMWA fulfils its legal obligations as a limited company registered under English law. The Secretary oversees

### ***Meet the Candidates***

these activities. In addition, the Secretary reviews the activities of Head Office and works with Head Office staff to improve our services. We have started to make some progress over the past year and, together with Phillipa Clow and her team, I hope to keep the momentum going during my second term.

#### **For the position of Treasurer: Barbara Grossman**

Barbara has been the EMWA treasurer since 1998 and has volunteered to stand for the position once again, thereby guaranteeing continuity in this difficult task.

#### **EMWA Professional Development Committee - Position Open**

The EMWA Professional Development Committee (EPDC), chaired by the Education Officer, is responsible for setting the policy, standards and content of the EMWA Professional Development Programme (EPDP). The committee is currently composed of the following members: Rosemary Bischoff, ClinWrite; Julia Cooper, Parexel (Education Officer 1998-2001); Stephen de Looze, Covidence (Education Officer 2001-2003); Pamela Johnson, freelance; Wendy Kingdom, freelance (standing for Education Officer in 2003); Virginia Watson, Omnicare; Beate Wieseler, Kendle.

The EPDC meets during the EMWA spring and autumn conferences and as necessary at other times during the year to review the conference workshop programme, new workshop proposals, workshops under assessment and many issues that are of importance to maintaining EPDP quality standards and providing training opportunities for members. Committee members also mentor new workshop leaders who are developing workshops, and act as observers when workshops are run under assessment at a conference. The EPDC issues the Workshop Leaders Handbook and the EPDP Brochure. The post of Education Officer, who is a member of EMWA's Executive Committee, is only open to applicants who have served on the EPDC.

A vacancy will arise on the EPDC in May due to the resignation of Julia Cooper, who is standing for the post of EMWA Executive Secretary. Applications are invited from all EMWA members. If you would like to apply for this position, please send your CV and a short statement explaining why you would like to serve on the committee, to Stephen de Looze by 2 May 2003 (contact details are on the back cover).



### Amsterdam 2002

by Patricia Bünz  
Linguistic Diversity Editor

As always after an EMWA meeting, Barry is on the hunt to find someone who is more or less willing to write an article about the meeting and the impressions it made. So this year it is me who has the pleasure of presenting my impressions about the fourth autumn meeting in Amsterdam. This also means that, from now on, I can relax after future meetings.

The first thing that really impressed me was the Dorint Airport-Hotel, where the meeting took place. Wow, I did not expect such high-quality accommodation and quickly realised that my luggage contained all the stuff that I needed for the workshops, but not other important things, such as a swimsuit. I very much appreciated the comfort of the hotel, however, I would also be happy with a less expensive alternative for future meetings. The location of the hotel was a further point of discussion during the meeting. The connection to the airport and from there to the city, was well organised. Some EMWA members, however, would have preferred a location within the city of Amsterdam so as to be able to enjoy the city during their time-off. I think this is of advantage for the spring meeting, which is longer and might offer more free time. The autumn meeting is usually pretty short and the evenings in Amsterdam were well organised by EMWA. Everybody was invited to join the EMWA crowd on Thursday night in the bar of the hotel, which offered excellent tapas. Yummy, yummy! In addition, an Amsterdam canal cruise which included dinner was enjoyed by many EMWA members on Friday evening.

As always, the food served during the meeting is worth a mention. The breakfast in the hotel was another highlight for me because, as a north German, I very much enjoy the fishy stuff. The lunch was good too, but the slogan "first comes, first served" proved all too true sometimes. The dinner during the canal cruise was excellent and helped us to forget the pouring rain outside. However, I never realised before that salad and cold spaghetti might be a tasteful combination.

What else is worth mentioning? The workshops of course! I enjoyed all my workshops because they were informative and entertaining at the same time. Furthermore, joining a workshop which offers a very interactive atmosphere is always a sign of high quality. I am sure that other EMWA members enjoyed their workshops as much as I did because the rooms were always full of laughter. After having such a good and interesting time in Amsterdam, I am looking forward to EMWA's 12th annual conference in Lisbon.

#### **Patricia Bünz**

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## **Business Strategies for Freelancers and Small Businesses**

by Adam Jacobs

The title of this article is taken from one of the lunchtime discussion sessions at the recent EMWA conference in Prague. Our table consisted of nine medical writers with their own businesses, or those who were thinking of starting one, and we spent a pleasant lunch discussing all the things you have to do to run a medical writing business when you're not doing the medical writing.

One thing that we all agreed is absolutely, desperately and thoroughly important is to find a good accountant. This is probably the first thing that any would-be freelancer needs to do. I speak from bitter experience here, as I started out with a bad accountant, who charged me a lot of money without doing anything demonstrably useful in return. I now have an excellent one, which has made a huge difference. Personal recommendation of an accountant by someone you trust is probably the only reliable way to find a good one.

