

Getting Your Foot in the Door

How Sam Hamilton did it

I have always written. At primary school, I wrote imaginative stories, and delighted in my regular “10 out of 10” scores in English language, that had me reading my work aloud to my enraptured classmates. At secondary school, my writing became more formulaic to serve the needs of the “exam machine”. As an undergraduate scientist, I enjoyed the discipline of melding theoretical arguments with crisply communicated evidence-based science. In my academic research associate days, I discovered that I wrote (for charities) and spoke well (on local radio) in communicating science and medicine to the public – something that I did just for fun. I was awarded a grant from the Committee on the Public Understanding of Science to develop my skills in this area. Then, having dismissed that crazy notion, I moved into the clinical trials industry.

Throughout my time as a clinical research associate, I wrote manuscripts for my company – just for fun and to keep my writing hand in. By now you may have guessed that this was all heading in one direction – but I didn’t know that for quite a number of years. My “getting your foot in the door” moment came as a stressed international clinical project manager, pregnant with my first child, and generally too busy to think rationally. In a rare quiet moment, I realised I could not keep up the pace, and be a competent employee and sane parent. In that serendipitous moment, I finally realised that medical writing had been staring me in the face.¹ I talked to my manager, and with his blessing, I started working in my CRO’s Medical Writing department for the wonderful Nicky Dodsworth.² I had finally come home – and the rest is history...

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EMWA Past President
(2015–2016)

CORE Reference Project Chair

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Donna Miceli's story

I was in my late '40s when I first began my career as a freelance medical writer. Back in 1962 when I graduated from college, with a dual degree in journalism and speech, becoming a medical writer was the farthest thing from my mind. In fact, I didn't know such a career existed – and perhaps it didn't at that time. Like so many in my generation, I got married soon after graduating and, before I knew it, I was the mother of four. Also, like many in my generation, I made the decision that, if I were going to have children, I was going to raise them myself. I managed to keep my writing skills sharp by volunteering to do publicity for community groups and, eventually, earning some money with a variety of freelance writing jobs, including writing copy for small advertising agencies.

When the company my husband worked for transferred us to Philadelphia, Pennsylvania (US), I had to leave my job as Assistant Director of Public Relations at a large hospital in Buffalo, New York. It had been my first full-time job in years, and I had loved it. My children were grown and I was at a loss for something to do until a former colleague told me about the American Medical Writers Association (AMWA). I immediately made plans to attend one of their annual conferences, became a member, and launched a new career. It turned out to be one of the best decisions I ever made. Thanks, in large part, to my association with AMWA, I enjoyed a successful career as a freelance medical writer, editor, and public relations consultant that lasted 27 years.

Now to the question at hand: What steps did I take to plan for retirement? The truth is none. I loved what I was doing, and I guess I thought I would just keep writing until no one wanted my services anymore – or my brain stopped functioning. I had the good fortune to be married to a man with a good job, with benefits, so I didn't have to worry about health insurance, mortgage payments, and all the other expenses of

owning a home and educating children. His job also provided him with an excellent 401(k)-based retirement programme, including supplemental health insurance for both of us. I had also invested some of my earnings in an Individual Retirement Account.

In 2000, at age 62, my husband accepted a generous early retirement package and we moved to Florida. I had no intention of retiring. Fortunately, my husband supported my wish to keep working. Just 7 years later, he received a diagnosis of advanced non-Hodgkin's lymphoma. He died 9 months later, and my life changed forever.

I continued to work on existing projects, as much as I could, while my husband was going through treatment. My regular clients were wonderfully supportive during that period and after my husband's death. I eventually began accepting work again, but became a bit more selective about the projects I was willing to tackle, avoiding those with unusually tight deadlines. After 5 years of widowhood, I decided it was time to downsize, so I sold my four-bedroom home and moved to an apartment at a continuing care retirement community. Shortly after I made that decision, I decided it was probably time to retire. Surprisingly, the decision was easier than I anticipated.

