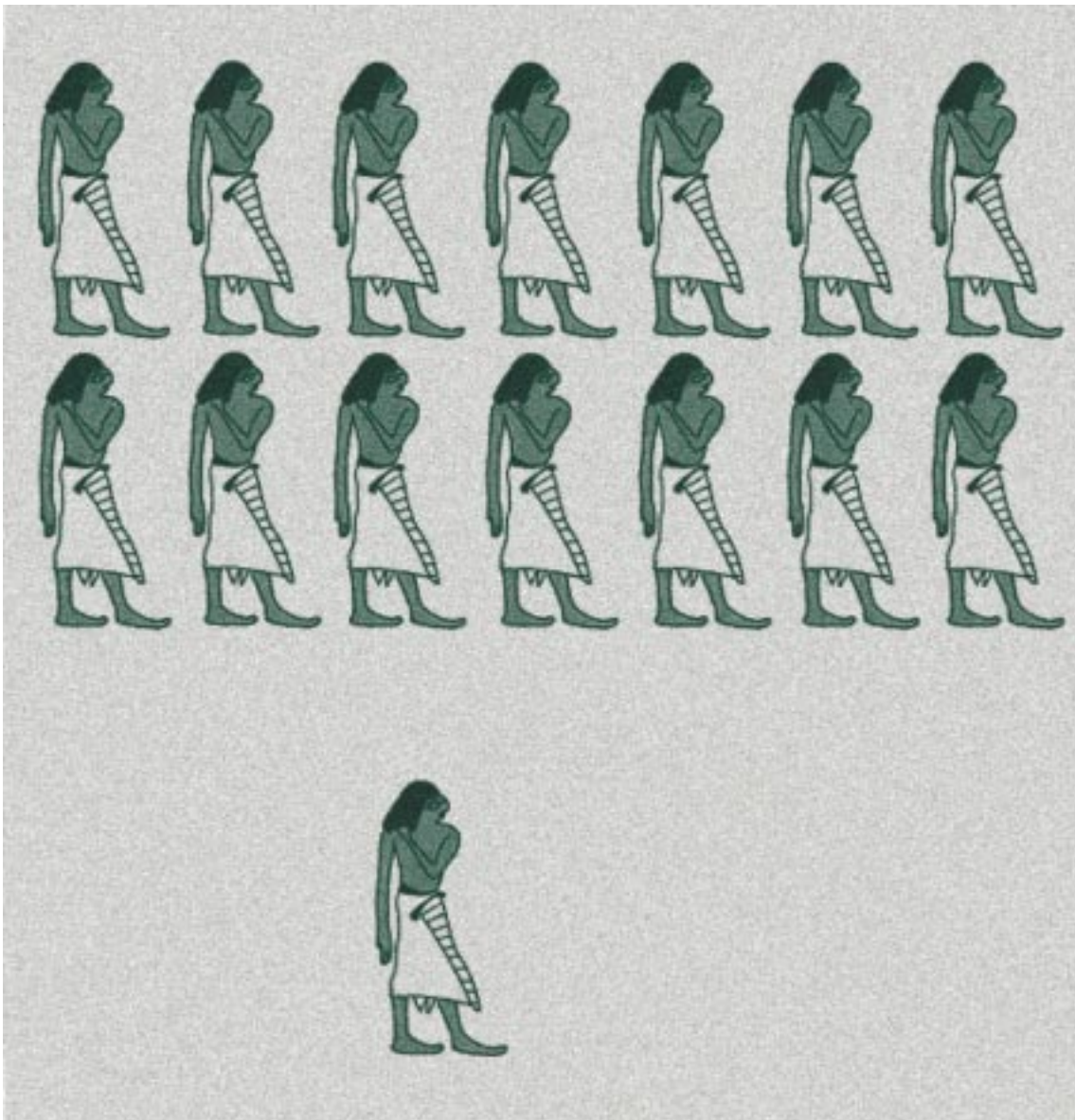

The Write Stuff

The Journal of the European Medical Writers Association

Freelancing: Going it Alone



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).

Advertising Rates (in euros, €)

Corporate	
• Full page	€1000
• Half page	€500
Private	
Freelance members only	
• Full page	€200
• Half page	€100

Behind the Press, The Editorial Board

Editor-in-Chief
Barry Drees

Deputy Editors
Elise Langdon-Neuner

Artistic Director
Hilde Joosen

Linguistic Diversity Editor
Patricia Bünz

Copy Editing
Judi Proctor
Chris Priestley

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

Freelancing: Going it Alone Vol. 13, No. 1, 2004

Turning Down Work as a Freelance Medical Writer -	
Not for the Faint-hearted	9
Alison McIntosh	
Don't Just Say "No"	10
Ben Young	
Although when you have no offers of work, the thought of having too many offers may sound lovely, don't underestimate the difficulties of turning down someone who wants to give you money. A new TWS series explores this difficult topic.	
EMWA Freelance and Small Business Survey 2003	11
Alistair Reeves and Barry Drees	
A summary of the results of the questionnaire from last year. Find out what everyone else is doing and perhaps what you should be doing differently [INT].	
How to Survive in Budapest	14
Laszlo Novak	
How to perform all of EMWA's most basic functions while in Budapest and sound like Leo Szilard while you're doing it.	
A Two-sided Test of Normality	17
(Life as a Statistician in the World of Medical Writers)	
Kerry Gordon	
Well, what do you know - a statistician who can write! Steady yourself, that's not all, he has a sense of humour too! Here we find out how we are perceived by those who have to work closely with us.	
Pros and Cons of Being a Non-native English Speaker or Medical Writing in Lithuania	20
Vytautas Abraitis	
Our very far-flung correspondent reports from the frontiers of medical writing [INT].	
In the Bookstores:	
Moving Information Out of the Writer's Head and into the Reader's	22
Karen Shashok	
How Not to Say What You Mean: a Dictionary of Euphemisms	25
John Kirkman	
Regular Features	
· From the Editor's Desk	3
· Message from the President [INT]	5
· Meet the EMWA Candidates - 2004	5
· The Lighter Side: Doctors' Patient Notes	27
· Vital Signs: Jabberwocky - Reloaded	29

[INT] - this symbol indicates that the article will be published on the EMWA internet site: www.emwa.org
Cover art developed from an image obtained at <http://www.clipart.com>



From the Editor's Desk: Going it Alone - with Help

by Barry Drees

The theme of this issue is one that will concern many of us at some point, and being medical writers, it is probably more common than in most other professions. In fact, one of the advantages of medical writing is the supposed ease with which one can "go it alone" and become a freelancer. Yes, the dream of working for yourself, being your own boss and taking orders from no one can seem very alluring. And yet, actually making the jump, particularly when we have a good, secure position, can be extremely intimidating and difficult. No wonder then that of the many EMWA members who have gone freelance, many made the move not voluntarily, but due to changes in personal or professional circumstances.

After having thought about it for years, I finally made this move recently, and I can vouch for how difficult it can be. It certainly isn't for everyone, and yet the rewards can be great. Probably the thing that most frightens people is the idea that if there are any problems, you have to deal with them alone. But although when you go freelance the ultimate responsibility does indeed rest with you, one needs to learn that there are many people out there who are willing to help with advice and the benefit of their experience. Perhaps even more important, there are people who can lend a sympathetic ear and an encouraging word in times of difficulty. Naturally, I have our fellow EMWA members in mind, and the contacts and friends I have made through EMWA, especially at the conferences, have certainly been a great source of support during the difficult process of going independent.

Of course, I had it easy in that I didn't go completely independent, but set up a medical writing company with 2 colleagues. This has the huge psychological benefit that there are always 2 other people to discuss all business decisions or problems with. This is certainly something that should be considered by anyone who is tempted by the idea of being their own boss but is intimidated by the idea of being totally alone. On the other hand, it also means that there are 2 other people with whom every business decision has to be discussed. If one of the main reasons that you want to go off on your own is that you want to do things your way and don't want to have to negotiate things with anyone else, then sharing the power is probably not for you.

The real message here is that there is no single formula for happiness and success. The key is finding out what works for you and to do that, whether alone, in a small group or in a big company. But this is only possible if you are aware of the whole range of possibilities available and to do that you have to inform yourself of what is actually out there. So ask around and either find a model that works for you or create your own from parts of others.