A good accountant should be able to make sure you are not paying any more tax than necessary and advise you on appropriate book-keeping procedures. Streamlining things like book-keeping is extremely important, as we mostly found ourselves spending more time than we would like on administrative tasks, sometimes as much as a

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***The absolutely, desperately and thoroughly important first thing that any would-be freelancer needs to do is to find a good accountant***

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whole day each week. Your accountant will also help you to make that tricky decision that faces all new freelance medical writers: whether to operate as a sole trader or to set up a limited company. We had a mixture of sole traders and limited company proprietors at our table, reflecting

the fact that there are advantages and disadvantages to each way of doing things. Being a sole trader has the advantage of simplicity. There is a non-trivial amount of paperwork to go through to set up a limited company, and then there is the requirement to send annual returns to Companies House. All this can be avoided by being a sole trader. On the other hand, there are various advantages to having a limited company. One of them is that it can substantially reduce your tax bill, as you can pay yourself a very small salary and take the rest of your income as dividends on the company profits, which attract a lower rate of tax than salary and crucially, no national insurance contributions. One possible worry about being a sole trader is that it might make you appear less professional in the eyes of potential clients, although the sole traders at our table didn't find this to be much of a problem in practice. A potential advantage of having a limited company is that the company has, as the name suggests, limited liability. This means that if it all goes horribly wrong and one of your clients sues your company for millions, then you simply declare the company bankrupt and walk away, without having

to lose your house or have the Ferrari repossessed. A remote possibility, of course, but it's still comforting to know.

Another thing your accountant can advise on is VAT registration. In the UK, you must register for VAT if your annual turnover exceeds £55,000, but registration is optional below that threshold. Not registering keeps life simple, and also means that your prices are lower for any clients who themselves are not VAT registered. However, almost all clients can claim back VAT, and being registered means that you can also claim the VAT back on most of your business expenditure. Not all freelancers choose to register for VAT, but with the right book-keeping software, the extra work involved is more than offset by the money you save.

Once the legal structure of the business is established, the next thing you need is an office. For most freelancers, this probably means the spare bedroom. If you have the space in your house and the self-discipline to separate home and work despite their coexistence in the same building, then that is a great way to keep costs down. However, if you only need an office for one person, renting office space needn't be prohibitively expensive, and can bring enormous benefits in reducing the clutter in your home.

Wherever you set up your office, you need to equip it with the tools of the trade. Besides the obvious requirement for a computer, you also need a phone, fax machine, and an internet connection. Please don't make the same mistake with fax equipment that I did. I naively assumed that since my modem had a fax facility, I could send and receive all my faxes via my computer. Well, theoretically it is possible, and I even made it work at times, but not without much wailing and gnashing of teeth. I don't normally believe in conspiracy theories, but I swear that even Microsoft couldn't make faxing software that unreliable simply through incompetence. They must have some secret desire to eliminate all computer-based faxes. When I finally gave in and bought a fax machine, the sheer joy of being able to send faxes at the touch of a button was indescribably wonderful.

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***An office at home is a great way to keep costs down if you have the space in your house and the self-discipline to separate home and work despite their coexistence in the same building***

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Getting a reliable internet connection is essential. Now that broadband internet prices are falling, broadband is becoming an attractive option even for a lone freelancer, and makes using the internet so much easier than a dial-up modem. However, choosing an internet service provider (ISP) requires some care: most of us at the table had experienced much pain and suffering at the hands of poor ISPs. I would love to be able to recommend a good ISP, but the position changes so rapidly that if I told you what I thought while I am writing this article it would almost certainly be out of date by the time you read it. Just choose your ISP carefully, listen to what other people have to say about theirs, and look at some of the websites set up for reviewing ISPs.

Now you are ready to go out and find some clients. We all agreed that by far the best way of doing this is by using personal contacts. Our clients were mostly former colleagues, clients of former employers, people we had met at EMWA conferences, and so on. It was much less common for clients to be found by advertising. Nonetheless, the

### **Business Strategies**

general consensus seemed to be that it was probably worthwhile having a website. Nobody's website generated very much business, but the costs of setting up a website do not have to be great, especially for someone with the finely honed presentation skills of a medical writer. A website only has to attract one new client to pay for itself.

Of course, it is always nice if your clients like you so much that they come back regularly, but there is a danger if any one client likes you too much. It is not a very healthy business strategy to spend too much of your time working for just one client, as you then become very vulnerable if that client suddenly vanishes. This can easily happen no matter how much they like you, if for example the department you dealt with ceases to exist in the latest merger. More than one of us had found ourselves uncomfortably over-committed to a single client, but it is a hard situation to avoid: you really don't want to turn

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### **By far the best way of getting clients is by using personal contacts**

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work away from your best client. You just have to work assiduously at getting more work from your other clients.

Running the business doesn't stop when you have found the clients and written your wonderful documents for them. You have to get paid as well. Thankfully, bad debts seem to be almost unknown in the medical writing world, which says good things about the integrity of pharmaceutical companies. However, we had all had problems with clients who take a long time to pay. Sometimes it can take months to get paid from some of the worst clients, and we all agreed that late payment could be a real problem when running a small business. Opinion was divided on whether it was sensible to take advantage of late payment legislation. Under UK law, and I believe that this is similar elsewhere in Europe, small companies are legally entitled to charge interest on late payments. Some of us were wary of this, feeling that it might just antagonise clients, although others felt that this wasn't a problem as it was likely only to antagonise finance departments, who don't usually have much say in whether your business relationship continues. If anyone has any thoughts or experience of this, or any of the other issues raised in this article, I'd love to hear from you, or maybe you could even write a letter to The Write Stuff.