So what am I doing now? I'm still writing! The community I live in publishes a beautiful quarterly magazine and I am one of the staff writers – as a volunteer, of course. I am also on the Board of Directors and several committees. In addition, I have been actively involved in starting a staff scholarship programme for our young employees. I continue to be active in AMWA and still attend the organisation's annual conferences. There is life after retirement.

Donna L. Miceli
Freelance medical writer for
27 years and past AMWA
Executive Committee member



So what am
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Author information

Clare Chang is a scientist at heart. Her thirst for knowledge has taken her on a journey from Africa to Asia and finally Europe where she graduated in 2018 with a PhD degree in Nanoscience from Aarhus University in Denmark. She started her position as Associate Manager in Medical Writing at dMed Biopharmaceuticals in August 2018.

Zuo Yen Lee graduated in 2016 with a PhD degree in biology from ETH Zurich. She has more than 8 years of combined experience in scientific research and the diagnostics industry. Since January 2017, she has been a Medical and Regulatory Writer at Clinipace Taiwan.



How Jennifer Clemens did it

My career as an editor began in the mid 1990s for an environmental company. This opportunity was my first true “Getting My Foot in The Door” moment because I was persistent. I knew I wanted to apply my dual degree in English and Business Communications as an editor or a writer, but I had taken a job straight out of college purely to pay the bills and that was not in my field. After I had an interview for the editor position, I surreptitiously left my desk at lunchtime every Friday and used a payphone outside my office to call the person responsible for hiring. This was back in the days before cell phones, so I needed to resort to clandestine methods. I know that tactic of calling is not used as often today, and in fact, we often read “no calls, please” on job ads. However, my contact there had told me to “feel free to stay in touch”, so I did! After a few weeks, I was hired, learned the Chicago Manual of Style, and created my first in-house style guide. I felt I had finally found my professional calling.

In the year 2000, I transitioned to scientific and medical editing for a medical communications (medcomm) agency where I learned American Medical Association style inside and out as their sole editor for numerous clients’ manuscripts, posters, continuing medical education materials, and slide sets. It was then that I heard about BELS (Board of Editor in the Life Sciences) and earned my certification by studying for several months and then taking their international exam. My career since then has taken me in other exciting directions,



I surreptitiously left my desk at lunchtime every Friday and used a payphone outside my office to call the person responsible for hiring.

such as Team Lead Editor for an online publisher and then to pharmaceutical companies, another medcomm agency where I specialised in digital content, and CROs where I learned about regulatory submissions. Now I’m happily placed at Merck and parlaying my experience as a subject matter expert into patient narratives and training new hires. None of this would have been possible had I not persisted with that awkward payphone call every Friday early in my career.

Jennifer Clemens, ELS
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Alistair Reeves' story

It was at the Galileo Museum after the Florence EMWA conference that we crossed a threshold with no return. We approached the counter to buy tickets, and the friendly signora there said: "I am wondering whether you qualify for the senior citizen's reduction or not". Even if others in similar situations had thought this, it was the first time someone had actually voiced the thought that we were grey and wrinkly enough to look like – don't use that word – pensioners. As it happened, we had to pay the full price because the threshold was 65 years and we were still a few years off.

I used to think I would never retire. That had something to do with being a freelance editor and trainer. You could pace your work. If you wanted, you could do nothing for a week and then do a 60-hour week or do more or less training. And I really enjoyed that flexibility for about 15 years. But I noticed one day that my patience at training events was getting rather thin. How many more times would I be asked if there is a comma before *and*? And I was a little sarcastic answering a participant on one occasion – taboo for a trainer.

I stopped training at commercial events fairly soon after that, but continued editing. Things were not quite the same. I had translated, corrected, edited and rewritten poorly put together scientific documents in English with alacrity for 40 years (a colleague once said that I was known for liking "rescue jobs"), but now it was rapidly becoming a chore and I needed a rest from giving back-to-back workshops for EMWA. I didn't spend much time analysing why, because there were loads of things we had put on hold for retirement. Now was the

time to start. So I retired early almost 2 years ago, although I still do a couple of days a month for regular customers turned friends.