Time to Move on

In the early days of EMWA, we used to joke that the most difficult task of the Vice-President was to find the next Vice-President. Things have gotten a bit easier now with the reduction in the position's responsibilities, and an increase in the help available has resulted in more volunteers, but I believe that the principle is still relevant. Planning and organising for an orderly and successful succession is a vitally important yet frequently overlooked aspect of any position of responsibility. Like good editing, it is most often visible by its absence.

As I have mentioned in these pages on several previous occasions, as soon as I had established TWS as a functioning and regular journal, I began to plan for my successor as Editor-in-Chief. The establishment of the position of Deputy Editor was designed to provide assistance to the Editor-in-Chief and give some interested candidates experience so that one of them could take over the position at some point. Although there have been issues put together by the Deputy Editors over the years, and although I had wanted to step down as Editor-in-Chief already last year (having thought, admittedly rather arbitrarily, that 5 years was enough), it never seemed to quite work out that someone really wanted or was able to take over. However, I am very pleased to announce that at long last I have found the ideal candidate, Elise Langdon-Neuner, and that she will be taking over the position of Editor-in-Chief after this issue. Yes, this will be my final issue in that capacity, although in order to ease the transition, I have offered to remain on the Editorial Board as a Deputy Editor, so I will still be putting together an occasional issue now and then.

Although having responsibility for TWS was a lot of work, I will actually miss the fun and sense of accomplishment that came from inspiring members to contribute and putting together each issue. A great part of the satisfaction came from witnessing the excitement that many first-time contributors had upon seeing the final fruits of their endeavours when their articles came out in TWS. Nevertheless, as readers of TWS will know, I have always been a great believer in diversity, and the main reason that I think it is important to have someone else produce TWS is that after more than 5 years, a fresh approach to the EMWA journal is necessary. I have discussed this with Elise and encouraged her to develop her own approach and style to the journal while still keeping true to the mission of TWS which is to act as an organ of communication and exchange for members of EMWA. So I look forward to some innovations and changes in TWS over the next few issues and am excited to see how it will evolve.

However, although I will continue to be associated with TWS in the future and will even be editing an issue now and then, my time at the helm of this ship is officially ending with this issue. So, to everyone who has helped me out with TWS over the years, either by contributing material or serving on the Editorial Board, or even just by reading it, I'd like to extend a sincere and heartfelt "thank you". It has been an immensely rewarding and thoroughly enjoyable adventure.

Barry Drees

Editor-in-Chief

barry@trilogywriting.com



Message from the President

by Isabelle Thirolle

Here it is, my last message as President because my term of office is coming to an end. Last year when I had just stepped into my current position, I was told by my predecessor "You'll see, being President is quieter than being Vice-President". Well, it hasn't been quite like that! Extra work was provided by the EC to allow the new head office to have time to focus on and get familiar with the administrative aspects. The transfer to the new head office may have caused some occasional disruption, but it was a necessary step. We are working towards having a sounder basis for future growth and looking at determining the needs of the organisation in the coming months. Also, because the new secretariat is located in Switzerland, it is possible that the association will be re-registered there, so check this section out in the next issues of TWS to know more. I am glad to say that the financial situation is looking brighter for EMWA, although we are not at the end of the tunnel yet. The challenge is to carefully manage expenditure, essential to running the association in a professional and efficient way, without jeopardising the development of EMWA. One of our foci is to retain long-standing members and more experienced writers. This includes developing an advanced education certificate. We have heard from some members that once the main EPDP certificate has been obtained, there is no longer any incentive to carry on with membership. In addition, being more experienced does not mean that one isn't required to keep up with the changes in the industry. Having an education programme suited to the entire range of writers would address this need.

If you keep up with the news, you will have noticed that EMWA's voice was heard over the issue of ghostwriting. This is an ongoing hot topic, and our Vice-President, Adam Jacobs, has set up a ghostwriting task force. He will have plenty of space to keep you

There are many things to do on the EC, and you can try things you wouldn't have the chance to do in your job such as organising conferences or preparing budgets.

informed of the upcoming activities of the taskforce as he will be the one filling in this space in the next TWS. This reflects EMWA's willingness to become a point of reference when such an issue comes up and a battle companion to turn to when our profession is under attack.

Quite often, I'm asked what motivates me as an EC officer. I usually just say that it's because I feel like doing it (being concise by nature). So what keeps EC or EPDC officers going? Well, it must be passion for our profession. I admire people like Barbara Grossman, Julia

Cooper or Barry Drees who have given so much of their time and energy for so long. There are many things to do on the EC, and you can have the opportunity to try things and develop skills you wouldn't have the chance to do in your job such as organising conferences or preparing budgets.

And if you've ever dreamed of being head-hunted, then this is your chance: there are times when my phone rings everyday! I'm pleased to see that there is a mixture of mature and less mature talents to drive the association. However, for the association to live on, more people need to get involved. If you want the association to continue, then think about what you could do. Having a role in the committees is not the only option. You can contribute by translating some of the documentation or promoting EMWA in your country or area. If you are not sure how you can help, you can always contact the PR officer who will no doubt be happy to hear from you. And finally, I didn't want to write this message without thanking all those who gave me their votes and supported me in Prague. Your trust inspired me during my term of office and truly acted as wind beneath my wings.

At this time of the year, I imagine many of you probably have gone to the mountains, skiing, or even climbing for the more daring ones, to take advantage of the last days of winter. I'm expecting you to return in one piece, fit and ready to attend our 13th annual conference in the sweetness of spring. There was a high turn-out at the one-day meeting in London but little time to socialise and share moments together so I'm looking forward to seeing as many of you as possible in Budapest and to try out some of the famous spas!

Isabelle Thirolle

GlaxoSmithKline Biologicals
rue de l'Institut 89
B-1330 Rixensart, Belgium
isabelle.thirolle@gskbio.com

***One always hears that they laughed at geniuses.
But the fact that some geniuses were laughed
at does not imply that all who are
laughed at are geniuses.
They laughed at Columbus,
they laughed at Fulton,
they laughed at the Wright brothers.
But they also laughed at Bozo the Clown.***

Carl Sagan
astronomer, author,
science personality
(1934-1996)



Meet the EMWA Candidates... 2004

Candidates for Executive Committee positions will be elected based on voting by members present at the Annual General Meeting in Budapest on April 22, 2004. If you will not be present, you may also vote by proxy in advance, by sending your vote to Isabelle Thirolle and Adam Jacobs prior to April 16 2004.

For the position of Vice-President: Michelle Derbyshire

I have been the Public Relations (PR) Officer for EMWA for the past 2 years, and have been busy during this time informing companies and individuals alike of the existence of EMWA and then trying to convince them to join us at our autumn meeting or our spring conference. This has given me an essential insight into how EMWA is run and has been a perfect apprenticeship for the role of Vice-President.

One of the main tasks of the Vice-President is to organise the annual conference. I have already gained experience in organising international conferences - in 2000 I was a member of the organising committee for the International Conference on Nuclear Tracks in Solids sponsored by the European Commission - along with organising meetings for accession countries (countries in line to join the European Union). I have also been involved in the organisation of the EMWA conferences in the last 2 years in collaboration with the Vice-President and President.

Should you vote for me, then I hope to continue the work I have started as the PR Officer of EMWA in order to continue to increase awareness of the medical writing profession and also of the existence of EMWA and its training programme.

For the position of Public Relations Officer: Ian Metcalfe

Bearing in mind that the statement of "why I would like to be elected as PR Officer" was going to be printed in TWS, I thought I would try to write in a style that would perhaps entice the readers a little more than just my CV and dreams of grandeur. My original intention was to begin by paraphrasing one of the world's greatest political speakers, Winston Churchill, "Never has so much been owed by so many [authors] to so few [ghost-writers]". However, my colleagues assured me that such cheap tricks to grasp the readers' attention were unnecessary...

For those of you who I haven't had the pleasure of meeting at one of our conferences: my career began as a scientist with a degree in Applied Biology. After a brief spell with a research position, I changed track and obtained a Master of Science in Marketing. A few years as a marketing consultant convinced me that I was missing something and I finally found my feet as a Medical Writer.