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## **From Over the Pond: Writing about HIV/AIDS**

**by Susanna Dodgson**

I first heard of the HIV epidemic in the summer of 1981 when I was listening to the radio while bathing my first-born child in the kitchen sink in my apartment in Philadelphia. The Centers for Disease Control reported a strange epidemic in homosexual men, later, the risk group included Haitians, still later, intravenous drug users and now, whole African countries like Botswana. As the years passed, the main risk groups changed and life-prolonging medications have become available in rich, industrialised countries. One theme remains constant: AIDS is a deadly disease and infected persons can become resistant to all the therapies.

Two gay men living next-door to me in Sydney when I was finishing my PhD thesis are gone. I visited them when I went back to Sydney with my children in 1982 and 1983, we discussed day-to-day events and our futures as if I had never left. For me, HIV/AIDS is about two young men, friends since kindergarten, who never reached 50, or even 40. And especially about Ian, who was gorgeous and loved by many men. Ian made dresses and cooked for us and learned Italian so he could teach in Italy but instead with good grace taught English in Turkey where he was sent by the New South Wales Department of Education. Graeme was monogamous and left teaching to work in the phone company. He didn't reach 40 either.

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***For me, HIV/AIDS is about two young men, friends since kindergarten, who never reached 50, or even 40***

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During the early years of the epidemic I was involved in investigating carbon dioxide handling in the body. I identified mechanisms of carbon dioxide fixing and releasing in the liver, kidney, and brain and confirmed that these mechanisms work in neutrophils, which are involved in the immune system. Do they also work in CD4+ cells? Probably. I can state confidently that therapeutically disrupting the carbon dioxide handling mechanisms of the immune cells that the HIV virus hijacks has never been under serious consideration. The HIV virus is tough and when its DNA takes over a CD4+ cell, what it does is reproduce virus and destroy the ability of the body to defend itself against bacteria, fungi, other viruses and cancer. The virus rapidly evolves and can become resistant to one treatment after another.

I started full-time writing about HIV one week after the devastating cascade of events that started when two passenger planes smashed themselves between upper floors of 20% of New York City office-space. The immediate consequences of these smashes and the two following in Pennsylvania and Washington DC was a scaling-back of marketing writing in the centre of the pharmaceutical industry, which is surrounded geographically by New York City, Pennsylvania, Washington DC and the Atlantic Ocean. The immediate consequence to me was that within a week, the disease monographs I was writing for an advertising agency were no longer needed and a medical communications company needed a medical writer who would travel by air for their client in California.

Ten days later, I flew to Southern California for a consultant meeting. The next morning the account executive drove us both north along the coast of California, past Los Angeles, to Santa Barbara to a resort, which were arguably my most luxurious accommodations. I enjoyed walking past the oleander and rhododendrons before diving into a swimming pool, then hanging out in a hot tub before bathing in my room while watching candles in the fireplace and the palm trees over the balcony at the same time. The next morning, I listened to talks about the treatment of HIV from a psychiatrist, an HIV resistance specialist and a lipodystrophy specialist.

The work with the medical communications company only got better. On the heels of the conferences in California was the 3<sup>rd</sup> International Workshop on Adverse Drug Reactions and Lipodystrophy in HIV. A meeting with the client in Santa Barbara revealed their desire to have a presence at the meeting in Athens as well as their reluctance to send any of their own employees. I think the whole September 11 disaster was easier on those of us who were in the middle of it; we saw what happened and we saw it being cleaned up. Three thousand miles away in California all they knew was that all of the 4 passenger airliners that crashed were headed for California. I was not quiet about my desire to represent my favourite pharmaceutical company and report on the Athens meeting and so, two weeks later, I stepped off a plane in Athens.

The need for an annual lipodystrophy conference since 1999 highlights the consequences of taking drugs to control HIV infection. The first two classes of HIV

drugs are retroviral inhibitors: the nucleotide reverse transcriptase inhibitors (NRTIs) and the non-nucleotide reverse transcriptase inhibitors (NNRTIs). The first drug with any controlling effect on HIV is known as AZT or ZDV or zidovudine. AZT was approved by the US Food and Drug Administration in 1987. Since then other NRTIs have been approved and this class remains the largest. The approval of a third group of HIV drugs in 1995, the protease inhibitors, was earth-shaking for those affected with HIV and those treating affected persons. For the first time, health care providers were not routinely burying their infected patients.

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***The approval of a third group of HIV drugs in 1995, the protease inhibitors, meant that for the first time, health care providers were not routinely burying their infected patients.***

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Since 1995 the treatment of choice is a drug cocktail, called by the US Department of Health and Human Services Highly Active Anti-Retroviral Therapy, or HAART. This cocktail includes 3 or 4 drugs from one or more classes. Since 1995, persons infected with HIV on HAART are living longer, but those infected are still at risk for premature death. In the 1980s, HIV infection meant that death from AIDS probably would follow within 5 to 10 years. In the past few years, persons infected with HIV and treated with HAART have had increased likelihood of cardiovascular events. The question about whether the cardiovascular events result from the HIV infection or from HAART drugs remains unanswered.

In May 2001, I sent daily reports from Digestive Disease Week in San Francisco, summarising talks on treatments for hepatitis C and HIV co-infection. The rate of co-infection is increasing, and liver failure is now the number one cause of death of persons infected with HIV.