Two years on, I can say that I made the mistake of trying to do too many new things at once. I started learning the clarinet, and Italian, and also intended to brush up my Hebrew, French and Spanish, in addition to all the reading and DVDs that had piled up over the years. Sitting and reading during the day was still associated with a certain amount of guilt, because I could have been doing something "useful". I also envisaged us travelling a lot, doing weekly hikes and swimming every other day, and going to all sorts of interesting exhibitions, as well as getting on with overdue jobs around the house and garden. On top of that, music is our passion, and we scrambled to attend as many concerts as possible. We could never attend events during the week when working, and now we had all the time in the world. Oh yes – and I was going to prepare well-planned meals every day, and not just at the weekend.

Things have settled down a bit now. Those jobs around the house are finished. I am still learning the clarinet and I listen to French and Spanish audiobooks. I am catching up on reading (no guilt now) and go jogging and swimming. I cook a lot more, but we do eat out about twice a week. I run short seminars for EMWA. We still frequently go to concerts but don't overdo it, nor have we done as much travel as we thought – we did so much business travel that a few small trips and a "big" holiday once per year seem right at present. And now and again, I do absolutely nothing – which I can highly recommend!

Alistair Reeves

Medical writer (1977–2016),
EMWA Conference Director (2012–2014),
and workshop leader (1997–2016)



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result in more career opportunities in CRO companies.

As the industry evolves, the employment possibilities will continue to expand. As scientific graduates, junior writers, or senior professionals, we should seek to improve our individual capabilities, broaden career visions, and be prepared for any changes in the profession. As a 14-year practitioner, with similar goals as other medical writers, I am confident that the profession will become even better known and well-regarded and it will definitely have a bright future in the century filled with historic changes.

Conflicts of interest

The author declares no conflicts of interest.

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Author information

Yan Zhou, MD, MSc, PMP, ISMPP, has been a scientific writing professional since 2005, a witness to the expansion of medical writing in China during this time.



How Janet Douglas did it

Before I got into medical writing, I worked as a veterinary surgeon in universities and referral institutions, did research (and hence wrote scientific papers), and wrote on veterinary topics for animal owners. But after finishing my PhD I was at a career crossroads. I loved to write and wanted to stay involved with science, but I didn't feel cut out for a future in research. This coincided with a move to a country where I couldn't practice veterinary medicine and the arrival of a baby, which made working part-time and freelance an attractive option.

Luckily for me, a veterinary colleague who had moved into the pharmaceutical industry needed a writer to prepare a series of manuscripts describing the primary clinical trials of a new veterinary product. I worked on these papers for almost a year, and realised that this blend of science and writing suited me well. Unsure where to find more writing work, it became apparent that the veterinary writing market was small but that medical writing was in demand.

Feeling wholly underqualified (because I am a vet, not a medic), I approached a medical communications company (medcomm) who evidently saw something they liked in my rather unusual background. Unwilling to commit to a full-time job, I held out for work-from-home – i.e., freelance work. As a trial, I wrote a review manuscript for them that evidently passed muster, and I subsequently worked for this company for many years.

Working for the medcomm, I quickly realised that you don't need to be a medic to do this job well – you just need to be



As a trial, I wrote a review manuscript for them that evidently passed muster, and I subsequently worked for this company for many years.

able to figure out what you don't know, then go and find it out! I have been figuring out what I don't know, finding it out and writing it down for over 20 years now, and it has stood me in good stead as an interesting and flexible career.

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Abe Shevack's story

To retire or not to retire: that is the question.