Currently, I work for Berna Biotech Ltd., a vaccine company based in Bern, the heartland of Switzerland. When not scaling the snowy peaks of the Swiss Alps, I write and edit R&D technology reviews, marketing material, grant proposals and assorted publications.

So, "why would I like to be elected as PR Officer?"

I believe that EMWA significantly (sorry Barry - no P value) contributes to the medical writing community. The obvious benefits come from the EPDP and the accessibility of the more mature, experienced members of our organisation. But, in addition to educational and social networking opportunities, there is an underlying message demonstrated by EMWA's commitment to its members - "you are not alone". This is where I believe the PR Officer plays a vital role.

Working with the Membership, Education and University Liaison officers, my intention is to build on the substantial work of predecessors and expand the scope of EMWA. Reaching out to all those lost souls stranded in the middle of a protocol amendment, fighting with a document's style formatting or struggling with the latest statistical analysis of the "tertiary" study objective.

I would enjoy the challenges the position has to offer and want the opportunity to be able to put my marketing background to use for my fellow writers. I would contribute my enthusiasm, commitment and creative thinking to promotional literature and proactive campaigning; increasing the awareness of the benefits EMWA provides to the medical writing industry. Living in the centre of the European "Biovalley" and originating from England, I would also bring a truly European perspective to the role. In essence, election as your PR Officer would enable me to contribute to an organisation that has provided so much to so many over so few years.

FOOD FOR THOUGHT

***"Shall I tell you the secret of the true scholar?
It is this: every man I meet is my master in some point,
and in that I learn of him."***

Ralph Waldo Emerson
American writer and philosopher
(1803-1882)



Turning Down Work as a Freelance Medical Writer - Not for the Faint-hearted

by Alison McIntosh

I have been a freelance medical writer for over 3 years, and I am glad to say that things have gone from strength to strength. In fact on a couple of occasions I have been in the enviable position of having to turn clients away because I felt I had too much work.

Turning down work is not an easy judgment to make since, as a freelancer, your first instinct is to accept all offers of work. Being a freelancer, waiting for work to turn up is what's called in the UK the double-decker bus syndrome: when waiting for one, you can wait for hours (or, in the case of a medical writer, days or weeks), then they all come along together. When this happens, and some may disagree with me, I think it is important to think carefully before accepting all the offers that come along. I want to maintain a high standard and to deliver the required documents to customers that fulfil the brief, and on the agreed date . . . in short, I want them to come back again.

I have heard other freelance medical writers say that they never turn work away. If you are truly working alone then personally, I do not know how you can manage to provide all the agreed documents if they are heading for the same deadline date. Some rely on deadlines shifting to make space, but this is like planning for a spending spree by hoping you will win the lottery. Managing your clients, their expectations and your workload is a big part of being a freelance medical writer and should not be undervalued or ignored.

As a freelancer:

Would you like to have your say on this?

Do you have other means of coping with conflicting deadlines?

As a customer:

Do you appreciate it when a freelancer is honest about conflicting deadlines?

Will you be more/less likely to seek them out next time you have a writing task?

Please write and let us know.

Alison McIntosh

AAG Medical Writing

22 Spruce Avenue

Loughborough LE11 2QW, UK

Tel/Fax: (+44) 1509 234 262

<http://www.aagmedicalwriting.co.uk>

alison@aagmedicalwriting.co.uk

Don't Just Say "No"

by Ben Young

When a project manager is spreading work around to staffers, agencies and freelancers, the first concerns are usually capacity and expertise. The project manager depends on reliable assessments of these points to make decisions on which components go where. Wouldn't you? Internal employees may be able to drop what they are doing to sign on to a new project, given adequate pressure and support from within the hierarchy. Agencies that are large enough may start preparing a bid on the spot, sight unseen, confident they can shuffle around current resources or even hire new writers to cover the fresh workload. But a different kind of flexibility is required in the freelancer or small company.

As independents, we can move quickly and with virtually no bureaucratic constraints into a variety of situations. We're wonderful that way. Unfortunately, given the limitations in quantum physics and cloning techniques, we can only be in one place at any one time. This applies especially to Shining Armour Projects (SAPs) where a well-clad physical presence or exclusivity is required. These simply cannot be double booked, and if a client calls with a project that coincides with an SAP, it is in everyone's interest to be honest and state your availability with calendar in hand. There might be some hesitation on the part of a freelancer to point out a conflict of schedules—be it fear of alienation, sheer embarrassment, or beginner's hubris—but nobody is going to be interested in your motives when the deadline arrives with no document.

The good news is that there are so many projects that can be done strictly by mail, phone and fax. Moreover, most clients will respect the fact that you are working for more than one company, and that you must either honour existing obligations or die and be gone forever. This is where net and gross times come in. When preparing for a straightforward study report or publication, for example, one usually has to name the net time for the work that will be the basis of the bid. But one can also be clear that the gross time will be two or three times that of the net. This is usually acceptable but, if not, there are usually projects that can be shifted or shared.

With regard to expertise, most writers I know seem to be able to move into new pharmaceutical areas without too much trouble. If clients are well informed in advance that you have limited expertise in a subject, and they are willing to share a risk with you, it can be remarkable what a simple "yes" can do. It's a win-win situation. In our case, some clients have sent amazingly useful literature, while others have been content to let us go after it on our own. I'm here to tell you it works either way.

It can be a different matter altogether with the types of documentation out there. Most of us have our strong points such as individual reports, papers and so on. But when there's a tight schedule involving a document type one is less comfortable with, then it may be better to recommend someone else, or at least offer to ask around. In other words, don't just say no.

Ben Young

Young Medical Communication S.L.
Tel/Fax: (+34) 91 640 7006
benjamin.young@telefonica.net

EMWA Freelance and Small Business Survey 2003

by Alistair Reeves and Barry Drees

As mentioned by Alison McIntosh in the previous issue (*The First Ever Freelance Forum*, TWS 2003; 12 [3]: 77-78), a survey was announced at the EMWA conference in Lisbon to obtain information on the nature of work done by freelance and small-business-owner members in the medical writing and related fields, and the fees they charge for their services. All those who attended the Freelance Forum at the Lisbon Conference in 2003 were given a questionnaire to complete. The survey was also announced on the EMWA website, and questionnaires were available from Alistair Reeves. All the freelance and small-business-owner members of EMWA were emailed, as were members of the EMWA Freelance Directory, and those with an entry in the "Inpharm" freelance directory under "Editing and Writing". Two non-members who visited the website also requested questionnaires.

63 responses were received: 28 from the United Kingdom, 11 from Germany, and 24 from other countries (Australia, Belgium, Eire, France, Netherlands, Spain, Switzerland, and the USA; 4 respondents did not state their country). Findings are presented separately for countries with more than 3 responses (UK and Germany), other countries together, and the overall sample. In the following tables, the group of "Other" countries includes the 4 respondents who did not state a country. A full report is available on the EMWA website.

Respondents were asked to give details of fees in euros. Since the survey was conducted, the US dollar has lost considerably against the euro (about 20%). This does not affect the overall results because of the very small number of respondents from the USA amongst the "Other" countries. The pound sterling has also dropped in value by about 8%. Since, however, only overall medians are presented, the effect of this is also small.

Nature of employment

Nature	Number of responses (%)							
	UK		Germany		Other		Total	
Full-time freelancer	17	(61)	7	(63)	12	(50)	36	(57)
Part-time freelancer	3	(11)	0	(0)	3	(13)	6	(10)
Owner of small business	7	(25)	2	(18)	8	(33)	17	(27)
Employed and freelancing	1	(3)	2	(18)	1	(4)	4	(6)
Total	28	(100)	11	(100)	24	(100)	63	(100)

Not surprisingly, given the youth of EMWA and medical writing as a profession in Europe, most respondents (60%) have been freelancers for 5 years or less, with only about 20% for more than 10 years. Most full-time freelancers (60%) work what would be considered the usual "information age" work week of 30-50 hours, with 10% working more than 50 hours per week, and the remaining 30% less than 30 hours. Almost 90% of the respondents with "small business" status work alone (40%) or have 2 (50%) employees; the remainder (2 responses) have 4 employees.