### **From Over the Pond**

The 14th International AIDS Conference in Barcelona in July 2001 was huge and all the pharmaceutical companies were well-represented. I summarised 12 symposia in which consultants presented the industry's newest therapies. We heard about progress towards producing a viable anti-HIV vaccine. We are not yet there, but clinical trials are proceeding and within 12 months we will know if one or more vaccines are fulfilling their early promise. Other classes of anti-HIV drugs were described, the fusion inhibitors which prevent the HIV virus from inserting its DNA into CD4+ cells and the integrase inhibitors, which prevent reproduction of the virus inside the CD4+ cell. The most exciting part of the conference to me was sitting next to infected persons who would have been dead 10 years ago. The bottom line is that Ian and Graeme would have had a good possibility of living to 40, or 50 if they had been infected 10 years later.

I was sitting in the hot tub in Santa Barbara in October 2001, chatting with two HIV physicians about the oil I had tracked from the beach into the bathtub. I assumed that the oil resulted from a tanker spill somewhere; one of the physicians told me that the oil pre-dated settlement by Europeans, and that native Americans used it to water-proof boats. These boats were leaky, and the trick was to land somewhere before the boats were swamped. Which describes HIV therapies. HIV is a tricky disease to treat because infected persons either do not have access to treatment (a major problem in developing countries) or they can become resistant to one treatment after another. All we can hope for anyone infected is that they can stay afloat until they reach land.

**Susanna J. Dodgson**, Ph.D.  
<http://emeraldpademelon.com>

## ***FOOD FOR THOUGHT***

***"Search for the truth is the noblest  
occupation of man; its publication is a duty."***

***Madame de Staël (1766-1817)  
JAMA 2001; 285: 3099***



### Stage Fright: Not All Bad

by Jenny Gretton

*Reprinted by permission of the author from European Science Editing, Feb 2002; 28: 9-10.*

Presentation covers a wide range of skills. The most carefully prepared presentation can be ruined for the audience and be made a nightmare for the presenter if he or she is overcome by stage fright. There are simple techniques for harnessing the tension generated by stage fright, and for using these to hold an audience and to enjoy speaking in public.

There are several groups of people for whom good presentation skills are so important that they can mean the difference between success or failure as a professional. Lawyers, actors, politicians and salesmen all have to be able to present their cases, lines, opinions or products in a convincing way. They have to develop the ability to convince their audiences that what they say is believable.

Why do science editors and writers need to share any of the professional skills of politicians and actors? The answer is that, throughout their careers, editors and writers will also be speakers, members of editorial boards and other committees, and occasionally the "victim" of media interviewers' skills.

Few of us have been spared the experience of listening to a highly nervous speaker, talking at high speed and with a high-pitched voice that totally distracts from the message. There is no real cure for the phenomenon of "stage fright", and many well-known actors say that they would not give a good performance without it, using the tension it creates in a positive rather than a negative way.

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***Do not lose contact with your audience, it is very hard to re-establish once they have been allowed to slip away - audiences will write shopping lists, plan holidays and even sleep if given the chance!***

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Another, less obvious, symptom of nerves is the rush to entertain with jokes and much arm-waving. This behaviour may look to be that of the confident, relaxed speaker, but it is not likely to focus the listeners' thoughts on the subject matter of a presentation. Such "comedians" are most probably very nervous under the confident exterior; only their best friends, or bosses, can tell them that their behaviour is disturbing. This does not mean that every joke must be removed, a dull talk may still not be a serious talk.

**The venue** - It is not always possible for a speaker to visit in advance the stage, podium or lectern from which they will speak. If nerves are a problem it is worth arriving early just to walk up to the stage, turn to face the rows of empty seats and imagine all the

### Stage Fright

faces that will be there later. When the time comes most of the faces will be turned towards the speaker, some will not. Most will be still, some will not. Do not interpret these as signs that the audience is inattentive.

Also, this is the time to check that audiovisual systems you wish to use are as you expected, and in working order. This aspect should also form part of your initial preparation.

**The voice** - As nerves grip a speaker, the voice tends to rise in pitch until ultimately it may be nothing more than an inaudible squeak. As an audience starts to show signs of inattention the nerves bite deeper, and the voice can disappear entirely. If you are only afflicted in the opening minutes of your presentation, the actors' trick of taking one or two slow, deep breaths before walking up to the lectern can help. This technique also allows you to modulate your voice to a lower-than-normal pitch for delivery of your opening remarks; try saying "thank you" in this deep voice, as you take your place, but remember that if you are wired up to a portable microphone everything you say will be transmitted! The first few sentences of your talk should also be delivered rather more slowly than your usual rate of delivery. The combination of holding down the pitch of your voice and slowing your rate of speaking will mask the most obvious effects of stage

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***We have little idea that the rich tones we hope to deliver come out as staccato squeaks when subjected to the grip of nerves***

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fright. As you, and the audience, settle in to your presentation the pitch of your voice and the rate of speaking can both rise to a normal and comfortable rate.

We all have doubts about the sound of our own voices, and have little idea that

the rich tones we hope to deliver come out as staccato squeaks when subjected to the grip of nerves. Record your own voice reading familiar material. Listen to the recording, and if you have the facility to do so, slow down the rate of playback a little and listen again. Most people are amazed at how much more calm they sound, and how much more authority their voice carries, when the speed of delivery and the pitch are both reduced.