My career in medical writing started relatively late. After working in basic research for many years in both academia and industry, I decided to change my career. I was introduced to medical writing in an unusual place. One evening, while exercising in the company gym, I overheard a conversation between two fellow employees. One of them was talking about being a medical writer. We spoke at length and afterward, I decided to apply for a position in the company and took a writing test. I was hired as a regulatory medical writer in the clinical development department. This started a career that has spanned more than 20 years where I have worked in a wide range of clinical indications. It was thrilling to have worked in so many areas and collaborating with all those interesting people. I have many wonderful memories such as the beer mug that I received from a German pharmaceutical company in appreciation for my helping with a submission.

Time flew by and I reached retirement age at Bayer in 2016. My colleagues organised a farewell party and laudatory words were spoken with toasts to my good health. Although I greatly appreciated this recognition, I still thought about having no plans for the future. Would I be happy just lazing on a hammock and catching up on my reading, watching movies that I missed, going to concerts, swimming at the local gym, and making entries in my long-neglected history of science blog? Or did I need something more?

As it turns out, I have had no problem keeping busy due to my involvement with EMWA. I developed a workshop for the Brussels conference which I continue to enjoy presenting. And then to my surprise, I received a call later in 2016 from the EMWA executive committee (EC), asking if I would consider running for Vice-President (the prerequisite for becoming President in the following year). I felt very

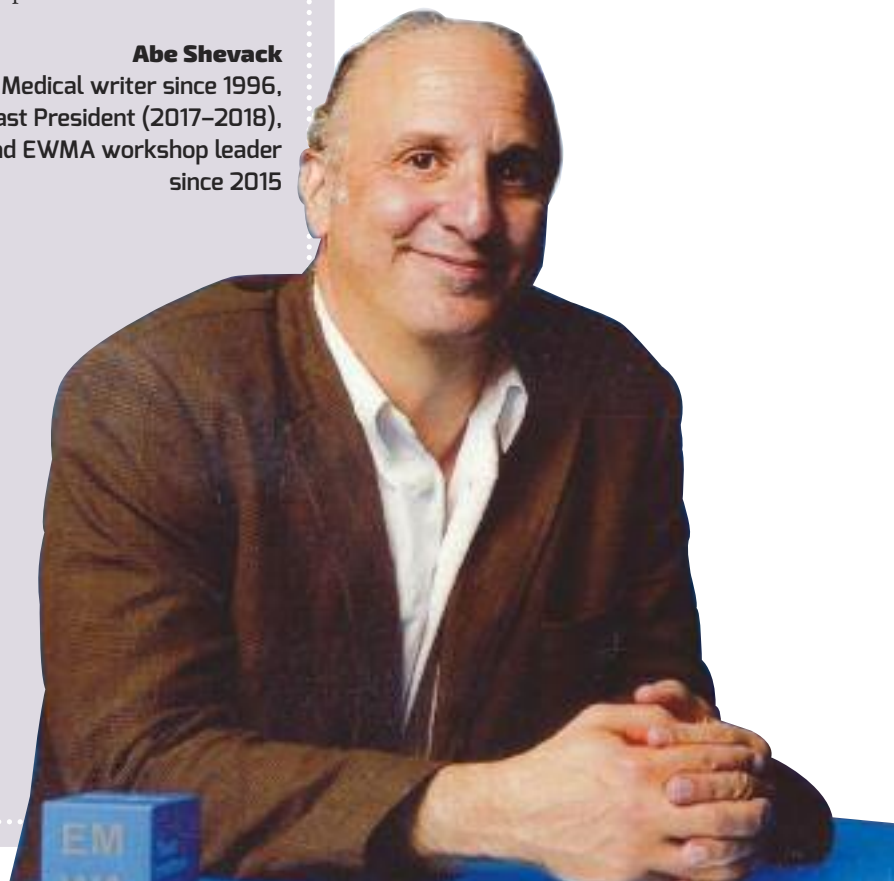
honoured by their trust and after due consideration I agreed. The two years of my tenure on the EC flew by and kept me amazingly busy. The experience was both enjoyable and challenging and I have grown to appreciate how well EMWA functions with the help of so many talented and committed people.

