
The Write Stuff

The Journal of the European Medical Writers Association

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Journal Insights

The Write Stuff is the official publication of the European Medical Writers Association. It is issued 3 times a year 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).

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From the (Deputy) Editor's Desk: What do we do?

by Elise Langdon-Neuner

This question comes up again and again, doesn't it? What do medical writers do? Nicola La Grue asked this question in the last issue and in this issue we read that Keith Dawes' parents can never really answer the same question that they are asked all the time by friends. How embarrassing.

So what do you do? I'll be magnanimous and go first. I am a fully paid-up member of EMWA but I am not a medical writer. I am a decoder working in the preclinical section of an R&D department without a patient or clinical report in sight. What I actually do is to try and understand the basic science text of the manuscripts my authors have written. This is risky because I might make an inaccurate guess and an utter fool of myself. For example, I once produced hoots of laughter by interpreting "APC" in an immunology paper as "activated protein C" as opposed to "antigen-presenting cell". It never fails to amaze me that such things don't happen more often. I then rewrite any suspect text so that I, and therefore any idiot, can understand it. Next comes the real challenge of persuading my authors that what I have written is what they wanted to write all along.

Sometimes I am surprised by my own success, as for example when the author says, "Yes, I wrote that to explain...", and I want to retort, "but that's not what you wrote, that's my brilliant rewrite of your nonsense". Usually though, like a prophet who is not recognised in his own land, I have to take up cudgels against a mightier force, the Internet. Not once have I been told, "It must

With this issue I want to use a broad brush to illustrate the tremendous scope of "medical writing".

be right because I found it in the Internet". For my non-English native speaking authors the Internet is the language bible, not Fowler, Gowers or any other old fool, and certainly not me. I am what the Austrians call a "würstel" (little sausage). Despite all of this, I don't envy my authors their career structure based on journal publication or their position in the backwater of a pharma giant, whose powers that be might understand finance, but science? Indeed part of my work is defending/marketing science to the company's purse holders in a humble effort of forestalling the predictions set out in John Horgan's thought-provoking book, *The End of Science*.

But I digress (wasn't it nice of the newly published 15th edition of the Chicago Manual of Style to give us carte blanche to start sentences with "And" or "But"?). It might well soon be your turn as a member to tell EMWA what you do. An EMWA ghostwriting task force was convened following our meeting in Lisbon this year. This initiative was designed to ensure that EMWA represents the views of professional medical writers involved in ghostwriting, and to ensure that any arguments put forward by those who are hostile to the concept of ghostwriting do not remain unchallenged. One of the many ideas amongst those germinating in the group's initial discussions was that EMWA members should be surveyed to establish what medical writers actually do so that the

From the (Deputy) Editor's Desk

group can define ghostwriting and limit its brief to representing its members' interests. Somewhat paradoxical don't you think? We really should know what we do.

Before I leave ghostwriting behind I am pleased to be able to include an article from Keith Dawes, who is one of the bogeymen of ghostwriting working in a medical communications company. He brings a bit of humanity to the theme and reassures us that ethics have not been completely thrown to the wind, even in the underworld.

With this issue I want to use a broad brush to illustrate the tremendous scope of "medical writing" and thus to explore the spectrum of this profession and slay the spectre of a medical writer sitting in a pharmaceutical company writing clinical reports and sending off the odd manuscript to a journal. Blows against this image are wielded from the freelancing, medical communications and scientific communicators fraternity (/sorority). But for the traditionalists there's a bit about Information Mapping and journals as well. The possibility of a venture into creative writing is also offered through an introduction to The Society of Medical Writers.

Two contributions are particularly close to my heart. Ever since I worked as a lawyer and a client was brave enough to meekly ask me what a petition was (I mean really, everyone knows that don't they?) I have become aware of the power of jargon and have hated it. The task of communication is not to blind the reader with how clever the author or his editor is but to explain something to the reader in such a way that he requires the least effort to understand it. And if scientists want their profession to survive that reader should be Joe Bloggs, Tony Blair or your nextdoor neighbour. This is why I was pleased to be able to persuade Janet Salisbury to write an article on science communicators' efforts to tell people about the wonders of science from the government regulator's point of view. Janet describes efforts that have been made to involve the public in a two-way dialogue about such issues as human cloning and animal-to-human transplantation.

Madeline Frame's article also touches a personal nerve. I was never patriotic until I left the UK and came to live in Vienna. Since then I have believed in Europe, bumps and all. So I was impressed when at breakfast in Lisbon I actually heard a Brit extolling these views. Madeline considers what makes a journal popular and questions why American journals are favoured even by European authors.

A special thank-you goes to Ross Baird and Alison McIntosh not only for their interesting contributions to this issue but for attending my first EMWA workshop in Lisbon. If anyone is thinking of taking on this task, which for EMWA is particularly daunting, my tip is to try and persuade Ross and Alison to come to your workshop. I hope they are still considering my suggestion that they become professional workshop attenders.

Finally returning to my theme of what we do, whatever it is Diana's survey on happiness reassures us that we are happy doing it. Mind you, I am a bit cynical about this because it seems the survey was done mainly during the welcome drink, on the way to the port tasting and during the banquet. Has she got all her variables under control?, I ask myself.

Elise Langdon-Neuner

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Message from the President

by Isabelle Thirolle

Yippee, here it is, the latest issue of TWS and the news from the Executive Committee front that you were all waiting for (you were, weren't you?).

You'll be happy to know that you can already book in your agenda the upcoming annual conference to be held in Budapest: it will take place on 20-24 April 2004. Conferences are always very exciting for the Executive Committee officers because they are an opportunity to meet members and introduce non-members to our community. The Education Officer has drafted an exciting and varied educational programme with a mixture of popular long-standing workshops and some exciting new ones. As at last year's conference, some long- and short-format workshops will also be available. This should fulfil everyone's interests. The organisation is being polished to ensure a smooth running event. Believe me, setting up an EMWA conference is a long-term job that keeps a Vice President (VP) very busy.

The membership is growing but we need to avoid stagnation and would be happy to hear what you have to say about EMWA.

There was a high enrolment rate for the fifth autumn meeting held in London. As expected, most attendees were from the UK where the majority of the membership is located. The update on the membership provided by Head Office on 30 September showed a total of 387 members from 23 countries, with Germany ranking second on the list and Belgium third (details are provided at the end of the article). Although the membership is continuously growing, this figure seems quite low given that medical writing is an expanding profession and EMWA is more prominent than it used to be. There is obviously quite a discrepancy here and for that reason, we need to identify the limiting factors to avoid stagnation in membership. We strive to keep members satisfied so we would be more than happy to hear what you have to say. As you have noticed, no one on the committee bites (no they don't) so do not hesitate to get in touch to let us know what your expectations as a member are or if you have encountered any problem of any kind with EMWA. Conferences and meetings are landmarks of the year but we are well aware that not everybody can attend. When budget restrictions are on the agenda, training is usually and unfortunately one of the first on the list to go. We are therefore working on developing new options to meet the needs of members who cannot attend these events so that nobody feels left out.