**The hands** - Most of us have experienced the sight of the nervous presenter, clutching a sheet of paper, with hands shaking so much that the paper appears to be fanning the front rows of the audience. When we are nervous our hands develop a life of their own, and any object held in shaking hands merely accentuates the tremor. Again, there are some simple techniques for minimising the effect of nerves, without going into the complicated issue of body language. If you can avoid holding anything in your hands for the initial stages of your presentation, do so. If you have to handle your text, overheads or a light baton, a simple procedure is to wring your hands together as if you were washing them. This should be done out of sight; if you do not have a lectern that conceals your hands, simply rub them together as if you relished the prospect of picking up an object. This has the effect of bringing the most wayward hands under control, and it is an exercise that can be discretely repeated during the course of the presentation, if necessary.

Not all fear-inducing encounters take place at a lectern in a lecture hall. A new member of an editorial board or committee can suffer the same degree of nerves, and may remain silent because to speak would betray nervousness. The pen-twisters and pen-

cil-snappers among us are using our own devices for alleviating the problem of fluttering hands. It is far more likely to have a calming effect if the hands remain clasped in the lap, "washing" them from time to time may help, or resting them on the table, rather than distracting fellow committee members by torturing the pencils.

Another sign of nervousness is the vice-like grip. White knuckles, gripping the edge of a table or lectern as if a speaker's life depended on it, only serve to increase feelings of panic in the speaker. The voice may rise in response to this fear, and the whole effect of calm and control will disappear. It may be helpful, if you feel the temptation to grip a piece of furniture, to turn the grip into a close examination of the surface with the finger tips. Stroking the lectern or table with the tips of your fingers, quite firmly, a few times may send the necessary soothing message to the brain, and relieve the upward spiral of panic.

**Clothing** - It is worth planning what you are going to wear in advance. Wear a favourite item that is comfortable, that makes you feel good, confident and suitably dressed. The eye-catching new outfit or tie may distract rather than impress, and draw attention away from the real purpose of the presentation. On the practical side, if clothing is too tight-fitting it will restrict breathing, an effect which should be avoided.

**Stance** - The last thing on a nervous speaker's mind may be how they appear to the audience. Adopting a good position, whether sitting or standing, makes you look confident, and as a result, feel confident. When you read the draft of your talk, always read aloud and standing. In this way the talk will come alive as soon as a rehearsal starts, and you will feel more comfortable when the real thing is upon you.

Face the audience as much as possible. With modern audiovisual equipment it should not be necessary to check that each slide is visible before speaking. If you do have to check or to read a slide behind you, try to turn your body only sideways on, and address any remarks not included in the slide directly to the audience. Do not lose contact with your audience, it is very hard to re-establish once they have been allowed to slip away - audiences will write shopping lists, plan holidays and even sleep if given the chance!

If you suffer so severely from speaker's nerves that each presentation is a nightmare the only course of action is to seek help from a professional, a speech therapist or an elocution and drama teacher may help. There are drugs that slow the heart rate and diminish the "shakes" of nervous speakers, but these are to be the last resort and you must consult a physician before resorting to this remedy. Do not fall into the temptation of using alcohol as a means of steadying the nerves. If you do, the result will at best be a tedious, over cautious presentation, at worst a complete disaster.

#### **Jenny Gretton**

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***Do not be tempted to use alcohol as a means of steadying the nerves - the result will at best be a tedious, over cautious presentation, at worst a complete disaster***

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## **In the Bookstores... Another Resource for Medical Writers and Journalists**

by Karen Shashok

*Writing for Professional Medical Publications. Laura Gater, 2001.  
Available at [www.booklocker.com/books/999.html](http://www.booklocker.com/books/999.html)*

Laura Gater, an experienced freelancer who specialises in medical and business writing, has had a good idea and the energy to go with it, and has produced an entire "Ebook" (Book Locker's term) that covers many topics related with medical writing and journalism—no small undertaking. Because she has written for different audiences within and alongside the medical profession (business, physical therapy devices, juvenile correction and healthcare marketing), her views reflect a wider background and more multifaceted approach to medical writing than we might hear, for example, from a colleague who has taken the researcher-writer-freelance route.

Section I, Writing for Professional Medical Publications, contains useful general information, although some of it is repeated in several places. Gater's own material is mostly concentrated in the Introduction and Chapters 1 to 5. This text contains little that experienced medical writers will not have learned on their own, but it still good reading and a thoughtful introduction to the profession. The author's positive outlook and store

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***Because the author has written for different audiences within and alongside the medical profession, her views reflect a more multifaceted approach to medical writing than we might hear from a colleague who has taken the researcher-writer-freelance route.***

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of experience makes this material interesting and informative for less experienced colleagues who are wondering whether medical writing is the right career path for them.

Chapters 6 to 12 consist of articles published previously by other authors, with brief introductions. Although the other authors are named clearly, full references to the earlier publications are missing.

The final chapter in Section I, "Beginning your freelance medical writing career", seems too perfunctory to be of practical use; moreover, most of the suggestions it offers are given in other places throughout the first section.