At around this time, I started my own medical writing consultancy and am in the fortunate position of being able to select short-term projects that I find interesting.

Whether or not to retire is a question we will all need to answer someday. Some may say that they would like to enjoy their leisure time and do all those things they weren't able to do during their professional lives. Others may feel the need to keep busy, perhaps taking on fewer responsibilities but remaining open to new challenges, while having free time to follow one's own interests. I believe everyone wants to feel useful, but ultimately it is up to each of us to make this important transition as we see fit.

Abe Shevack

**Medical writer since 1996,
EMWA Past President (2017–2018),
and EMWA workshop leader
since 2015**



The experience was both enjoyable and challenging and I have grown to appreciate how well EMWA functions with the help of so many talented and committed people.

How Christine Møller did it

It was a unique combination of circumstances that led me to work in the editorial office of a medical journal, which was the reason I joined EMWA.

After meeting my husband-to-be, I arrived in Denmark intending to teach English, but was held back by my lack of recognised qualifications and by my inability to speak Danish. Needs must, however. So, instead of pursuing a full-time teaching career, I embarked on a succession of temporary positions.

I eventually gave up any hope of teaching and took a job at the British Council Library. When the library closed, the future looked bleak. As luck would have it, *Acta Pathologica et Microbiologica Scandinavica* (APMIS) was advertising for an editorial assistant. As one door closes another door opens.

I got the job at APMIS because I had worked for the British Council – even if I had only been stamping library books, showing people round the language section, and handing out pamphlets on life in the UK. Character references were written on official notepaper. All that evidently did the trick.

The tasks at APMIS initially included correspondence and registration of manuscripts. Later I also found myself doing language revision, editing texts, and making contact with the editorial board, authors, and reviewers.

The next step was when I attended a meeting in Tunbridge Wells organised by the *European Association of Science Editors*. On my return, I gave the Editor-in-Chief a glowing report of the communication workshop held by John Kirkman. A quick phone call resulted in John holding courses for us throughout Scandinavia. The goal was to encourage promising young researchers to submit their articles to APMIS. The groundwork had been laid for a career in medical writing.

Finally, one day everything came together: native English language, a British degree and teaching qualifications, employment as a liberal studies lecturer in the UK, teaching in Denmark, experience at the British Council Library, an understanding of what it takes to get a manuscript published, and inside knowledge of the workings of an editorial office. A former member of APMIS's editorial board was instrumental in setting up the first medical writing courses at the Faculty of Health and Medical Sciences, Copenhagen University. This adventure was followed by many other courses, presentations, seminars, and workshops here and at other hospitals and research institutes, both in Denmark and abroad. Along the way, my firm Medical Manuscripts was established.

The rest, as they say, is history.

Getting Your Foot in the Door

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Christine Møller, BA, Dip Ed

Christine is Assistant Editor of *APMIS Journal of Pathology, Microbiology and Immunology*. She is also director of Medical Manuscripts and teaches courses in medical writing for PhD students and others interested in improving their language and communication skills.



Elise Langdon-Neuner's story

Life after Medical Writing

I miss nothing from my working life. I worked beyond retirement age and resigned when an organisational change in the company would have landed me with a new boss, someone I was not prepared to work with. To be able to walk away in these circumstances was good fortune. Rumours that a medical writer had time on her hands soon spread. I was asked to contribute to a book on medical writing, participate in a study on plagiarism...and to write this article about what happens when work stops.

Well, it didn't completely. Contacts at the Medical University in Vienna immediately approached me to edit their manuscripts. Ever since, I have had a regular contract with two departments. It's enough to provide a steady flow of work and supplement my pension. I can pamper myself with what otherwise would be guilty little treats.