In order to focus on options and other directions, committee processes should be clearly laid out to ensure continuity when officers change. There is a need for documents to be set up that would supplement what is detailed in the constitution. There are many things a VP or President must do during their terms of office, e.g. the VP is responsible for organising the annual conference but no description of what to look out for on pre-conference inspection visits has been written down anywhere. This is why I am developing a year schedule and a checklist (oops, must be conditioned by my job) for both positions. It will be more efficient to have a document to refer to than having to harass

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Message from the President

your predecessor. This should also prevent officers from finding out too late what they should have been doing earlier. Furthermore, timelines for organising events are often short so if they are clearly presented, this should avoid stress attacks. By having this

We will use email as much as possible in future, so it is important that your details are correct when communicating with Head Office.

type of document written up for the other functions as well, this will save the newly elected reinventing the wheel. Instead, energy will be spent on improving existing processes and exploring new paths.

As announced in the previous issue of TWS, all documents for the fifth autumn meeting were emailed to members (in addition to being posted on the website as usual). This has allowed EMWA to save a significant

amount of money on snail mail. We will use email as much as possible in future. It is therefore important that you make sure your details are correct when communicating with Head Office. When the size of documents allows it, email has also the advantage of providing information instantaneously and consequently allows for more flexibility in timelines. Also, in order to reduce costs and keep membership fees at a reasonable level, we are looking at optimising existing services provided by EMWA and assessing new ones to match the position that our association has reached in the field of medical writing.

The end of the year will soon be here so I will finish this message by wishing you a merry Christmas among your loved ones and filled with all the little things you like the most. I also wish you all the best for the new year ahead.

Isabelle Thirolle

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EMWA membership as of 30 September 2003: Australia 2, Austria 4, Belgium 34, Canada 1, Denmark 12, Finland 4, France 17, Germany 65, India 1, Ireland 3, Israel 2, Italy 5, Japan 5, Lithuania 2, Norway 1, Singapore 2, South Africa 3, Spain 4, Sweden 16, Switzerland 11, The Netherlands 9, United Kingdom 175, United States of America 9.

Medical Writing Seminars in Germany

Announcement of two seminars to be held in English
(Seminar leader EMWA member Diana Taylor)

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From Monologue to Dialogue: Engaging with the Public on Emerging Issues in Biomedical Research

by Janet Salisbury

The rapid expansion of biomedical science has been accompanied by increasing concern among the general public and mistrust of scientists. Scientists are frustrated by this situation. "If only people understood science better," they think, "then surely everyone would be as excited about it as we are". A decade or more ago, an emerging band of science communicators took up the challenge to tell people about the wonders of science.

In the UK, much of the science communication activity of the past decade was funded under the Public Understanding of Science (or PUS) programme. This PUS, or "deficit", model of science communication involves a one-way information monologue that:

- aims to increase public sympathy for science by telling people more about science
- assumes that science is good - people just need to understand it better
- tells rather than listens (no provision for feedback)
- places ethical values and "feelings" within a narrow scientific context
- exaggerates benefits and plays down uncertainties
- denies fear
- is exclusive ("owned" by the scientists).

Communicators used many ways to get the science message across, but the public remained suspicious.

There is a need for a two-way dialogue and to listen to the concerns of the public.

The communicators and scientists who took up the PUS challenge used many ways to get the science message across - on TV and radio, at science centres and festivals, and in newspaper and magazine articles - but, despite their best efforts, the public remained steadfastly suspicious!

In response to the reaction of the UK public to BSE and genetically modified foods, in 2000, the UK government commissioned the House of Lords Select Committee on Science and Technology to conduct an inquiry into science and society [1]. A key finding was that PUS was no longer enough to engage a more sceptical and less deferential public. The report suggested the need for a two-way dialogue, where those seeking to promote the wonders of science also listen to the concerns of the public, particularly when ethical questions arise.

Such a dialogue, or "engagement" approach to science communication (or public awareness of science, PAS, model):

From Monologue to Dialogue

- aims to stimulate and inform debate and to increase public awareness of science processes
- makes no assumptions about outcomes (seeks consensus)
- listens as well as tells, encouraging feedback and debate
- explores ethical values and "feelings" within a broad social context
- presents benefits realistically and admits uncertainties
- allows expression of fear
- is inclusive (social ownership).

Tensions between the science community and the general public become particularly apparent when policy decisions have to be made about the development, use and safety of scientific technologies. In this respect, government regulators have a very tough

The public need to know the limitations of science rather than have a detailed understanding of it.

job. Positioned in the overlap between practitioners, researchers and the public, regulators must find a path that allows the ethical development of appropriate new technologies while maintaining public confidence. With imperfect information, they need to estimate and balance ethics, efficacy, safety, cost-effectiveness and social impacts. This highlights the need for public awareness of the scientific process and the limitations of scientific evidence, rather than detailed understanding of the science itself.

The National Health and Medical and Research Council (NHMRC) of Australia is the main public funder of Australian medicoscientific research. It has a policy for consumer involvement in decision making for public health and medical research issues, which has been enshrined in its legislation for many years. The key players, in Australia as elsewhere, are:

- public funders, such as the NHMRC in Australia
- private funders (biotech and pharma companies)
- basic researchers (biochemistry, immunology etc)
- applied researchers (clinical trials, epidemiologists)
- practitioners (clinicians, public health professionals)
- consumers of health care
- the general public
- regulators.

The current NHMRC approach to developing policy is as follows:

- review the issues and publish a draft discussion paper and/or regulatory guidelines for public comment
- assess submissions
- revise the draft document to take account of submissions
- publish the final version and any associated regulatory guidelines.

This process allows feedback from the public, which is a form of dialogue, but I do not think it goes far enough for many current issues. Many people feel that the decisions have already been made by the time that the public consultation document is released, and the documents are often technical and the consultation process poorly

advertised, thus reducing public access. Other tools for dialogue include public meetings, surveys and questionnaires, workshops, consensus conferences and Internet chat lines.

In 1998, the Wellcome Trust described the results of a public consultation on human cloning in the UK [2]. The project sought input from members of the public who do not usually have a voice (the so-called uninvolved public) through facilitated workshop sessions based on a simple public consultation document. The project provided valuable insights into public opinion, indicating that such public consultation would be very useful for breaking down public mistrust and creating a better dialogue.

Consultation would break down public mistrust and create a better dialogue.