About half of the respondents' work comes from previous longstanding customers, with relatively little (10-20%) from outside sources such as "Own advertising", "EMWA freelance directory" or "Other freelance directories". However, a well-known business principle is that although most work actually comes from longstanding customers, advertising is still needed to attract new customers, who ideally over time become longstanding customers.

Sources of freelance work

Source	Mean percentage (maximum) of work obtained from each source							
	UK (n=27)		Germany (n=11)		Other (n=24)		Total (n=62)	
Longstanding customers	45	(100)	48	(90)	50	(90)	48	(100)
Referrals from customers	14	(50)	18	(60)	11	(40)	14	(60)
Referrals from colleagues	14	(35)	15	(80)	9	(45)	12	(80)
Own advertising	10	(85)	3	(20)	11	(50)	9	(85)
EMWA freelance directory	6	(40)	2	(10)	5	(50)	5	(50)
Other freelance directories	7	(30)	1	(80)	3	(30)	4	(80)
Other	4	(70)	13	(80)	11	(100)	8	(100)

A change of name for EMWA will apparently not be necessary soon based on what we actually do, since 70-80% of our time is spent writing or editing. There is clearly still a need for translation work, although for obvious reasons, none of the UK respondents listed this as an activity.

Types of freelance activity

Activity	Mean percentage (maximum) of each type of activity							
	UK (n=27)		Germany (n=11)		Other (n=24)		Total (n=62)	
Writing	68	(100)	41	(90)	53	(100)	57	(100)
Editing	13	(80)	20	(90)	22	(90)	17	(90)
Consultancy work	8	(60)	5	(20)	6	(60)	7	(60)
Translation	0	-	20	(95)	4	(40)	5	(95)
Proof-reading	3	(20)	3	(10)	6	(60)	4	(60)
Quality control	4	(25)	1	(10)	4	(40)	3	(40)
Training events	3	(20)	7	(30)	2	(20)	3	(30)
Electronic publishing	0	-	<1	(5)	1	(10)	<1	(10)
Other	2	(40)	4	(35)	2	(30)	2	(40)

The most common kind of documentation worked on is "Documentation used for non-clinical and clinical testing, including all documents submitted for drug approval" (mean of 36% of all documentation) followed closely by "Articles for scientific journals and the scientific press" (24%). "Marketing materials, including congress materials and proceedings" accounted for 8%, and the other kinds of documentation were all 5% or less: "Presentations", "Education materials for health professionals (including audiovisual)", "Investigator Brochures", "Medical and scientific text books", "Consultancy documenta-

Freelance and Small Business Survey

tion", "Training documentation", "Product information", and "Educational materials for patients (including audiovisual)".

Median hourly rates are close to those we know from industry and reports elsewhere. The ranges, however, are very interesting (and surprising): someone out there is charging only €20.00 per hour for medical writing. Please—whoever you are—raise your prices!

Hourly rates for medical writing and related activities

Activity	N (%)	Hourly rate in €	
		Median	Range
Medical writing	55 (89%)	80	20-160
Editing	48 (77%)	70	20-150
Consultancy	26 (42%)	105	20->160
Proof-reading	24 (39%)	55	20-150
Quality control	21 (34%)	75	20->160
E-publishing	5 (8%)	60	20-150

Individual questions about fees were interesting in that the responses were quite uniform: most (80%) do not charge a fee per page for proof reading (hourly is preferred); most (65%) do not like to give fixed fees for jobs, but rather quote up to the first draft and then charge by the hour, if possible (69%). Prices were the same for client meetings (90%) and travelling time to meetings (66%), with no charge for the introductory meeting (70%). Travel and accommodation expenses are usually (38%) or totally (38%) borne by the client. In most cases (80-90%), charges do not include vacations and breaks. Surcharges for rushed jobs in the UK and other countries range from 25-100%, with means of about 45%. Seven respondents in Germany add a 50% surcharge for rushed jobs.

Relatively few respondents charge different fees for different client groups, but if they do, then they tend to be lower for "Private persons", "Higher education" and "Colleagues" (about 1/3 of respondents). "Government", "Hospitals", "Pharmaceutical industry", "CROs", and "Agencies" are all charged standard rates.

Thanks to all respondents for taking the time to complete the questionnaire. We hope to be able to provide this service again, so any suggestions for further (refinement of) questions—or offers of help with evaluation—will be gratefully received!

How to Survive in Budapest

by Laszlo Novak

When in Budapest, do as the Hungarians do - eat well, and a lot. The following are a few local delicacies that nobody should leave Hungary without having tried. Forget about dieting for a few days, and enjoy!

<i>lángos</i> (lahn-goshe)	This deep-fried dough is served with garlic (<i>fokhagyma</i> = <u>foke</u> -hudge-mah), sour cream (<i>tejföl</i> = <u>tay</u> -full), grated cheese (<i>sajt</i> = shuyt), ham (<i>sonka</i> = <u>shone</u> -ka), or any combination of the above. <u>Where to get it:</u> along the left-hand outer wall of the Corvin department store on Blaha Lujza tér (a major subway and bus stop).
<i>krémes</i> (cray-mesh)	A variation on the classic napoléon, this flaky pastry with layers of vanilla-pudding-like cream, almost a meal in itself! <u>Where to get it:</u> at the <u>Jégbüfé</u> , on the Ferenciek tere (subway stop).
<i>hortobágyi palacsinta</i> (hore-toe-bahdge-ee pah-lah-cheen-tah)	Crêpes served with ground chicken <i>paprikás</i> (paprikash) and doused with a sour-cream-based gravy. <u>Where to get it:</u> there is a restaurant within a few blocks of the opera house that serves this.
<i>Tokaji Aszú</i> (Toe-kah-ee Ah-sue)	It's no accident this dessert wine is known the world over and bears the motto " <i>Vinum regum, rex vinorum</i> " ("Wine of kings, king of wines"). Try the 5 or 6 <i>puttonyos</i> - this is a measure of the amount (<i>puttony</i> = poot-tohñ) of late-harvest grapes used; the higher, the sweeter. <u>Where to get it:</u> any restaurant worth its salt will serve it by the glass; any wine store will have it by the bottle. Be warned, the stores on <u>Váci street</u> will charge more than a less touristy store in the city centre.

English	Hungarian	Pronunciation
How much for a beer?	Mennyibe kerül egy sör?	men-yee-beh ke-rool edge sure?
One beer, please.	Kérek egy sört.	kay-wreck edge shirt
Two beers.	Két sort.	kate shirt
Another beer!	Még egy sört!	maigh edge shirt!
Where is the toilet?	Hol a WC?	Hole uh vay-tsay?
Good morning / evening / night	Jó reggelt / estét / éjt	yo reg-gult / esh-tayt / eight
Excuse me / sorry	Bocsánat	bo-chaah-nut
I don't speak Hungarian.	Nem tudok magyarul.	Nem too-dok mah-jar-ool
Yes / no	Igen / nem	ee-gen / nem
Thank you / You're welcome.	Köszönöm / Szívesen.	Kuh-suh-numb / See-vesh-en
Hello	Jó napot	yo nah-put
Do you speak...	Beszél Ön...	beh-sale uhn...
English?	angolul?	un-go-lool
German?	németül?	nay-met-ool
French?	franciául?	frahn-tsee-ah-ool?
I don't understand.	Nem értem.	Nem air-tem.
Cheque, please.	Kérem a számlát.	Kay-rem uh sahm-laht

Medical writing & Document management



✓ Who we are

The Medical Writing and Document Management group currently consists of 15 people

- 9 Medical writers (all native English speakers with fluent German)
- 3 Specialists in document management and publishing
- 3 Editorial and administrative assistants
- Up to 27 years of experience in the field
- Background in the sciences, languages or pharmacy
- Various academic titles, including 7 PhDs
- 2 Editors in the Life Sciences

Knowledge and experience of therapeutic areas:

- Cardiovascular diseases (hypertension, congestive heart failure, acute coronary syndrome)
- Metabolism (diabetes, GI ulcers)
- Neuroscience (Alzheimer's disease, schizophrenia)
- Bone disease (rheumatoid arthritis, osteoporosis)
- Infectious diseases
- Endocrine disorders (endometriosis, prostate cancer)
- Dermatology (dermatitis, onychomycosis)
- Oncology
- Clinical pharmacology and pharmacokinetics

✓ What we do

Document writing

- Investigator's brochures
- Clinical study protocols for phases I - III
- Clinical study reports for phases I-III, including population PK and health economics
- Clinical summary documents for European, US and CTD dossiers
- Clinical expert reports
- Responses to authorities' questions
- Clinical publication manuscripts and conference posters
- Standard operating procedures
- Standards manuals and templates

Document management

Production of published and fully cross-referenced preclinical and clinical reports and registration dossiers.