The whole section would benefit from reorganisation to help readers locate information that deals specifically with different genres or types of document. In the present version of the book, chapter titles do not always give a clear idea of the content, and the focus of the chapters tends to skip without warning between journalism, regulatory documentation, and research reporting.

Section II, Resources for the Medical Writer, contains interesting lists of training resources (although unfortunately EMWA's excellent workshops are not mentioned), online resources (several dozen, in fact), printed works (all our favourites are in there),



and organisations for medical writers and journalists. Each item is accompanied by a brief commentary. The final chapter reproduces the AMWA Code of Ethics. Although the lists lean more toward US resources, this section is bound to be useful to beginners and veterans alike. Most items are accompanied by a link to an internet source for further information.

I found only one issue on which I disagreed strongly with Gater's opinion: ghost writing. According to the author (pages 13 and 14), "Many medical writers serve as "ghost writers," meaning that their names do not appear in print for the work they have done. They must be satisfied with their pay and the knowledge that the job has been well done." This runs counter to the Good Publication Practices now being examined for possible adoption (or which have already been adopted) by pharmaceutical companies, which recommend that writers of peer-reviewed papers should always be acknowledged. (See L Wager and L Grossman, Good Publication Practice, TWS 2000; 9 (2): 14-16.) In view of increasingly frequent calls for transparency and accountability in the process of medical (and scientific, in general) writing and publishing, it is only appropriate that users of research and regulatory documents should know who prepared the texts they are reading.

The overall impression is that this book is a compendium of useful and interesting information drawn from other sources, rather than an entirely original work (except as noted above). A few design and editing faults make it difficult to locate and consult all information on a given topic. There is no index, and the table of contents lists only chapter titles, not sub-headings within chapters. There are no cross-references or links to related information in other parts of the book. The structure of the PDF file is rather conventional, so the electronic version does not really facilitate location and retrieval of the information. Consequently, many readers might find the print version more convenient to use. (The book can be downloaded for free, or the print edition can be purchased online for \$8.95 plus postage and handling.)

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***The lists of print and electronic resources and links to internet sources for detailed information are bound to be useful to beginners and veterans alike.***

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So, although not an essential work, Writing for Professional Medical Publications does contain material worth looking over, especially for colleagues just coming into the profession.

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## Hey, it's Only My Opinion: Nutrition

by Diana Epstein

*Diana Epstein became notorious at the social event at the EMWA annual conference in Montpellier in 2001 by chasing everyone around and asking them about their eating habits for a survey on how well nourished we medical writers are. The long-awaited results are not very encouraging, as you can read . . .*

How many of you have had sleepless nights since Montpellier? The suspense must have been killing you. Well, after computer crashes galore, here I am at long last to relax your nerves and tell you the grand result of the infamous Montpellier nutrition questionnaire—you must remember about our eating habits, or as dear Barry would say, "What EMWA bites . . .".

As for the results, there is unfortunately good and bad news. Since I believe in getting the bad news over and done with, let us start with the bad news. Out of 51 participants, only one could be regarded as having a correct diet. This is not exactly what you would consider a great responder rate. And the good news? Well, following that result, I decided to find out what kind of foods can help EMWA members with our, should we say,

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***We do seem to be doing a lot of sitting, thinking and typing so what we need to eat is a balanced diet full of carbohydrates, protein and fibre***

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"condition". Since many of us sit at desks or in our cars (or even in planes) travelling from client to client, we do seem to be doing a lot of sitting, thinking and typing so what we need to eat is a balanced diet full of carbohydrates, protein and fibre.

Carbohydrates are the best source of glucose we should be using since they are the major fuel for our body and our minds. Although we are encouraged to eat fruit or sugary products, they are only simple carbohydrates and thus provide quick fuel for only a short time. It would be better if we tried to follow the example of our one fellow EMWA member: morning cereals followed by lunch consisting of either rice, pasta, bread or other grains along with vegetables. We must not forget the veggies: as we all learned at some point in the past, vegetables—especially the leafy green vegetables—contain a mixture of both soluble and insoluble fibres. These are great for our intestines, and thus a very important fact of life. I assume that many of you will be nodding in agreement while reading these lines.

We really do need our fibre especially in our type of work. Looking through your answers to the questionnaire, I can only assume that many of you will be pleased to learn that 6 ounces of peanuts contain 6 grams of fibre and 4 ounces of beans contain 5 to 8 grams of fibre (many of you seem to enjoy eating beans). Surprisingly either one banana or one orange contains just 3 grams of fibre. To help you out a bit, adults should consume between 20-25 grams of fibre per day.

Now that I have mentioned that we are all adults, another important and perhaps sad fact of life is that yes, we have stopped growing (well at least vertically!), but we still need protein. Since very few of us are still physically active during the day, mostly sitting at a keyboard and typing or attending meetings, we do have less energy. I strongly suspect that many of us are not as fit today as we were 10 years ago.

So we need an increase in protein to compensate. Protein is important, since it not only helps maintain adequate muscle mass but also fights infection and helps maintain strength through trauma (like a clinical study report gone wrong or the wrong diskette at the board meeting). Adequate protein can be found in meat, fish and poultry; eggs, beans (oh no, not again!) and yes, my favourite, peanut butter. Dairy products are good not just for calcium but also for protein.