The Canadian Public Health Association (CPHA) recently ran a public consultation on animal-to-human transplantation using telephone and Internet surveys, and six regional citizens' forums [3]. Based on the responses, the CPHA recommended that Canada should not proceed with clinical trials of animal-to-human transplantation. The methods used in the consultation have subsequently been criticised, however, showing how hard this approach can be and the need for some well thought out procedures if it is to be adopted more widely. The NHMRC in Australia are also currently engaged in a public consultation on animal-to-human transplantation, using iterative public discussion and response documents, and public meetings [5].

Thus, tentative steps are being taken by agencies involved in developing public policy to improve the dialogue with the public. If science communicators and medical writers can do the same through their work in the media, science centres, festivals and other communication activities, we might begin to achieve significant progress. These activities can be as diverse as the previous PUS activities, but require a significant "cultural" shift that takes account of the following principles:

- public understanding of science per se does not increase sympathy for new technologies
- denial of risks and uncertainties, or exaggeration of benefits, undermines the credibility of science
- ethical values should be explored within a broad social context
- awareness of scientific methods and limitations encourages realistic expectations
- genuine dialogue builds public ownership of science and develops trust in scientists and regulators.

Dialogue builds public ownership of science and develops trust in scientists and regulators.

Central to this process is for scientists to accept that this new dialogue approach is not just another way of convincing the public to support their science. Genuine dialogue involves all parties being open to change. This may mean short-term risks for the science community and associated technology developers, who may have to modify what they are doing in response to public debate. However, there are also risks in not doing so: bioethical issues are important to the public, and its response to proposals can torpedo research, as the European debate on genetically modified food has shown. Ultimately, most people recognise that science has the potential to significantly improve

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lives, as it has in the past. Therefore, I believe that any short-term risks to scientists of entering into a dialogue with the public will be more than offset by the long-term gains to both science and society that such a cooperative approach has the potential to bring.

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3. Canadian Public Health Association. Animal-to-human transplantation-should Canada proceed? Ottawa: CPHA; 2001. <http://www.xeno.cpha.ca/english/execsumm/execsume.pdf>
4. National Health and Medical Research Council. Further public comment sought on xenotransplantation. Media release. Canberra: NHMRC; 3 February 2003 <http://www.health.gov.au/nhmrc/media/rel2003/xeno.htm>

Further reading:

<http://www.dti.gov.uk/ost/ostbusiness/puset/puset.htm>
<http://psci-com.org.uk>

Successful Medical Writing Course

Announcement of a course to be held in London

Successful Medical Writing

February 18-20, 2004 (London)

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Life in the Underworld

by Keith Dawes

My parents had come over from Ireland to visit, and during a normal dinner conversation, it emerged that they were still unclear about what a medical writer does. "We get asked all the time by friends, but we can never really give a clear answer" was their lament. Not for the first time I tried to give a good answer, but as usual I never really pinned it down. Now if I had been an engineer or a fisherman, there would be no need for anybody to ask the same question. It dawned on me that every time I answer this question, I seem to give a slightly different response. The answer that I gave some academic colleagues (along the lines of "I work as a ghostwriter writing scientific papers for publication") seemed to shock them completely. Responses of "That seems a bit unfair on ordinary scientists", "Who pays for you to write papers?", "How do you know what you are writing about?" and "You must have more publications than our professor" were not uncommon.

In truth, all of these responses are valid and raise concerns over the transparency of ghostwriting activities. What percentage of scientific articles are written or at least drafted by ghostwriters (and what were their qualifications) is a question that really interests me. How aware is the general scientific and medical community of this practice and what is the potential for underhand activities? It is the perfect breeding ground for conspiracy theories including some of the great characters from fiction: dishonest doctors, errant pharmacists, bourgeois moneymakers and a downtrodden (but honest) John Doe medical writer inhabiting the underworld of scientific publishing. None of their actions are monitored, but each has a pronounced influence on the other.

Medical writers can be placed in tricky situations due to product positioning and industry briefs.

Both journal editors and medical writers are aware of these problems and impressions and have invested some effort in addressing them. I like the recently published guidelines on Good Publication Practice for Pharmaceutical Companies (Wager E, Field EA, Grossman L. *Curr Med Res Opin* 2003; 19: 149-154), and would really welcome more transparency. I would like to see medical writers included in the acknowledgements. However, even if medical writers are acknowledged, you only know that there was some third-party assistance to the authors, and it does not prevent dishonest practices or the manipulation of information. It is a fact that medical writers, who are often highly qualified with an appreciation of good science, can be placed in tricky situations due to product positioning and industry briefs.

All successful products have a defined marketing strategy that transmits key messages to consumers in a consistent and concise manner. When constructing a scientific paper for a pharmaceutical sponsor, medical writers should be aware of the client's require-

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ments for product positioning. To this end, a number of basic marketing rules for written documents can be formulated. Firstly, the product is king, and its key attributes and strengths always need to be highlighted or included. Secondly, the "place" or "position" of a product in the market should be clear to the reader (i.e. where does the product sit in the overall treatment strategy for the indication?). Thirdly, if possible, any additional benefits over other products (e.g. cost) should be highlighted. Knowing these ground rules will help when writing the paper, but you must be aware that the need to support a marketing strategy, and the drive to provide papers with positive, product-orientated results, can impinge on scientific impartiality and lead to Machiavellian practices.

How should medical writers deal with these kinds of problem? No one likes to feel forced into writing something they do not believe or supporting views that are contrary to their own. My approach is always the same: if you feel uncomfortable about a brief or request, express your concerns to colleagues and, if appropriate, the client. Spread your burden and see what happens! Sometimes there are good reasons for talking to the client, but you must have a well constructed argument - saying "I just don't like it" will not work. Having a well versed knowledge of publication ethics and requirements often helps with these situations. Forging strong relationships with clients is also a central step for dealing with uncomfortable situations. Establishing a bond of trust allows

We have a duty to maintain our own scientific and personal principles and also fulfil our contract with our employers and sponsors.

open discussion, and honest and constructive approaches can save clients a lot of money and valuable time.

Life in the underworld can be exciting, confusing and at the same time highly rewarding. We have a duty to maintain our own scientific and personal principles and also to fulfil our contract with

our employers and sponsors. Writing a scientific paper or clinical study report is a complex undertaking that often involves a wide variety of opinions. Throughout the process, a medical writer needs to assume a number of roles and often performs great acts of juggling seldom appreciated by their colleagues: humble writer who must correct spelling and grammar, rapporteur, meeting chairman, project manager, ad hoc regulatory expert and professional consultant. However whatever difficulties arise, a professional approach coupled with integrity when dealing with client or author requests will only lead to an increased level of job satisfaction.

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Eur-Journal!