Planning for retirement never entered my mind. Neither were there any dreams to be fulfilled when time allowed. My husband and I love travelling but had managed to squeeze in treks and expeditions to far flung places whilst working. These have continued. The difference is we are older – the downside of the utopia – and need to do more to keep fit. But if the forecast is good, there's the luxury of being able to spontaneously go off to the mountains and stay overnight at a hut. In the last 3 weeks alone, we have walked up eight mountains. To experience the sun rising and setting over the peaks and see the wildlife is pure joy. This year I have been able to photograph snow hens, wild turkey, marmots, chamois and ibex.

One change that is often absent from rosy-eyed retirement concepts is the constant presence of a partner who makes new demands on your time, for example, who might be prone to ask when lunch will be served. Some adjustments need to be worked out to give each other space, but with time this seems to have worked out well for us, meaning lunch is not always served on time and the realisation that when desperate one can get lunch for one's self has sunken in.

Learning has become more of a pleasure than ever since giving up work. Before, I learnt to pursue a career, which then involved continually gathering more knowledge. Now I am free to investigate whichever academic avenue I please – nature, geography, social history, photography – except everything as it always

did invariably comes back to writing. What I learn I'm compelled to write. Currently, my main pursuit is family history, but there is a problem. I cannot forgive medical writing for its sameness – same words, same sentence structures – and the damage this has done to my writing style.

When I left home for university, I started a weekly exchange of letters with my father and certainly from his side, these letters were a poetic narrative of everyday life spiced with wit. The correspondence continued for over 30 years until he died. In the meantime, I had become a medical editor bent on no frills or thrills writing. All those years of editing and writing for clarity have wrought their revenge. Richard Smith, when he was editor of the *BMJ*, warned me as much. He told me academic writing would kill my creative writing. Thus, ironically, I am taking writing courses and reading books such as 500 words you should know to expand my vocabulary.

In sum, my retirement is happy and fulfilling. Crucial to this is the freedom to choose the challenges I set myself. My still-working colleagues can be encouraged in their own future enterprise because those I have known are not of the ilk that aggrandise or define themselves by work. Retirement holds no fears for medical writers, who have diverse interests to indulge in when the punishing pressure of deadlines is lifted.

Elise Langdon-Neuner
Editor-in-Chief, *The Write Stuff* (2003–2013), and medical writer (1997–2012)

Retirement holds no fears for medical writers, who have diverse interests to indulge in when the punishing pressure of deadlines is lifted.



John Carpenter's story

Mark Twain once said that giving up smoking was easy – he'd done it dozens of times! I'm a bit like that as I've retired several times. The first time was in 1992, when I took early retirement from the University of Manchester. As a new pensioner, I went straight into a full-time job as a medical writer with a medical communications agency near Manchester. I stayed there happily until I was 'head-hunted' in 1999 and joined another medical communications agency just outside London. When this company reorganised in 2000, a number of us were made redundant – my second retirement. However, after a short pause, I was snapped up by an agency in central London. This odd post involved them paying me but not letting me do much. They too reorganised in 2001 and I was again in retirement. Then calls and e-mails started coming in from pharmaceutical companies and agencies asking me to give advice and help write documents. So I was now "unretired" – a freelance writer and medical communications consultant (grand title) with business cards and everything. I gradually began to switch my focus towards providing training, rather than doing the heavy lifting at the

coal face of writing. As a founding member of EMWA, I had been running workshops at just about every conference forever. So I told everyone I intended to retire as an EMWA workshop leader when I turned 70 in 2013. But like Mark Twain's smoking, attending EMWA conferences and running workshops is a bit addictive, so I unretired again in 2013 and I'm still running EMWA workshops. And still doing training courses (mainly on medical/scientific writing) for groups outside EMWA. These help pay for my favourite toy (a sailplane) and holidays. I may well give it up again sometime. Who knows? But retire? I don't think I could.

John Carpenter
EMWA founder and EMWA workshop
leader past, present, and future

Life after Medical Writing

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