Expertise in latest high-speed scanning and image enhancement technology (Ascent Capture®, Imaging for Windows®, ISIFile™) and document management and publishing software applications (Documentum® and CoreDossier™) for the production of major electronic dossiers and variations.

Medical Services | Statistical & Technical Services | Corporate Functions

- Quality assurance
- Business development
- Project coordination
- Human resources
- Finance & Administration

- IT & Medical informatics
- Biostatistics
- Statistical programming
- Data management



- Medical advisers & Clinical research scientists
- Study operations
- Clinical Monitoring

• **Medical writing & Document management**

- Health outcomes research
- Pharmacovigilance

✓ What we do

Document management

Streamlined business process:

Full integration of the publishing specialists and document managers into the project team – ensuring seamless cooperation with the medical writers, biostatisticians, IT specialists and regulatory affairs specialists.

Entirely electronic compilation of documentation:

Documents can be made available both electronically and as paper, with GCP-compliant physical archiving.

Management, consultancy, standardization and training

- Management and development of the medical writing business, contacts with freelancers, CROs and agencies
- Input into clinical development and project plans on medical writing issues
- Resource management of medical writers
- Co-ordination and management of medical writing activities on international project teams
- Interpretation of regulatory guidance and structuring of clinical submissions

Development and maintenance of internal standards and templates for:

- Clinical development plans
- Clinical study protocols
- Clinical study reports
- Investigator's brochures
- Tables for clinical data
- Clinical summary documentation

Active involvement on ICH E3 "Structure and Content of Clinical Study reports" ICH M4 "Common Technical Document", and international guidelines for publishing clinical trials in medical journals.

Internal and external training modules written and presented on:

- Investigator's brochures
- Clinical study protocols
- Clinical study reports
- Clinical summaries and expert reports
- Table and graph design
- Statistics for medical writers
- Clinical publications
- Standardization and templates
- ICH E3 and M4

✓ What you get

- Well-integrated, efficient group with many years of working together
- Adequate size to ensure smooth workflow during peak and trough times
- Complementary skills and knowledge to provide the full range of writing and consultant services
- Broad experience of different pharmaceutical products and therapeutic areas
- Broad experience of working in international and cross-functional teams
- Existing international contacts and reputation

Medical Services | Statistical & Technical Services | Corporate Functions

- Quality assurance
- Business development
- Project coordination
- Human resources
- Finance & Administration

- IT & Medical informatics
- Biostatistics
- Statistical programming
- Data management



- Medical advisers & Clinical research scientists
- Study operations
- Clinical Monitoring

• Medical writing & Document management

- Health outcomes research
- Pharmacovigilance



A Two-sided Test of Normality (Life as a Statistician in the World of Medical Writers)

by Kerry Gordon

"Statisticians are always talking about power, but don't have any" ... or so the saying goes. And so, after spending 20 years as a statistician in the pharmaceutical industry, I did a partial crossover into the world of medical writing. Not letting go of my statistical roots (after all, I was about to become the chairman of PSI [Statisticians in the Pharmaceutical Industry], the statistical equivalent to EMWA), I was nevertheless looking forward to my first EMWA conference. In case you were wondering how "SPI" became "PSI", well we took the liberty (as statisticians are wont to do) of randomising the relevant initials in order to end up with the appropriate Greek letter!

Now, as you may have heard, PSI conferences are the stuff of legend (we take our alcohol in repeated measures), and I was keen to try out a pairwise comparison with EMWA. I'd read my copies of TWS, of course, and thought the conference experience might kick-start my intended article, to analyse the variance between our 2 worlds. As luck would have it, illness prevented me from attending both conferences last year but, as I had to spend 2 weeks lying down instead (on doctor's orders!), I wrote the article anyway...

Status

Statisticians are always tossing coins, but don't own many. Over the years, statisticians have been concerned that they didn't have as much influence within their organisations, or in the drug development process, as their skill and importance deserved. Furthermore, the dollar value associated with their activities was perceived to be somewhat lower than that generated by their clinical colleagues. Does this sound at all familiar?

Science & Technology

Statistics is a subject that most statisticians find difficult but in which nearly all physicians are expert. In the days before anyone had invented the terms "analysis plan" and "model report", statisticians designed studies, collected and computerised data (I'm thinking of punch cards here...), analysed data and (yes, I'm afraid so) wrote reports. With the advent of data management as a profession, many organisations believed that data managers and statisticians belonged together (access to data being a key component for both parties). In recent times, however, as electronic data capture has become more prevalent, the need for statisticians to be physically close to the case report forms has dwindled. As a consequence (see also below for the regulatory influence), the role of the statistician within the industry has moved partly away from data towards design, and so become more "scientific". Nowadays, therefore, more and more organisations have realigned their statisticians alongside other, equally scientific, colleagues in medical writing and regulatory affairs.

Regulation

A clinical trial is an experiment that any damn fool can design and frequently does. Where medical writers have the ICH E3 Guideline (Structure and Content of Clinical Study Reports), emphasising the importance of a clear, structured, comprehensive and consistent clinical study report (and thus emphasising the importance of medical writers!), so statisticians have their own ICH Guideline, E9 (Statistical Principles for Clinical Trials). ICH E9 really goes into detail about the role and importance of applying statistical principles throughout the drug development process (i.e. not just statistical analysis of clinical trials), and represented a major breakthrough for pharmaceutical statisticians.

Now, as you may know, ICH E3 was finalised in 1995 and was based in part on the FDA Guideline for the Format and Content of the Clinical and Statistical Sections of an Application, which had been in force since 1988. ICH E9, however, did not get implemented until 1998 (just 6 short years ago!) and was based heavily on the CPMP Note for Guidance on Biostatistical Methods in Clinical Trials. Thus, the major force behind the statistical regulatory drive came from Europe. It is perhaps no surprise, then, that the number of statisticians employed (directly or indirectly) by the various European regulatory agencies has risen dramatically (10-fold?) over the last 5 years. Needless to say, now that the regulators are reviewing applications with a more critical statistical eye, the importance of statisticians within pharmaceutical companies has also risen somewhat!

I'd be interested to hear your views on whether ICH E3 (or its FDA predecessor) had any similarly noticeable effect on the medical writing profession - is it coincidence that EMWA was formed a year after the FDA guideline was published?

Quality

Do not give up hope; the statistician may be wrong. The "eye for detail", that much undervalued trait, is one shared by statisticians and medical writers. In my experience, both groups are determined not to make any mistakes at all, what the data managers might refer to as a zero-percent error rate. Of course, for statisticians to truly achieve zero errors, all of those "data listings" produced by statisticians would have to be based on perfect data. And for medical writers to produce a perfect clinical study report, all the statistical outputs would also have to be error-free. And we all know the likelihood of that...

People

Even if you have a significant relationship with a statistician, you may not find it relevant. Often quoted as the type of person you'd least like to be stuck in an elevator with, statisticians are thought of as shy, retiring boffins, with a penchant for train-spotting. I beg to differ (well, I would, wouldn't I?). In fact, statisticians are full of confidence and are well-rounded individuals (indeed, after a good PSI conference, many have put some extra area under their curve to the point of over-dispersion). By contrast, medical writers are often thought of as bookish souls who sit at their computer all day, talking to nobody. But we know differently, of course...

Two-sided Test of Normality

Societies

Statisticians worry about interactions, and this often makes them lonely. And so back to PSI and EMWA. While EMWA was formed 14 years ago in 1989, PSI is now entering its 27th year. When you consider the relative size of statistics and medical writing functions in many pharmaceutical companies (especially the large ones), it may appear a little surprising that PSI has only just over 3 times as many members as EMWA (approximately 1000 versus 300, respectively). However, whereas EMWA is (by definition) a European organisation, PSI is largely UK-based (less than 20% of our members come from outside the UK, and around half of these from outside of Europe). At a recent strategy meeting, PSI's board of directors (for we also converted to a limited company last year) debated how we might increase our activity and reach outside of the UK, primarily through collaboration with the umbrella statistical group EFSPI (European Federation of Statisticians in the Pharmaceutical Industry). Being a federation, the "members" of EFSPI are actually national (pharmaceutical) statistical organisations (one of which is PSI) from 11 European countries, rather than the individuals belonging to those national organisations.