By Madeline Frame

This article had its gestation at the Lisbon conference, in a brief chat over breakfast with our new deputy editor. We were discussing the fact that our drug development process has been largely geared towards the American FDA requirements and that, as we experience "globalisation" of the pharmaceutical industry, it could equally be read as "Americanisation". Why then, is America our mentor? With a background of more than ten years of experience as a writer of medical/scientific publications for AstraZeneca, my purpose is to make some observations about publication in American versus European journals. Although I rarely take the final decision on where an article should be published, I am frequently asked for advice. Working in close association with international opinion leaders involved with clinical trials for AstraZeneca has given me some insight into their perception of various journals and has prompted me to ask the questions, "What makes a 'quality' journal?" and similarly (but not necessarily coincidentally), "What makes a journal popular?"

These questions have, of course, been explored ad infinitum by journal editors, whose job it is to keep journals alive and make them profitable. There are a number of well-defined indices of journal quality [1], for example the "science citation index" indicates the number of times an article is cited in other publications and formulates its "impact factor" within the literature. Similarly, frequency of journal inclusion on library lists should give some indication of a selection process, in that libraries are usually subject to financial constraints. The indexing of journals by the National Library of Medicine [2] and the Institute for Scientific Information [3] carries various requirements, including peer review and the presence of a correspondence column, both of which add to the substance of a journal.

Maybe it is time to challenge the view that "American" equates with "better".

However, none of these attempts to define quality is without its assumptions and inaccuracies [4,5]. Drummond Rennie [1] has suggested a number of other indices of quality that may add weight to our judgment. For example, free throw-away journals that are used as vehicles for advertising and single drug company-sponsored supplements may give a negative impression of quality. He suggests that the best journals spend a good deal of money on improving the quality of papers accepted for publication. This means having a powerful and highly respected chief editor who leads a sizeable group of sub-editors. This should not go hand-in-hand with an increase in the size of the publication, however, as an increase in the page availability reduces the keenness of the competition for authors to have an article accepted. Of journal size, therefore, one may conclude, "Keep 'em lean, keep 'em keen!"

The stringency of many journals in accepting only results from well-designed research stud-

Globalisation could equally be read as Americanisation.

Eur-Journal!

ies that have been scrutinised by their internal statisticians has increased over the years, and most prestigious journals now provide detailed instructions to authors, as well as the requirement to follow the CONSORT guidelines [6].

How then does the quality of journals as perceived, and perhaps dictated, by the leading journal editors, actually influence the researcher who wants to present his data? In other words, what makes the journal popular? It is my impression that a large number of investigators in Europe perceive American journals as being superior, as they have wider international coverage and consequently a greater "impact factor". This is perhaps not surprising, as many of the prestigious journals are linked to large professional bodies (e.g. JAMA to the American Medical Association and Gastroenterology to the American Gastroenterological Association). Numerically, these associations are considerably larger than their equivalent British associations, for example, the British Medical Association (journal BMJ) and the British Society of Gastroenterology (journal Gut), and dare one say it,

Many European researchers, who produce important scientific contributions, should be persuaded that European journals also have wide international coverage.

wield more money. The prestige of "getting published" in an American journal is also related to the competition aspect, as penetration into the US domain may be more difficult for Europeans, unless they are very well known in their field.

Maybe it is time to challenge the view that "American" equates with "better". Unfortunately, this view is self-perpetuating because as long as authors choose to target American journals with their key research papers, these journals will be able to cream

off the best "cutting-edge" articles for publication and remain in their leading position almost by default. So how do we break the vicious circle? We can only promote the standards of European journals (particularly the specialist ones) by giving them first choice of the "cream" papers. Perhaps European editors also need to market their journals more aggressively without compromising their editorial standards and attempt to raise their profile as sources for excellent and timely publication. The chief editor of a specialist journal can have a huge influence on his (or her) peers in terms of mutual respect for research work, which certainly seems to be an important factor in the American system of attracting articles. As there are many key researchers in Europe producing important scientific contributions, perhaps it is time to persuade them that European journals also have wide international coverage, particularly with the recent introduction of electronic publication. The Americans are very patriotic about their cause, so maybe the time has come to fly that European flag more often!

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What do I actually do?

by Adam Jacobs

When I heard that this edition of TWS had the theme of "What do we do?", my first thought was "Well, that's obvious, isn't it? I do medical writing." My second thought was "Hang on a minute, what do I actually do?" When I stopped to think, I realised that I didn't really know how much time I spend on which tasks. Now, maybe I'm not a completely typical medical writer, as I am also a statistician, and am currently in the process of branching out into data management as well, but is there really any such thing as a typical medical writer? So, I thought I'd keep a diary of what I actually do for a week. Of course, there is no guarantee it is a typical week, but again, is there any such thing? Anyway, here it is...

Monday: Arrive at office 8.30. First job, check emails. Somewhere in the region of 200 of them. Plenty of offers of cheap generic Viagra. Also several from sons of the late finance minister of Nigeria asking if I can help launder \$25 million. I am always amazed just how many sons the late finance minister of Nigeria had. Must be all that cheap Viagra. Next job, so my Outlook task list tells me, is to check my virus scan logs. Utter various unprintable words when I find I have the Java.Nocheat virus. Struggle to find out where it came from, and eventually find that it got on my computer thanks to a security hole in Internet Explorer. Also find that it couldn't do any damage thanks to a security patch I downloaded months ago. Breathe a sigh of relief and make a mental note to use Mozilla for my internet browsing more often. Find virus scans not even running on Shanida's computer. Looks like it's going to be a bad computer day. Finally able to start some proper work at 11.30. Look through material to prepare for meeting with client. Check accounting software, and discover one of our other clients is late with payment. Shanida has to speak to that client today anyway, so ask her to remind him about the invoice. Leave office for meeting at 12.30. Meeting goes well, and back in office by 4.00. Get down to some Access programming as part of my ongoing project to build a clinical data management system. Go home about 7.00.

Tuesday: Arrive at office 8.30. Only about 30 spam emails to delete today. Manage to fix problem with antivirus scans on Shanida's computer in record time, and ready to start some real work by 9.00. Perhaps today won't be such a bad computer day as yesterday. Soon realise what a forlorn hope that was when I return to my database programming. Completely fail to complete my next task, thanks to Microsoft's philosophy of only putting about half their product information in the help files and leaving you to guess the rest. Leave a message on an internet newsgroup and turn to other tasks. The good news is that today's post has a cheque from the client Shanida reminded yesterday. What on earth did she say to him? If she ever gets bored of medical writing, she has a very bright future ahead of her in the debt collection business. Start my first medical writing of the week at 11.30: making some changes to a clinical study report. Already on about version 3, so changes fairly trivial and done by lunchtime. Start literature search

What do I actually do?

for new project after lunch, then back to database programming once I get bored of literature searching. Some helpful chap on the newsgroup knew exactly how to solve my problem, so it's full steam ahead again. Look at clock at 7.45 and realise that it's probably time to go home.