The conference in Lisbon is exactly what we need. In accordance with good dietary habits we are going to have the most fantastic conference since obviously the powers above at the Executive Committee can only have chosen Lisbon in accordance with what we should be eating. Lots of fish, tons of protein, sun galore (all that vitamin D for our skin) and the most important, a super social programme and interesting workshops, long, regular and short alike. So here's looking forward to seeing you in Portugal . . . and you had better come, because I need YOU for my next questionnaire.

*But hey, it's only my opinion!*

***I strongly suspect that many of us are not as fit today as we were 10 years ago***

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### Vital Signs:

#### Jabberwocky

#### Dear TWS,

In his article "Murder in the Cathedral" (TWS 2002; 11 (3) 68-69), Geoff Hall wrote, "If you know the original, it's easy; if not, then it's impossible." Well, I speak fluent French (native language) and English and I couldn't understand either of the quoted texts. What is actually going on in the poem, Jabberwocky?

*Yes, I should have thought of this when we published it. What is pretty well universally acknowledged as the "greatest of all nonsense poems in English" [1] is perhaps not very well known outside the English-speaking world. The poem Jabberwocky first appeared in 1857 in a small personal periodical by Lewis Carroll but is best known for its presence in the book "Through the Looking Glass and What Alice Found There", the sequel to the famous "Alice's Adventures in Wonderland".*

*Nonsense poetry is often called the written equivalent of abstract painting, ". . . the words he (the nonsense poet) uses may suggest vague meanings, like an eye here and a foot there in a Picasso abstraction, or they may have no meaning at all - just a play of pleasant sounds like the play of non-objective colours on a canvas" [1]. Or, as Alice says, " 'It seems very pretty,' she said when she had finished it, 'but it is rather hard to understand!' (You see she didn't like to confess, even to herself, that she couldn't make it out at all.) 'Somehow it seems to fill my head with ideas-only I don't exactly know what they are! However, somebody killed something: that's clear, at any rate-' ". Whatever you make of it, just about every school child reads it in the English-speaking world. Here's the whole thing for those who haven't encountered it yet:*

Twas brillig, and the slithy toves  
Did gyre and gimble in the wabe:  
All mimsy were the borogoves,  
And the mome raths outgrabe.

"Beware the Jabberwock, my son!  
The jaws that bite, the claws that catch!  
Beware the Jubjub bird, and shun  
The frumious Bandersnatch!"

He took his vorpal sword in hand:  
Long time the manxome for he sought—  
So rested he by the Tumtum tree,  
And stood awhile in thought.

And, as in uffish thought he stood,  
The Jabberwock, with eyes of flame,  
Came whiffling through the tulgey wood,  
And burbled as it came!

One, two! One, two! And through and through  
The vorpal blade went snickersnack!  
He left it dead, and with its head  
He went galumphing back.

"And hast though slain the Jabberwock?  
Come to my arms, my beamish boy!  
O frabjous day! Callooh! Callay!"  
He chortled in his joy.

As you can read in Martin Gardner's brilliant annotated version of the Lewis Carroll Alice books [1], Jabberwocky has also been translated into many languages, including Latin (Gaberbochus). There is also a German version, from Robert Scott, published in an article "The Jabberwock Traced To Its True Source", Macmillan's Magazine, February 1872. Here, as Geoff hinted, for our non-native English readers:

#### **Le Jaseroque**

*Il brilgue: les tôves lubricilleux  
Se gyrent en vrillant dans le guave,  
Enmîmés sont les gougebosqueux  
Et le mômerade horsgrave.*

*"Garde-toi du Jaseroque, mon fils!  
La gueule qui mord; la grife qui prend!  
Garde-toi de l'oiseau Jube, évite  
Le frumieux Band-à-prend".*

*Son glaive vorpal en main il va-  
T-à la recherche du fauvre manscant;  
Puis arrivé à l'arbre Té-Té,  
Il y reste, réfléchissant.*

*Pendant qu'il pense, tout uffusé  
Le Jaseroque, à l'œil flambant,  
Vient siblant par le bois tullegeais,  
Et burbule en venant.*

*Un deux, un deux, par le milieu,  
Le glaive vorpal fait pat-à-pan!  
La bête défaite, avec sa tête,  
Il rentre gallomphant.*

*"As-tu tué le Jaseroque?  
Viens à mon cœur, fils rayonnais!  
O jour frabbejeais! Calleau! Callai!"  
Il cortule dans sa joie.*

#### **Der Jammerwoch**

*Es brillig war. Die schlichte Toven  
Wirrten und wimmelten in Waben;  
Und aller-mümsige Burggoven  
Die mohmen Râth ausgraben.*

*"Bewahre doch vor Jammerwoch!  
Die Zähne knirschen, Krallen kratzen!  
Bewahr' vor Jubjub-Vogel, vor  
Frumiösen Banderschnätzchen!"*

*Er griff sein vorpals Schwertchen zu,  
Er suchte lang das manchsan' Ding;  
Dann, stehend unterm Tumtum Baum,  
Er an-zu-denken-fing.*

*Als stand er tief in Andacht auf,  
Des Jammerwochens Augen-feuer  
Durch tulgen Wald mit wiffek kam  
Ein burbelnd Ungeheur!*

*Eins, Zwei! Eins, Zwei! Und durch und durch  
Sein vorpals Schwert zerschnifer-schnück  
Da blieb es todt! Er, Kopf in Hand,  
Geläumfig zog zurück.*

*"Und schlugst Du ja den Jammerwoch?  
Umarme mich, mein Böhm'sches Kind!  
O Freuden-Tag! O Hallo-Schlag!"  
Er chortelt froh-gesinnt.*

#### References:

1. Lewis Carroll, *The Annotated Alice (Alice's Adventures in Wonderland and Through the Looking Glass)*. Introduction and Notes by Martin Gardner. New York: Meridian Press, New American Library, 1960.