PSI's Board of Directors also debated how we might enhance our website (<http://www.psiweb.org>) even further, and to what extent we wished to collaborate with other organisations. For instance, we already have some links with PhRMA and ACDM and, in 2005, we shall be running a joint Conference with the Royal Statistical Society (RSS). Now I'm not sure what EMWA does in this regard, but I am sure there's scope for us to join forces occasionally, in future activities. It seems to me that, with my current mixed job role and position as PSI chair, the opportunity for statisticians and medical writers to increase communication and collaboration has never been better.

See you at the PSI/EMWA (delete as applicable) conference in 2004!

Kerry Gordon

Director, Medical Writing & Biostatistics Development, Quintiles Ltd.
Station House, Market Street
Bracknell RG12 1HX, UK
Tel: (+44) 1344 708281 Fax: (+44) 1344 708106
kerry.gordon@quintiles.com

Big Numbers

There are 10^{11} stars in the galaxy. That used to be a huge number. But it's only a hundred billion. It's less than the national deficit of the USA! We used to call them astronomical numbers. Now we should call them economical numbers.

Richard Feynman
physicist,
Nobel laureate (1918-1988)



Pros and Cons of Being a Non-native English Speaker or Medical Writing in Lithuania

by Vytautas Abraitis

Although the title of this article should have been "Medical Writing in Lithuania", I let myself deviate a little and wrote about being a non-native English-speaking medical writer for international industry. The reasons are twofold: first of all, physicians and scientists in the field of medicine in Lithuania still write their articles by themselves. The second reason is my perception that medical writing will be done more and more frequently by non-native English speakers, and they will comprise an ever increasing proportion of EMWA members as well.

I had my first contact with other people interested in medical writing as a profession during a course on successful medical writing organised by Management Forum. I remember this course well, and not only because it was the first one for me. It was also the first time that I realised that I represent an exception rather than a rule: someone from such an exotic country as Lithuania (as Barry Drees put it). Well, I was filled with a mixture of confusion for not being a "regular fellow" and... pride for not being one. Yes, there are people "out there". And yes, they do understand, speak and read in English, and, most surprising of all, can write in English.

The second time that I gave a thought to representing "a place of interest" was when I finally had time to read the Celebrating Linguistic Diversity issue of TWS (TWS 2000; Vol 9 (3)). This was the time when I started investigating pros and cons of being a non-native English speaker. And the most crystallising event was the EMWA meeting in Lisbon. A bunch of "yellow stars" (new members), standing around and communicating in their own groups and waiting for the true EMWA members to come. My colleague and I should have been given some blinking star: beware, these members are not only new but also from "out there". I even checked the list of attendees and felt an instant relief at seeing that there were many people from countries other than the UK or US. Well, I was naive. It was only later that I noticed people from "the Continent" talking about their childhood experiences . . . on "the island". Do I belong here? Have I chosen a wrong path going into medical writing?

Well, I was filled with a mixture of confusion, for not being a "regular fellow" and . . . pride for not being one.

Lithuanian is my mother tongue. Russian was an obligatory second language during the Soviet period being taught at school starting from the age of 9. I learned English from the age of 11, and then English tutors and courses followed. I was taught medical English while studying medicine at Vilnius University and practised my English in the University English Club as well as during various periods of training abroad. I would never write a novel or poem in English. I wouldn't do it even in my native Lithuanian. I am a trained physician interested in clinical trials. I cannot put it any better than Norbert de Clercq did in his "Rule Britannia, McDonald's and Other Things" (TWS 2000; 9 (3): 15-16): "We do not write novels, nor do we try to match ourselves with James Joyce. We report on facts and data, interpret and give our views".

Medical Writing in Lithuania

So, finally, what are the pros and cons of being a medical writer while a non-native English speaker? The only con is being a non-native English speaker. Writing takes longer, and I have to check a dictionary from time to time. Is this so bad? Please correct me if I am wrong, but native English speakers do not learn word definitions at school. At least, I have not been taught definitions of commonly used Lithuanian words at school. At the same time, I have to check a dictionary for the definitions and usages of many English words since I started learning English. Is this a pro or a con? And how many native English speakers are there among those who are the intended readers of what we write?

We (I mean EMWA) talk a lot about native and non-native English speakers but ignore the key word in the definition of our profession - medical. I am a physician, as are 2 of the other 3 medical writers in our company. Are there many medical people in medical writing? Is being a non-native English speaker an inherent defect or incapacity with regard to international medical writing? It is both if one does not know English. But I believe that it is only a distraction for others when one can compensate for this inherent defect by compensatory learning of English to the level allowing performance of specific tasks (medical writing in this case). Does that mean that I can write about manufacturing a space shuttle in English? No. Can medical writers who are native English speakers write about it? Do they all know the specific terminology involved in the process? I doubt it.

The recent President of Lithuania was a former emigrant to the US, who had spent a large part of his life outside Lithuania. And although he should be considered a native Lithuanian speaker, everyone could tell that his Lithuanian was not perfect. So what? He was a

The recent President of Lithuania had spent quite a part of his life outside the Lithuania. Although he should be considered a native Lithuanian speaker, everyone could tell that his Lithuanian was not perfect, yet he was a respected and loved President.

respected and loved President (and just look at the new governor of California - ed.).

If one were staying in a hotel in the middle of Paris and had to catch a plane, what would one choose: a taxi driver who has perfect communication and language skills, but learned driving just a year ago, or a former rally champion who dislikes communicating with others at all? Well, "but knowing language IS knowing how to drive in medical writing" others may comment on this example. But why is it knowledge of language and not knowledge of medicine which is accepted as the knowledge of how to drive? And why not statistics, the knowledge of which is of exceptional importance in clinical report writing in my opinion? Could it be because flaws in these things show far less obviously (if at all) compared to imperfections in language?

My ideal of an international medical writer would, of course, be a native English-speaking writer who had won a promising young writer prize while at secondary school, had studied medicine at university and had done a PhD on the use of statistical methods in pharmacology. But such a person might be too expensive for daily medical writing tasks. Thus, some of the qualifications have to be sacrificed. And being a native English speaker is just one of the desirable qualities for an international medical writer.

Vytautas Abraitis

Scope International Life Sciences Vilnius
Fabijoniskiu 96, LT 2010 Vilnius, Lithuania
Tel: (+37) 05 2360 344 Fax: (+37) 05 2431 099
vabraitis@scope-clinical.com



In the Bookstores... Moving Information Out of the Writer's Head and into the Reader's

by Karen Shashok

WC Booth, GG Colomb, JM Williams. The craft of research (2nd ed). Chicago: University of Chicago Press, 2003. ISBN 0-226-06568-5 (paper). 329 pages, USD15.00, GBP10.50 (paper).

Despite its title, this book is about the process of writing research reports, not about the process of performing research. According to the preface (p. xi), it aims to "meet the needs of all researchers, not just beginners, or advanced graduate students, but even those in business and government who are assigned research on any topic." Although it is indeed filled with good advice about writing, the book is aimed mainly at university students who are learning to write papers for their course work. These readers are addressed directly in many places throughout the book—a feature that might put off professionals who turn to this book for help.

Sixteen chapters are organized into 4 parts that cover successive phases of information gathering and writing: starting a research project, planning the project, making claims and defending them effectively, and the actual drafting and revising. A fifth part adds helpful considerations on the ethics of research, information for teachers, generous notes on sources, bibliographies for different disciplines, and a good index.