Wednesday: Arrive at office 8.00. Spend morning looking through literature from yesterday's search. After lunch, proofread study report Shanida has been writing, nicely timed to go to client before Shanida goes on holiday tomorrow. Report seems as good as it can be, given that the client still hasn't sent us the last little bit of the data tables. Why is it that when there is just one little bit missing, it so often seems to be the statistical analysis of the primary outcome variable? Then back to my own study report from yesterday for final QC checks. Get email from client for Shanida's report with the missing analysis at 5.30. Next version of report now needed by Monday. So much for good timing with Shanida's holiday. Find bizarre and utterly inexplicable page breaks in synopsis table in QC checks for my report. Go home at 6.40, hoping page breaks will be clearer in the morning.

Thursday: Arrive at office 8.00. Page breaks still no clearer. Consult Microsoft website, and discover that some pagination features don't work in tables. That's it. No apology. Just "don't work". Always amazing how, no matter how much you thought you knew about Word, there are always new bugs to be discovered. Finish report and send to client by 11.00. Then look at Shanida's study report and client's latest thoughts on it. Explain to client that numbers are missing from our in-text table because they're not in the end-of-text tables and we don't want to make them up. After lunch, look at analysis for primary outcome variable. Can't make sense of it. Phone client, who suggests I phone the statistician directly, who admits that tables are riddled with errors and will send new ones tomorrow. Decide to leave report until then. Home at 5 today. Hurrah!

Friday: Arrive at office 8.20. Look to see if there's anything interesting in today's BMJ. Oh yes, indeed there is: the long awaited letters in response to the notorious "Polypill" article. Shame they didn't print mine, but perhaps even the forward-thinking BMJ isn't quite ready yet to use the word "bollocks" in print. Get email from client saying that latest tables for Shanida's urgent report won't come until Monday because the statistician is ill. Set to work on doing what I can with the report. Discover that yesterday's assessment of the primary outcome variable tables was hopelessly optimistic, and in fact pretty much every single number is wrong. Break bad news to client. Then realise that today is the deadline for preparing a response on behalf of EMWA to the Royal Society's consultation exercise on communicating scientific research to the general public. Manage to get response to them by 5.00. Next on the to-do list is preparing a quote for doing a data analysis and publication. Quote for publication part is easy, as my automatic quote wizard does it, but quote for analysis requires some thought. Back to database programming at 6.00. Finish everything on today's to-do list just before 7.00. Go home for large G&T.

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"I can always freelance until I find a new job"

by Lisa Ivil

It all started one hot summer 13 years ago. The advertising agency was continually busy, stress levels constantly high, and the explosive environment wasn't conducive to a positive, happy working experience. Labouring in a cramped office, over one of the worst air-polluted roads in the South of England, highlighted my need to get out. So when I was diagnosed with asthma, and before I could change my mind, I gave notice and left. With no alternative employment in the pipeline and no immediate plans to become freelance so early in my career, in my naivety, I thought, "After all, I can always freelance until I find another job". Thankfully, I've never looked back.

After a few enquiries, I soon realized that if I was to become a flexible freelancer, I needed a computer to do the work. I couldn't rely on on-site placements. However, with few savings and no security, no bank would give me a loan. Determined to succeed, I was able to receive the maximum grant from The Prince's Youth Business Trust (PYBT; an organisation set up to help young people funded by HRH Prince of Wales in the UK) and along with a small loan from my parents, I was able to place my first order for an entire Mac computer system.

I suddenly realized that I was alone. It was up to me to make the whole venture work.

With the computer kit installed on an old kitchen table, LIMA Graphics was started in January 1991. I suddenly realised that I was now on my own. It was up to me to make this whole venture work. And I, like Adam Jacobs in his article "Business Strategies for Freelancers and Small Businesses (TWS 2003; 12(1): 12-14), learnt by my mistakes. Accountants came and went. But it taught me a valuable lesson that I still remember (and apply) to this day. Personal recommendations carry far more weight than any other source of advertising.

Despite making a humble profit in the early years, my original PYBT business plan was totally unrealistic. None of the figures even came close. The predicted outgoings were

My attention to detail keeps me in business.

far higher than the estimated incomings. How I managed to seduce the PYBT to give me £6000, I have absolutely no idea!

Fortunately, the same salesman who sold me my computer put in a good word for me with a small, local medical publisher who also bought a similar computer kit and needed someone who could use it. That was the turning point for LIMA.

Over the next few years, I learnt my trade as a medical typesetter/designer. Strange and unfamiliar words such as "efficacy", "exacerbation", "placebo" and "NSAIDs" all now

The Write Stuff

I can always freelance

started to make sense. Harvard and Vancouver referencing styles were rigorously learnt. The attention to detail required for all the specialised text formatting soon became second nature.

I worked closely alongside the copy editor (who taught me a bit about the basic house editing style). To avoid the monotony, I'd see if I could catch any inconsistencies or overlooked editing errors that didn't conform to the journal style. This exercise taught me a lot about basic medical editing which I was able to carry onto other medical projects such as directories, journals, newsletters, booklets and finally, case report forms in which text consistency was paramount.

I now do routine checks for any text irregularities on whatever job I do. If I can spot errors in the early stages, it does save time later on. And I believe that it is this quality control that separates me from many other typesetters/designers who believe they should use exactly what they have been sent.

It is this attention to detail that keeps me in business. It has led me to initially designing then regularly typesetting a medical journal for nearly 7 years, working with editors and writers far more experienced than I had been previously used to. I can clearly remember when my first report was returned for amendment, I was truly horrified. Every page was awash with red ink. I'd never seen so many corrections on just one page, let alone the remaining 60 pages! Subsequently, I learnt from those fundamental errors, became more aware of how text should appear on a page, and both my typesetting and basic

editing skills soon vastly improved resulting in a reputable, high-quality publication. This, in turn, has led me towards other medical work as well.

Personal recommendations are a valuable source of new business.

Networking is a vital part of being a freelancer. Even if you lose accounts, always leave on good terms and stay in touch. You never know when your paths might cross

again, even if it seems totally unlikely at the time. Indeed, personal recommendations have proved to be a valuable source of new business for me. I recently did some speculative design work for an organisation. I knew at the start that I wouldn't be paid for my time, but I thought the potential contacts in this industry could far outweigh the cost of my time. More importantly, this organisation now knows what I am capable of doing, and I hope to be approached in the future on other forthcoming projects.