## **The Lighter Side . . . Pharmaceutical Industry Definitions**

*received in email circulation from the readers of TWS*

**Head of Drug Development** - A temporary Pope; one who is infallible for two years and leaves by the means by which his arrival was announced: a cloud of white smoke

**Global Company** - Implementing the American system around the world.

**Clinical Trial** - An experiment which any fool can design and frequently does.

**Marketing Forecast** - Twice what you dare not even hope the product might earn, multiplied by three.

**US Marketing Forecast** - Twice the above.

**Marketing Graph** - A pictorial representation which uses three dimensions, four colours and five cartoons to show one fact which probably isn't true.

**Statistics** - A subject which most statisticians find difficult, but in which nearly all physicians are experts.

**Team Alignment** - A process whereby sharks teach gulls to behave like lemmings.

**Medical Statistician** - One who won't accept that Columbus discovered America because he said he was looking for India in the trial plan.

**Equivalence Trials** - Proving that apples are pears by comparing their weight.

**Regulatory Affairs** - The Eskimos of drug development; they have 180 ways of saying 'perhaps'.

**Clinically Relevant Difference** - That which will produce 80% power given the supposed standard deviation and the number of patients the medical adviser is prepared to recruit.

**Trend towards Significance** - An ever present help in times of trouble.

**Matrix Management** - Two-dimensional confusion.

**Patient Listings** - So called because they take an age to produce.

**Open Study** - A means of using prejudice and regression to prove effectiveness.

**Quality of Life** - A means, it is hoped, of rescuing boring drugs from the rubbish dump of history.

**Standard Operating Procedure** - A vitally important document whose rate of obsolescence exceeds its rate of implementation.

## Meetings of Interest

The following list is presented as a service to EMWA members and is not meant to be complete. EMWA does not endorse these meetings in any way. Those having the [EMWA] symbol include presentations from EMWA members. All meetings are conducted in the English language unless otherwise indicated. If you would like to have something listed here to share with other members, please contact Barry Drees (details on back cover).

<b>Date</b>	<b>Meeting / Sponsor</b>	<b>Location</b>
<b>Mar 27</b>	<b>The Management of Outsourcing</b> Management Forum Ltd. 48 Woodbridge Rd, Guildford, GU1 4RJ UK Tel: (+44) 1483 570099; Fax: (+44) 1483 536424 www.management-forum.co.uk; info@management-forum.co.uk	<b>London, UK</b>
<b>May 5-6</b> [EMWA]	<b>Successful Medical Writing (Intensive Course)</b> FORUM Institut für Management GmbH Postfach 10 50 60 D-69040 Heidelberg, Germany Tel: (+49) 6221 500 500; Fax: (+49) 6221 500 505 Internet: www.forum-institut.de	<b>Frankfurt, Germany</b>
<b>May 6</b>	<b>Interpreting Clinical Laboratory Data</b> Rostrum Personal Development Mildmay House, St Edwards Court, London Rd, Romford, Essex, RM7 9QD, UK Tel: (+44) 1189 697 879; Fax: (+44) 1189 335 436 Internet: www.rostrumtraining.com/rostrumwebsite	<b>London, UK</b>
<b>May 8</b>	<b>Common Technical Document (German Language)</b> FORUM Institut für Management GmbH Postfach 10 50 60 D-69040 Heidelberg, Germany Tel: (+49) 6221 500 500; Fax: (+49) 6221 500 505 Internet: www.forum-institut.de	<b>Frankfurt, Germany</b>
<b>Jun 3</b>	<b>Assertiveness and Managing Conflict Skills</b> Rostrum Personal Development Mildmay House, St Edwards Court, London Rd, Romford, Essex, RM7 9QD, UK Tel: (+44) 1189 697 879; Fax: (+44) 1189 335 436 Internet: www.rostrumtraining.com/rostrumwebsite	<b>London, UK</b>
<b>Jun 10</b> [EMWA]	<b>Medical Journalism</b> Tim Albert Training Paper Mews Court, Dorking, Surrey, RH4 9AU, UK Tel: (+44) 1306 877993 Internet: www.timalbert.co.uk	<b>London, UK</b>
<b>Jun 13</b> [EMWA]	<b>Effective Newsletters</b> Tim Albert Training Paper Mews Court, Dorking, Surrey, RH4 9AU, UK Tel: (+44) 1306 877993 Internet: www.timalbert.co.uk	<b>London, UK</b>
<b>Jul 1-2</b>	<b>Negotiating with Regulatory Authorities</b> Management Forum Ltd. 48 Woodbridge Rd, Guildford, GU1 4RJ UK Tel: (+44) 1483 570099; Fax: (+44) 1483 536424 www.management-forum.co.uk; info@management-forum.co.uk	<b>London, UK</b>

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