Like most writing experts, the authors emphasise the importance of writing so that readers will understand the message. Fortunately they go further than many of their academic peers. Rather than relying on some unstated, magical learning process, Booth, Colomb and Williams try to explain to novice writers how to understand what readers want and expect from well-written texts. The checklist on pages 32 and 33 is enlightening: it lists key questions about readers that writers should ask themselves constantly as they collect information, draft and revise. Writers need to understand who they are aiming to communicate with, match their expectations to those of their chosen readers, and foresee how readers might respond to the "main claims" in the text. To help writers and researchers decide how convincing they are likely to be, the authors provide specific questions to keep in mind as the writing progresses (pp. 152-154). These questions force writers to critically examine the choice of problem, the strength of the claims made in support of the proposed solution, and the quality of the evidence provided to support those claims.

The Introduction should help readers understand what to expect from the rest of the text, and why they should care.

Chapter 13.1, "Thinking like a reader," gives advice about how to think anew about the text during the revision phase. The authors warn that this is one of the most arduous parts of writing, and that writers must be prepared to devote more time and energy to revisions than they probably anticipate. Specifically, the authors recommend that during the revision

In the Bookstores...

process, writers try to bring their main points to the fore, ensure conceptual continuity, and enhance their argumentation and supporting evidence.

Booth and colleagues recommend that the introduction and conclusion sections of a report be revised after the sections on methods, results and discussion have been polished. Although this may run counter to practices used successfully by some expert writers, the authors have a good reason for tackling the sections in this order. They recommend linking the introduction and conclusions explicitly by restating and elaborating, in the conclusion, the main point made at the end of the introduction. Another suggested strategy for coherence ("continuity of theme," as the authors term this) is to repeat, in the conclusion, the "launching point" and key words used at the end of the introduction. (You'll need to read the book to find out what they mean by "launching point" though.) The introductory part of texts sometimes receives less attention than the "meatier" parts (the results and discussion, for example). Lest we feel tempted to neglect the introduction, the authors of *The craft of research* remind writers how important this section is to enable readers to "read [your report] faster and understand it better, because they know both what to expect and why they should care" (p. 222).

Evidence and ethics, as they pertain to good research and writing practices, are also covered in this book. The authors' strategies for good writing are bolstered by excellent advice on how to find information and decide whether it is useful or not. The authors caution that bias is an inescapable part of writing, reading and information flow: "...once we come up with a hypothesis to test..., we don't read sources as objectively as we should" (p. 91). In fact Chapter 6, "Using sources," could be used by researchers in any

The authors' strategies for good writing are bolstered by excellent advice on how to find information and decide whether it is useful or not.

discipline as a guide to assessing the quality of the evidence they obtain from their review of the literature. The guidelines for documenting sources (pp. 96-104) are detailed and excellent. If followed, they would ensure correct attribution and avoid unintentional plagiarism.

The current concerns about plagiarism in United States universities come through clearly in several places in the book, not just in the brief section in Part V titled "The ethics of research." The recommendations for finding

and documenting sources are laced with rejoinders to avoid plagiarism by scrupulous note-taking. The topic is dealt with again in Chapter 12, in a well-reasoned section titled "The pitfall to avoid at all cost: plagiarism" (pp. 201-204).

The only weak part of the book for STM writers, editors and translators, is Chapter 15, "Communicating evidence visually." The authors are not experts in science or technical editing, so the advice they offer in this chapter about tables and figures is too general, too subjective ("uncluttered" is not very useful as a criterion for good figure design) and too weakly supported by evidence to be very convincing to those of us in STM writing and reporting. Nonetheless, the pointers are useful to novice writers and other members of the book's target readership who need help deciding how to present their data visually. One thing I'd love to see in a future edition is the authors' advice on writing figure legends—a craft that, to be effective in helping readers interpret figures efficiently, needs to be approached as a writing task with somewhat different goals from those of the main text.

The approach to writing described in this book, if applied competently, should ensure that the writing is effective, ethical, and evidence-based. At 329 pages, the book is too long for most practicing writers (working colleagues who need to write well and efficiently as part of their job) to absorb fully, so this limits its usefulness as a self-help tool. However, for structured learning situations (writing classes or tutorials, for example), where participants have more time for learning how to write, it is an excellent resource.

Karen Shashok

Translator-Editorial Consultant
C/ Compositor Ruiz Aznar 12, 2-A
E-18008 Granada, Spain
Fax: (+34) 958 132354
kashashok@wanadoo.es

MANAGEMENT FORUM

**provides seminars, conferences and workshops
on a wide range of pharmaceutical topics,
including very successful and popular
MEDICAL WRITING courses.**

For further details please see our website - www.management-forum.co.uk
or phone Josephine Leak on +44 (1)1483 570099

How Not to Say What You Mean: a Dictionary of Euphemisms

by John Kirkman

Reprinted by permission of the author from European Science Editing, Aug 2003; 29: 82-83.

Robert Holder. 2002. How not to say what you mean: a dictionary of euphemisms, 2nd ed. Oxford. Oxford University Press. 501 p. Hardback. £9.99. ISBN 0-19-860402-5.

To avoid using words or expressions that we think our audience will find insensitive, offensive, or disagreeably blunt, we indulge in euphemism: that is, we choose language that we judge to be milder, less offensive, or less discomforting. Usually, the wording we choose is less precise or specific, or hints at a meaning rather than states it in full. Since a principal objective of writers and editors of scientific papers is to produce accurate and explicit texts, there should be little room for euphemism in most scientific writing, especially in writing for international audiences. Robert Holder's dictionary will therefore be an optional extra for most readers of TWS, but for anyone intrigued by the psychological and social aspects of language behaviour, it will be a rewarding investment.

We use euphemism extensively when we deal with sensitive or taboo subjects, or with situations that alarm or embarrass us. For example, a person nervously contemplating a visit to a general practitioner might say: "I'm going to see the quack because I reckon my ticker's a bit dodgy" (= "I'm going to see my GP because I suspect there is something wrong with my heart"). The speaker's choice of quack is an effort to make light of the decision to seek serious professional help; acknowledgement of a dodgy ticker is an understatement that masks anxious hope that there is nothing seriously wrong.

Though euphemisms should rarely appear in reports or papers, many writers feel there is a taboo against writing explicitly about death or sex. Holder cites as a euphemism for death: "negative patient care outcome". I read recently that "the highest dose of X administered without causing any lethality was . . .". In attempting to avoid saying "without causing death", that writer introduced the novel concept of degrees of lethality - an extreme example of how not to say what you mean.

For anyone intrigued by the psychological and social aspects of language behaviour, it will be a rewarding investment.

To acknowledge that euphemistic language behaviour has more to do with interpersonal relations than with accurate and economical communication is not to condemn its use. Medical practitioners undoubtedly find euphemism essential in their face-to-face contacts with patients and patients' relatives. Delivering bad news sensitively, or even just discussing symptoms and treatments in terms that are comprehensible and comfortable for patients, requires considerable skill in adjusting language to audience and context.

Holder first gives an alphabetical list of euphemisms and their definitions, and then lists the topics or themes that we commonly avoid. The longest list presents euphemisms for copulation (which Holder admits is itself a euphemism that he uses because alternatives such as f... are "ugly words which jar with constant repetition"). Other long lists are euphemisms for brothels, death, defecation, drunkenness, homosexuality, parts of the body, suicide, and — a nice euphemism from Holder — sexual variations.

Holder points out that the subjects about which we use euphemisms change along with social attitudes. He emphasizes that one woman's euphemism may be another man's dysphemism — the substitution of a derogatory or unpleasant term for a pleasant or neutral one. As an "oldie", "wrinkly" or "senior citizen", I sense that there is currently more use of dysphemism than was common a decade or two ago: it is fashionable in some circles to be "in yer face". Also, modern political correctness (a euphemism?) has led to euphemistic behaviour that would have seemed unnecessary when I was young.

Some things don't change much, though. We still use euphemisms that reflect, as Holder puts it discreetly, "the 17th century antagonism between England and the Low Countries", and we still often describe illogical or defective behaviour by referring euphemistically to the Irish.

John Kirkman

The John Kirkman Communication Consultancy
PO Box 106, Marlborough,
Wiltshire, SN8 2RU, UK
Phone: +44 1672 520429; Fax: +44 1672 521008
e-mail: kirkman.ramsbury@btconnect.com
<http://home.btconnect.com/kirkman.ramsbury>

***Honest criticism is hard to take,
particularly from a relative,
a friend, an acquaintance,
or a stranger.***

Franklin P. Jones
businessman
(1887-1929)



The Lighter Side . . . Why the World Needs Medical Writers: Doctors' Patient Notes

Ever lie awake at night wondering about the meaning of your life and your place in the universal scheme of things? Well, if you think that because doctors are well educated that this means that they can all communicate and write well - think again. Behold a collection of actual doctor's notes found on patient charts, and never doubt the importance of medical writing ever again.