Now 12 years on, I am still fighting with the issue of size. This year I've become a limited company in the hope of sounding bigger than I actually am (as well as for the tax benefits). A lot of medical companies subcontract work out - work that I am perfectly capable of doing efficiently - but because my business is so small, these jobs have always evaded me, irrespective of the friendly, efficient and personalised service I can offer. Time will tell if this bluff has paid off.

Lisa Ivil

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The *First Ever* EMWA Forum

by Alison McIntosh

The EMWA annual meeting in Lisbon saw a fledgling "Freelance Forum" begin to peck its way out of the EMWA shell. This first Freelance Forum was an attempt to gauge whether EMWA should be offering customised services to its growing number of freelance members and if so, what shape these should take. Just as importantly, we needed to ask what we could do for EMWA. In all, 46 freelance or potential freelance medical writers registered for the event in Lisbon. So, if numbers are anything to go by, the first freelance forum was a great success.

Some practical suggestions which emerged were the possibility of setting up a regular freelance column in the Write Stuff to deal with the practicalities of life as a freelancer, or inviting speakers along to meetings to talk on relevant subjects, or more applicable information to be made available for freelance medical writers on the EMWA website. The possibility of a freelance chat site for members was also mooted.

The forum is an attempt to help freelance medical writers, working on their own, become a tighter network.

One thing was agreed by all who use the EMWA Freelance Listing to advertise their medical writing services: the listing really works. Amongst those of us who use the service, there is a great appreciation for all the work that Marian Hodges does to keep the listing high up on the search engines. Keep up the good work Marian, we really do thank you for it.

This led onto dialogue about who can actually advertise their medical writing services on the EMWA freelance list and it was felt that some extra discussions needed to be undertaken by the Executive Committee to define this. Regular "Freelance Forums" would be a great way to gauge freelance feeling about these kinds of subjects.

Differential charging for advertising on the EMWA site was also discussed, as was the potential to generate revenue from large CROs who, we were told, would like to advertise on the EMWA website. As freelance medical writers it was felt that we offer a different kind of service to our clients, and allowing large CROs to advertise their medical writing services on the EMWA website, on a separate page, was in principal not seen as a threat to freelancers. On the plus side, it could be a great way for EMWA to generate some much-needed cash.

Alistair Reeves had first suggested the idea of a Freelance Forum at the EMWA meeting in Amsterdam. During the intervening months he had put a lot of effort into preparing a confidential questionnaire to examine rates freelancers and small businesses charge for their services in different countries. The questionnaire was handed out and a prize draw for a free non-credit workshop at the 2004 EMWA Annual Conference was

First Freelance Forum

provided as encouragement to return the form. The winning respondent was Helen Baldwin, who, like many of the respondents, was not concerned about confidentiality and put her name on the questionnaire. Thanks Alistair for taking the time to organise this. I am frequently asked, by freelance medical writers starting out, about how much to charge, and the old adage "how long is a piece of string?" always springs to mind, together with "...eye of toad, wing of bat..." Hopefully the results of the questionnaire,

With merges and acquisitions coupled with redundancies the number of medical writers choosing to become freelance is set to grow.

which will be published on the EMWA website (downloadable document, and a summary will be included in the February issue of TWS) will help decide costing more rationally.

With almost monthly announcements in the press of mergers and acquisitions coupled with redundancies, the number of medical writers choosing to become freelance looks set to grow. The EMWA

Freelance Forum is an attempt to help freelance medical writers who are working on their own to become a tighter network and gain access to useful resources and a wealth of experience. As with all such things, it will only work if enough people put in the effort. I think we must say thanks to Alistair for providing the impetus that hopefully will see the Freelance Forum become a regular EMWA feature.

Alison McIntosh

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Call for Nominations

The following posts on the EMWA Executive Committee are up for re-election at the Annual General Meeting during the Budapest conference.

- **Vice-President**
- **Public Relations Officer**

Descriptions of the responsibilities can be found on the website at www.emwa.org. To be eligible for election, you must be an EMWA member and have attended at least one Autumn Meeting or Annual Spring Conference. The Vice-President must have served on the EC in the last 5 years to be eligible for nomination for the office. Candidates will be asked to provide a short statement explaining why they would like to be elected, which will be published in the upcoming edition of TWS. Nominations must be received by 31 January 2004 to be considered.

If you would like to stand for election, or you would like to nominate someone for election, please send your nomination to both Isabelle Thirolle and Adam Jacobs (contact details on back page).



MSD



Arthritis Writing Excellence (AWE) Award

For the **hundreds of million people worldwide living with arthritis**, the disease is one they will have to endure for the rest of their lives. Yet for many, information about the condition, its successful management and the options for treatment are not readily available, even in countries with advanced health care. The problem is serious enough that the United Nations has declared 2000-2010 **The Bone and Joint Decade**, the goal of which is, among other things, to advance research on prevention and treatment of the disease and to empower patients to make decisions about their care. www.boneandjointdecade.org

As part of our commitment to helping people live better lives through positive health management, we at Merck Sharp & Dohme (MSD) have entered into partnership with **Arthritis and Rheumatism International (ARI)** and the **European Medical Writers Association (EMWA)** to sponsor an award for journalists who excel at writing about arthritis and the management of pain. Called the "**Arthritis Writing Excellence (AWE)**" award, it will focus on articles that empower arthritis sufferers to take control of their disease and their lives.

Judging Panel

- Robert Johnstone, ARI
- Julia Cooper, EMWA
- John Carpenter, EMWA

Entry Criteria

There are two categories for entries: general press reporting and medical reporting. Articles from both a medical and patient perspective will be considered. There will be a total of four awards: a first and second prize for general press journalists and the same for medical journalists.

Award Presentation

The awards will be presented at the European League Against Rheumatism (EULAR) Congress, June 9-12, 2004, being held in Berlin, Germany.

Prizes

General press award:

- First Place: Travel and accommodation to EULAR 2004 (up to a value of US \$1500), plus one-year EMWA membership fee
- Second Place: EMWA writing course up to a value of US \$750, plus one-year EMWA membership fee

Medical press award:

- First Place: Travel and accommodation to EULAR 2004 (up to a value of US \$1500), plus one-year EMWA membership fee
- Second Place: EMWA writing course up to a value of US \$750, plus one-year EMWA membership fee

All entries must be postmarked by 29 February, 2004. For further information about the *Arthritis Writing Excellence* award, including entry details, please see the EMWA website www.emwa.org or contact John Lotspeich at +44 (0)207 309 1020 or e-mail: john.lotspeich@uk.ogilvypr.com.



Information Mapping: Making Writing and Information Retrieval Easy

by Ross Baird

Disclosure

I must make it clear that:

- I am not employed by Information Mapping, Inc and have received no financial support from them
- product and corporate names may be trademarks of other companies and are used only for explanation and to the owners' benefit, without intent to infringe

Are technical and medical writing linked?

