

# Medical postcard from Australia, the world's largest island

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## Abstract

The Australasian Medical Writers Association (AMWA) comprises about 300 journalists, writers, editors, and health professionals based in Australia and nearby island nations, particularly New Zealand and Fiji. AMWA has held a popular conference annually since its formation in 1982. Members whose writing is essentially product promotion are restricted to affiliate membership, and AMWA does not accept sponsorship from the pharmaceutical industry.

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Dear Northern Hemispherean,

If I asked where *Australasia* is, would you throw a net over about half of the world's population, wondering why this correspondent is based in Australia rather than Hong Kong or Singapore? Not, perhaps, if you were a writer with an interest in etymology.

In 1756, Charles de Brosses – I suspect he was a European chap – coined the term to describe the region south (Latin: *australis*) of Asia. Australasia therefore includes Australia, New Zealand, Papua New Guinea (PNG), Fiji, and nearby island nations, but excludes Asia. Had Charles stopped to chat as he sailed by, he may have been disappointed not to have understood a word of the 300 local languages in Australia or 840 in PNG. These days, we do all our medical writing in English... although that would possibly be an even greater disappointment for Monsieur de Brosses.

The Australasian Medical Writers Association (AMWA) – not to be confused with our American counterpart, which antecedently borrowed our acronym – was formed thirty years ago. In 1982, the Australian Journalists Association merged with Actors Equity to form the Media, Entertainment & Arts Alliance, but no association supported the subspecialty of medical writing. Additionally, health professionals who were writers but not journalists

had nowhere to nurture their craft. For this reason, a group of interested writers in Sydney formed an association under the driving force of medical editor Ron Lord, who was elected the first AMWA President.

Original member Cal Miller PhD recalls the event: 'Our first ever meeting in '82 was at the old Journalists' Club in Surry Hills over a lot of beer and peanuts, and I suppose that there were about 20 journalists there. AMWA's initial focus was just on news and journalistic reporting'.

The 'A' stood for Australia, and most members lived in Sydney. Membership quickly expanded to include every Australian state, and a number of New Zealanders joined throughout the 1990s, so in 1999 we added two extra letters to our name to become Australasian.

In recent years, we have encouraged members from Fiji, a country with relatively few writing resources, to join us in AMWA. We support the important work of Fiji's medical journals to encourage local health professionals to write and publish more 'home-grown' content.

## Two paths to the same page

The career paths of AMWA members usually emanate from one of two distinct backgrounds: medicine and professional writing. Typifying this distinction would be two of our past presidents.

Dr Amanda Caswell trained as a medical doctor but soon discovered a passion for writing, eventually leaving medicine to edit Australia's largest general practitioner newspaper. AMWA is secretly delighted when a health professional realises that the keyboard is mightier than the stethoscope. Our ranks are full of nurses, dieticians, doctors, and researchers who have seen the light. Most straddle the two worlds, still working part-time clinically – we just borrow them.

Then there's Rada Rouse, a self-confessed school science dropout, who had been a journalist at news wire service Australian Associated Press (AAP) for 14 years when the opportunity arose to apply for

the job as AAP's National Medical Correspondent. Seventeen years on, she has written and edited thousands of medical articles, including award-winners, for both consumer and physician readerships.

'You certainly build up a fair body of medical knowledge over the years', says Rouse. 'You don't realise how much until, suddenly, your writer friends are asking you medical questions at barbecues!'

Whether from a health or a writing background, AMWA's 300 members form the backbone of our region's mainstream press, electronic media, health promotion organisations and publications for patients and health professionals. Sophie Scott is the chief medical reporter for ABC TV, Australia's national broadcaster. Melissa Sweet has reinvented the way Australia's public health news is read and analysed, with her innovative online news site Croakey and its associated twitter feed @croakeyblog.

### Arm's length from industry

AMWA differs significantly from EMWA and our US cousins across the Pacific in one respect. From the outset, AMWA has grappled with whether to grant membership to writers who work solely in public relations or for commercial organisations promoting products and services – particularly pharmaceuticals. AMWA decided to grant these writers affiliate membership, which allows access to AMWA services but precludes voting rights.

This two-tiered membership has caused some controversy over the years. As Cal Miller recalls, 'The big debate in the first couple of years was the precise role of PR professionals in AMWA. They were given an affiliate status for the simple reason that they were not journalists, although they disputed that!' One can imagine some interesting discussions over the beer and peanuts!