All the following quotes were taken from actual medical records dictated by physicians. They appeared in a column written by Richard Lederer, PhD, for the Journal of Court Reporting. You can read them and many more (accompanied by a rather odd electronic soundtrack at: www.vaxxine.com/steveb/docnotes.eht).

- Patient has chest pain if she lies on her left side for over a year
- On the 2nd day the knee was better and on the 3rd day it disappeared completely.
- She has had no rigors or shaking chills, but her husband states she was very hot in bed last night.
- The patient has been depressed ever since she began seeing me in 1993.
- Discharge status: Alive but without permission.
- Healthy appearing decrepit 69 year-old male, mentally alert but forgetful.
- The patient refused an autopsy.
- Patient has left his white blood cells at another hospital.
- Patient's past medical history has been remarkably insignificant with only a 40 pound weight gain in the past three days.
- Patient had waffles for breakfast and anorexia for lunch.
- Between you and me, we ought to be able to get this lady pregnant.
- Since she can't get pregnant with her husband, I thought you might like to work her up.
- She is numb from her toes down.
- While in the ER, she was examined, X-rated and sent home.

- The skin was moist and dry.
- Occasional, constant, infrequent headaches.
- Patient was alert and unresponsive.
- Rectal exam revealed a normal size thyroid.
- She stated that she had been constipated for most of her life, until she got a divorce.
- Both breasts are equal and reactive to light and accommodation.
- Exam of genitalia reveals that he is circus sized.
- The lab test indicated abnormal liver function.
- The patient was to have a bowel resection. However, he took a job as a lawyer instead.
- Skin: Somewhat pale but present.
- The pelvic examination will be done later on the floor.
- Large brown stool ambulating in the hall.
- Patient has two teenage children, but no other abnormalities.
- Testicles are missing on this woman

Successful Document Quality Control as a Medical Writer

**Announcement of a one day course to be held in the UK:
7 October 2004.**

Intended for medical writers working in the pharmaceutical, health-care, and biotech industries who need to deliver written documents to clients, regulatory authorities and other reviewers.

For full details of the course see www.aagmedicalwriting.co.uk

Dr Alison McIntosh
AAG Medical Writing
22 Spruce Avenue
Loughborough LE11 2QW
alison@aagmedicalwriting.co.uk



Vital Signs: Jabberwocky - Reloaded

Dear TWS,

That's all well and good about the Jabberwocky in the Vital Signs article (TWS 2003; 12 (1) 26-27), even if a bit long-winded for my tastes, but why don't you just simplify things and show that brilliant illustration from Sir John Tenniel? It's available on a Jabberwocky website (*The Ultimate Jabberwocky Page*, <http://waxdog.com/Jabberwocky>) along with all other things Jabberwocky, including all the various translations you referred to and a whole lot you didn't.

Well, all right, it is a pretty amazing illustration and justly famous. The story goes that the author, Charles Dodson (Lewis Carroll's real name), was so excited when he saw it that he wanted to put it on the cover of the book but the publisher thought it was too extreme for children. And people think that political correctness is a new phenomenon! Judge for yourself.



Dear TWS,

One article (TWS 2003; 12 (1): 12-14) immediately caught my attention and I completely agree with it (Business Strategies for Freelancers and Small Businesses, Adam Jacobs). I've been there too, made the same mistakes and then moved on to firstly becoming VAT registered and later a limited company - time will tell if this has been worthwhile in the longer term.

Alison McIntosh

Dear TWS,

I want to let you know that I particularly liked the *Getting Started* issue (TWS 2003; 12 (2)). Apart from the (expected) increase in quantity, as a result of less frequent publication, I also noticed a substantial improvement in quality. There was a good mix of articles, all of which were well written. Overall the issue was content-heavy but not turgid. I wonder if this was due to a stricter editorial process or hectic commissioning, or both of these. In any case, well done all round and I hope it continues.

Andreas Theodorou

Paris, France

While everyone likes to hear compliments, hearing about "a substantial improvement" is always a bit disconcerting. It is like being told that one "looks much better today", implying that one looks pretty awful most of the time. At any rate, glad to hear that some people are happy with the expanded format and that we have avoided the dreaded turgidity! To answer your question, we actually do try for high quality in every issue. However, with a bit more space we could afford to have longer articles and that might have made them more substantive. It may also have been that like for any periodical, this issue had articles that were of particular interest to you while other issues perhaps not so much. We do aim for something for everyone, so it is natural that people will feel that some issues are better than others. Finally, although we try to do as much "commissioning" as possible (people avoid me in the bar at EMWA meetings now because they are afraid that I will try to get them to write for TWS), we are dependent on what we get from you, the EMWA members. So if you think you have something interesting to share - let us know.

Thank you very much for the feedback, we really appreciate hearing from our readers, no matter what they say, because it shows that people are reading TWS. There is nothing worse for an editor than to think that no one is reading the output.

EMWA Executive Committee

President:

Isabelle Thirolle
GlaxoSmithKline Biologicals
Rue de L'Institut 89, 1330 Rixensart, Belgium
Tel: (+32) 2 656 9808
Fax: (+32) 2 656 8133
isabelle.thirolle@gskbio.com

Vice-President & Programme Manager:

Adam Jacobs
Dianthus Medical Ltd
Lombard Business Park
8 Lombard Road
London, SW19 3TZ, UK
Tel: (+44) 20 8543 9229
Fax: (+44) 20 8543 9885
ajacobs@dianthus.co.uk

Immediate Past President & Secretary:

Julia Cooper
Parexel International Ltd
River Court, 50 Oxford Road
Denham, Uxbridge, UB9 4DN, UK
Tel: (+44) 1895 614 403
Fax: (+44) 1895 614 323
julia.cooper@parexel.com

Treasurer:

Barbara Grossman
Covance
7 Roxborough Way
Maidenhead
Berks, SL6 3UD, UK
Tel: (+44) 1628 548 182
Fax: (+44) 1628 547 333
barbara.grossman@covance.com

University Liaison Officer:

John Carpenter
John Carpenter Medical Comm.
18 Nightingale Shott
Egham, Surrey, TW20 9SX, UK
Tel: (+44) 1784 470 203
Mobile: (+44) 7764 183 314
johncarpenter21@aol.com

Membership Officer:

Judi Proctor
Freelance Medical Writer
144 Sheldon Rd, Chippenham
Wiltshire, SN14 0BZ, UK
Tel/Fax: (+44) 1249 461174
Mobile: (+44) 7890 350908
judi@jinx66.fsnet.co.uk

Public Relations Officer:

Michelle Derbyshire
Safety and Quality of Food Unit
Institute for Reference Materials
and Measurements
Joint Research Centre, European
Commission
Retieseweg, 2440 Geel, Belgium
Tel: (+32) 14 571827
Fax: (+32) 14 571343
michelle.derbyshire@cec.eu.int

Website Manager:

Marian Hodges
Nat. Institute for Clinical Excellence
Address for correspondence:
6 Highfields, Ashtead
Surrey, KT21 2NL, UK
Tel: (+44) 1372 279036
Fax: (+44) 1372 275272
marian@medwrite.co.uk

Education Officer:

Wendy Kingdom
1 Red House Road
East Brent, Highbridge
Somerset, TA9 4RX, UK
Tel: (+44) 1278 769 214
Fax: (+44) 1278 769 214
info@wendykingdom.com

Journal Editor:

Barry Drees
Trilogy Writing GmbH
Gartenstrasse 54
68723 Oftersheim, Germany
Tel: (+49) 6202 5749872
Fax: (+49) 6202-592483
barry@trilogywritting.com

EMWA Head Office

Baarerstrasse 110C, 7th Floor, P.O. Box 2246, 6302 Zug Switzerland
Tel: (+41) 41 766 05 81 Fax: (+41) 41 766 05 86
info@emwa.org

EMWA website: www.emwa.org