Earlier in my writing career, I wrote user manuals for a market-leading company in the computer industry. It was easy to measure the quality of user manuals: the lower the number of telephone calls to the helpdesk, the higher the quality. To keep the number of calls to the helpdesk to a minimum, we used Information Mapping® (Info-Map®) to write end-user documentation so that:

- information was easy to find
- information was easy to understand
- instructions were easy to use

Info-Map is a research-based method to analyse, organise and present information so that it is easy to find and use.

While the computer and medical industries are very different, the goal of both technical writers and medical writers is the same: to make it easy for our reader (for example, an Internet Service Provider (ISP) or the Food and Drug Administration) to find, use and understand large amounts of complex information.

What is Info-Map?

Info-Map is a research-based method to analyse, organise and present information in such a way that it is easy to find and use. Robert Horn (a psychologist specialising in memory and learning) designed Info-Map in 1969 and since then millions of pages of documentation have been written using the method worldwide. Companies as diverse as Boeing Corporation and the Food and Drug Administration produce documents using Info-Map: ranging from service manuals for aircraft to training material. (Don't worry, it

The format provides navigational aids to find information as quickly as possible.

is a method to improve information retrieval - your favourite novels will remain paragraph after paragraph of prose.)

Pure Info-Map is easy to recognise: a distinctive two-column format, plenty of headings (called "maps" in Info-Map) and plenty of manageable

Recognising Info-Map?

units of information ("blocks"). This format provides the reader with navigational aids to help find information as quickly as possible. Research suggests that people can best process and remember 7 ± 2 pieces of information at one time, so under each "map" there is a maximum of 9 relevant "blocks".

What is a block?

A single "block" spans two columns and is described as:

Text column	Left	Right
Text name	Label	Body
Purpose	<ul style="list-style-type: none"> · a preview of the unit of information in the right column · allows easy scanning of the page 	<ul style="list-style-type: none"> · a manageable unit of information · each unit of information should have a maximum of 9 pieces of information
Font	Bold	Regular

Testing end-users

In my previous job, we regularly tested the end-user documentation to uncover missing information, confusing text or a misunderstanding of how customers would use the documentation. Subjects (ideally 6) fitting the customer profile were invited to our usability test laboratory and quantitatively assessed on the same, specific tasks (for example, find specific information or explain a concept using the documentation). During the tasks, subjects were videotaped and asked to "speak your thoughts". The video was used for later analysis if some of the subjects had problems with specific tasks, and their commentary showed us how they solved problems. This regular testing kept the number of calls to the helpdesk to a minimum.

Info-Map benefits for users

Based on our experience, readers using documentation written with Info-Map:

- found information faster (due to navigation aids such as labels and block titles and maps)
- read faster (concise and simple sentences)
- understood more and learnt more quickly (relevant information logically grouped together)
- followed procedures more accurately (only essential information in the procedure, concepts or explanations were excluded from those blocks)

In my experience Info-Map decreases errors and time to write documents.

Info-Map benefits for the writer

While the benefits of Info-Map for the reader were clear, there were unexpected benefits for the technical writers:

Info-Map Feature	Benefit for the Technical Writer
Maps and key blocks were defined early in the project	Multiple writers worked simultaneously on specific blocks within the same document
Multiple authors using Info-Map	Documents had a similar look-and-feel
Relevant blocks organised together	Reduced the repetition of similar text in other parts of the document
Specific information in specific blocks	Writers focused on specific units of information wrote less text. Quality control spent less time reading the text and found fewer errors and inconsistencies
	Using a single source of text and then importing it reduced errors and review time
	Easier to review and edit because "blocks" were deleted or moved without affecting the rest of the document

Information Mapping

Advantages in the life sciences

Based on Info-Map's experience with - and I quote - "many of the world's leading life science organisations", they claim that using Info-Map gives:

- 54% decrease in error rates
- 75% reduction in FDA review time
- 75% decrease in SOP development time
- 75% shorter document review time
- accelerated time to market

I cannot say if these claims are true, but my experience in the computer industry has shown that there is a decrease in errors, decrease in time to write documents and a shorter review time.

Request to EMWA members

With Info-Map in mind, the delegate list for the EMWA 2003 conference in Lisbon made some interesting reading. Information Mapping, Inc has a list of their clients in the life sciences; of those companies listed, the following had delegates in Lisbon: Bristol-Myers Squibb; Eli Lilly and Company; Merck and Company; Pfizer, Inc.; and Glaxo SmithKline. I do not know if those delegates are using Info-Map to write integrated clinical study reports; but if they are, please send me an e-mail and tell me about your experience - good or bad.

Summary

I have scratched the surface of Info-Map theory and shared some of my experiences from the computer industry. I am not proposing that Info-Map will suit all documents or all companies, but if there is anything in this article that you can use to make your documentation more usable or your job a little easier, please do so.

Further reading

If you would like to know more about Information Mapping, the Internet is a great starting point. Here are some sites that will be of interest:

Subject	URL
Information Mapping's website	www.infomap.com
Information Mapping in the life sciences	www.infomap.com/collateral/industries/lifesc.pdf
The Information Mapping Method 30 Years of Research. Research papers and notes	www.communicare.com/services/ResearchPaperInformationMapping.pdf
Evaluating the Information Mapping method. ("Corrigo" is the newsletter of the Society for Technical Communication's technical editing group)	www.stcsig.org/te/downloads/mar2003corrigo.pdf
Language engineering and Information Mapping in pharmaceutical medicine: dealing successfully with information overload	www.bmia.be/mimnews-2000-1-Ceusters.html

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The Society of Medical Writers

by David Brooks

Medicine is my legal wife, literature my mistress. When I am bored with one I spend the night with the other. This is irregular but at least not monotonous and neither suffers from my infidelity. If I did not practice medicine, I could not devote my freedom of mind and my stray thoughts to literature.

Anton Chekov

Medicine stands in his way. He would have been a much finer writer if he hadn't been a doctor.

Count Leo Tolstoy

Who was right? Well Chekov was the son of a poor grocer and Tolstoy had an independent income. That carries some weight. Chekov had to make a living and practised medicine through most of his adult life. He claimed that his medical studies enriched his writing. Certainly there has always been a close connection between medicine and the art of writing. We can all think of outstanding novelists and other writers who have been medically qualified.

Our meetings cover virtually every aspect of writing including the theatre, travel writing, poetry...