While AMWA accepts technical or regulatory writers from the pharmaceutical and medical devices industries as members, we do not accept any direct or indirect sponsorship from these industries. This has various consequences, not the least of which is that our budget remains relatively small and we have no paid positions within our organisation. Because of our members' sway, politicians, famous writers, world-beating medical researchers, and eminent academics line up to address our conferences but are reimbursed only in cab fares and coffees – and perhaps a biscuit in a good year.

Thus, the product-promotional focus of EMWA's upcoming seminar 'Writing for Health Economics and Market Access', would be a foreign concept at AMWA. Our conferences, workshops, and webinars

tend to be based around evidence-based medicine, ethical perils such as ghost writing, improving professional writing skills, and cutting through the hype in the news. Last year's 2-day conference, *Social Justice in Health* included issues around Aboriginal and Torres Strait Islander and refugee health, as well as the usual writing, editing, and social media workshops and plenaries. And it was a whole lot of fun.

### Meeting each other

Australia has about the population density of the Mediterranean Sea on a good yachting day. With just 300 members scattered across a land which could put Eastern Europe in its pocket, we need to excel at networking.

AMWA conferences are held in a different capital city each year and we hold regular state-based functions to provide education opportunities. We produce a bi-monthly newsletter, and our Professional Development Program earns attendees an AMWA PDP certificate after participating in eight workshops or webinars.

We live on the web at <http://www.medicalwriters.org/> where we maintain a directory of freelance writers, offering opportunities for employers and editors to commission work, and for our members to advertise their skills.

We are on Twitter at @AusMedWriters and have just started a writing blog at [medicalwritersblog.com](http://medicalwritersblog.com) entitled, as is appropriate for our group of large islands, The Beach.

AMWA would be delighted to welcome any Europeans onto our soil for a conference 'down under', and will even supply beer and peanuts if requested. You will feel quite at home – the other half of you are here already! Sydney is virtually run by Brits, and Melbourne contains more Greeks than any city outside Athens – and has a healthier economy.

At AMWA, we believe medical writing should be accurate, concise, balanced, and interesting, and the execution of it should be enjoyable ... most days, anyway.

If this really were a postcard (we make postcards big, down here, and can write very small), the picture would feature a long, undisturbed beach on a sunny day. On the golden sand, a couple of empty chairs face the horizon, with a laptop or blank notepad on each armrest, ready to capture one's contemplations. Beaches breed expansiveness, and we Australasians have plenty of both.

Just out of camera shot, I walk towards one of the chairs.

Wish you were here.

## Author information

**Dr Justin Coleman** is a general practitioner with a Master's in Public Health and works in Aboriginal health in Brisbane and the remote outback. He lectures in medicine, public health, and medical writing at Griffith University, the University of Queensland, and

for the Royal Australian College of General Practitioners. He has been a medical writer and editor for 17 years and AMWA President for three. He can be found on the Internet at <http://drjustincoleman.com/> and on Twitter as the 'Naked Doctor' at @drjustincoleman

## The Not-so-wise Owl: A lesson in cultural awareness for medical communicators

Cross-cultural communication is often difficult. Therefore, materials developed by medical communications agencies at a regional level are usually adapted by local medical writers to meet local needs. However, most societies are a patchwork of cultures and the interests of minorities can be easily overlooked in favour of the majority.

For example, Maori, the indigenous Polynesian people of New Zealand, have long been known to suffer from poorer health outcomes compared with the Pakeha (Caucasian) majority. Most health sciences graduates in New Zealand are educated in issues of Maori health, including the need for understanding cultural differences.

The need for understanding cultural differences is highlighted by a medical communications case study in which the European symbol of wisdom, an owl, was used as the centrepiece graphic in a poster aiming to promote childhood vaccination as

a wise choice for Maori parents. The programme was a resounding failure because native New Zealand owls, known as a ruru (Maori) or morepork (English), are a symbol of death in Maori culture. Accordingly, the very clear inference for Maori parents was that childhood vaccinations were associated with death! Once this association was understood, the Maori community was consulted to identify more appropriate symbols. The vaccination programme was reinvigorated when the owl graphic was replaced with images of woven baskets and rainbows, symbols of wisdom for Maori. This is a classic example of the need for medical writers to understand their target audience.

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