The Society of Medical Writers started life as the General Practitioner Writers Association in 1985 at an RCGP examiners conference when two friends reflecting on this observation had a lunchtime drink at the bar. They were Robin Hull and David Haslam (now RCGP Chairman). The first steering meeting was held in May 1985 at the University of Birmingham Medical School during which we established our name and our aims. In 1986 we held our inaugural meeting. Seventy-five doctors attended the meeting. Speakers included Professor Michael Drury (RCGP President) Dr Ian Munro (Lancet Editor). David Haslam and Robin Hull, Clifford Hawkins, John Fry and Peter Altman (from Chapman & Hall).

Our aims include to

- improve standards of writing by practitioners
- encourage literacy whether in scientific papers, review articles, historical or anecdotal essays
- provide meetings for practitioners interested in writing
- provide education on the preparation, presentation and submission of written material for publication
- act as a means of introduction between practitioners and suitable publishers and editors
- maintain a register of members
- advise on sources of assistance with regard to technical, legal and financial aspects of writing

The Write Stuff

The Society of Medical Writers

- consider questions of ethics relating to writing and publication
- further developments in the art of writing and facilitate access to educational opportunity for those motivated to become better writers

Our first AGM was held in Manchester on Peer Review and on this occasion speakers included Stephen Lock from the BMJ and Professors John Howie and Nigel Stott and myself.

Since then we have held over 30 meetings on virtually every aspect of writing including the theatre, travel writing, poetry, the short story, writing for radio and television and many other topics. We tend to hold weekend conferences annually, usually in the spring and in various places around the country. Our meetings generally take the form of a speaker or two and workshops in which people receive feedback on their own writing.

Our membership is open to all branches of medical and related professions.

Our last meeting on creative writing at the University of East Anglia was hosted by Gillie Bolton. Our next meeting will be held in Coventry in May 2004 on the theme of Medical Dilemmas.

We changed our name from the GPWA to the SOMW because our membership (around 200) can include people from all branches of medical and related professions. We publish a 60 page Journal (The Writer) twice a year, which provides a home for the work of our membership. We publish an annual register of members and their writing interests. This is sent to all members and some publishers and editors. We have links with the Association of Broadcasting Doctors who keep us well informed of their activities. Our web site www.somw.org is updated quite frequently. Our current membership fees are £40.00 (single) £50.00 (double) £35.00 (retired). We can be contacted through our membership secretary Wilfred Hopkins at wilfred@somw.org. Our mail address is Wilfred Hopkins, 633 Liverpool Rd, Ainsdale, Southport. PR8 3NG.

David Brooks
Chairman SOMW
david@somw.org

"There is nothing which has yet to be contrived by man, by which so much happiness is produced as by a good tavern or inn."

Samuel Johnson (1709-84)
English poet, critic, and lexicographer



Hey, it's Only My Opinion: Happiness

by Diana Epstein

Are we a happy bunch? That was the question that entered my mind while I was going through a difficult personal time and trying to find the balance between my very demanding personal life and my very demanding professional life. To deal with this problem I discovered the book *Authentic Happiness* by Martin E.P. Seligman. Page 39 has a paragraph asking the reader to design your mood to fit the task at hand. One of the tasks mentioned was copyediting. The reader was encouraged to "carry these out on rainy days, in straight-backed chairs, and in silent, institutionally painted rooms. Being uptight, sad or out of sorts will not impede you; it may even make your decisions more acute".

Do we enjoy our profession and consider ourselves happy?

After reading the book I had more questions than answers. Are medical writers different from other professionals? Do we have a different mentality? Perhaps there's something that we have as medical writers that other professions lack? That was why happiness became the topic for the survey at the 2003 conference in Lisbon. I am indebted to 99 participants who were kind enough to let me ask, nag and pry to discover their state of happiness.

I decided that the General Happiness questionnaire was the best method. Of course in the book there are various questionnaires but I wanted to find out how we as medical writers in general are. Are we uptight, sad and out of sorts? Do we enjoy our profession and consider ourselves happy? Are we generally happy?

According to my book the happiness mean for Americans is 4.8%. Two-thirds of people score between 3.8 and 5.8%. The 99 EMWA members I questioned had a mean of 4.9%. The Americans among us (I included Canadians and Californians!) had a mean of 5.6%, the Europeans 5.2% and the Japanese 5.2% (All means are rounded).

Are medical writers different from other professionals?

Now there must be a valid reason for us being such a happy bunch! One could be that none of us are medical writers, none of us do any copyediting and we are all undercover! But there must be another explanation for why we as a group scored so well. Some may argue that the setting of the questionnaire was not very scientific: During the welcome drink and buffet, or while some participants were on their way to the port tasting by Michelle Derbyshire, who I would like to thank for her part in nagging and pestering people. I was busy pestering and nagging people at the Oceanarium that evening.

It wasn't until Judi Proctor appeared towards the end of the conference that I was able to solve the problem. It has nothing to do with the settings of the questionnaires but to do with us. In addition to our profession as medical writers we are a creative lot. Many

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of us are musical and those who are not (myself included) are creative in arts and crafts. Judi randomly asked participants who were sitting at the same table as myself what instruments they play. Low and behold, we could have established our own orchestra.

Reading my book again I realized that the problem is solved. If we consider medical writing to be creative writing- well, we could if we close our eyes from time to time and look the other way- we can then as the reader is assured later on page 39, "In contrast, any number of life tasks call for creative, generous and tolerant thinking". Creative writing is mentioned as one of those tasks. It then goes on to say, "Carry these out in a setting that will buoy your mood (for example in a comfortable chair, with suitable music, sun and fresh air). If possible, surround yourself with people you trust to be unselfish and of good will".

So, what do we have that other professions lack? Creativity of course!

So, what is it we have that other professions seem to lack? Creativity of course! Not only are we medical writers but also creative writers, managing to make sense out of a bunch of statistics- now, that just calls for creativity-or rewriting a clinical report for the umpteenth time to ensure it says what it means.

Not only are we a very happy bunch but also a creative lot. I for one am very happy to have so many creative people who are not physically near me but with whom I know I can always get in touch with by a click of the mouse!!

But, hey it's only my opinion!

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**EMWA
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We are pleased to announce that EMWA's spring 2004 conference will take place in Budapest on 20-24 April. Our venue is the Sofitel Atrium Budapest, a lovely 5 star hotel located in the city centre, overlooking the river Danube. The hotel has excellent conference and guest facilities, and promises to be one of our best conference hotels ever.



The workshop programme will be extensive, with a choice of nearly 40 workshops, including several new workshops and some of the new 'short format' workshops. The social programme is still being finalised as TWS goes to press, but rest assured that there will definitely be an opportunity to sample some of Hungary's famous Tokay wines, regarded by many as the finest dessert wines in the world. Those of you who enjoyed our conference in Prague in 2002 will love Budapest: the city is also rich in history and culture, but Hungarian cuisine is a great deal more exciting than pork and dumplings.

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Keep an eye on the EMWA website for details

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