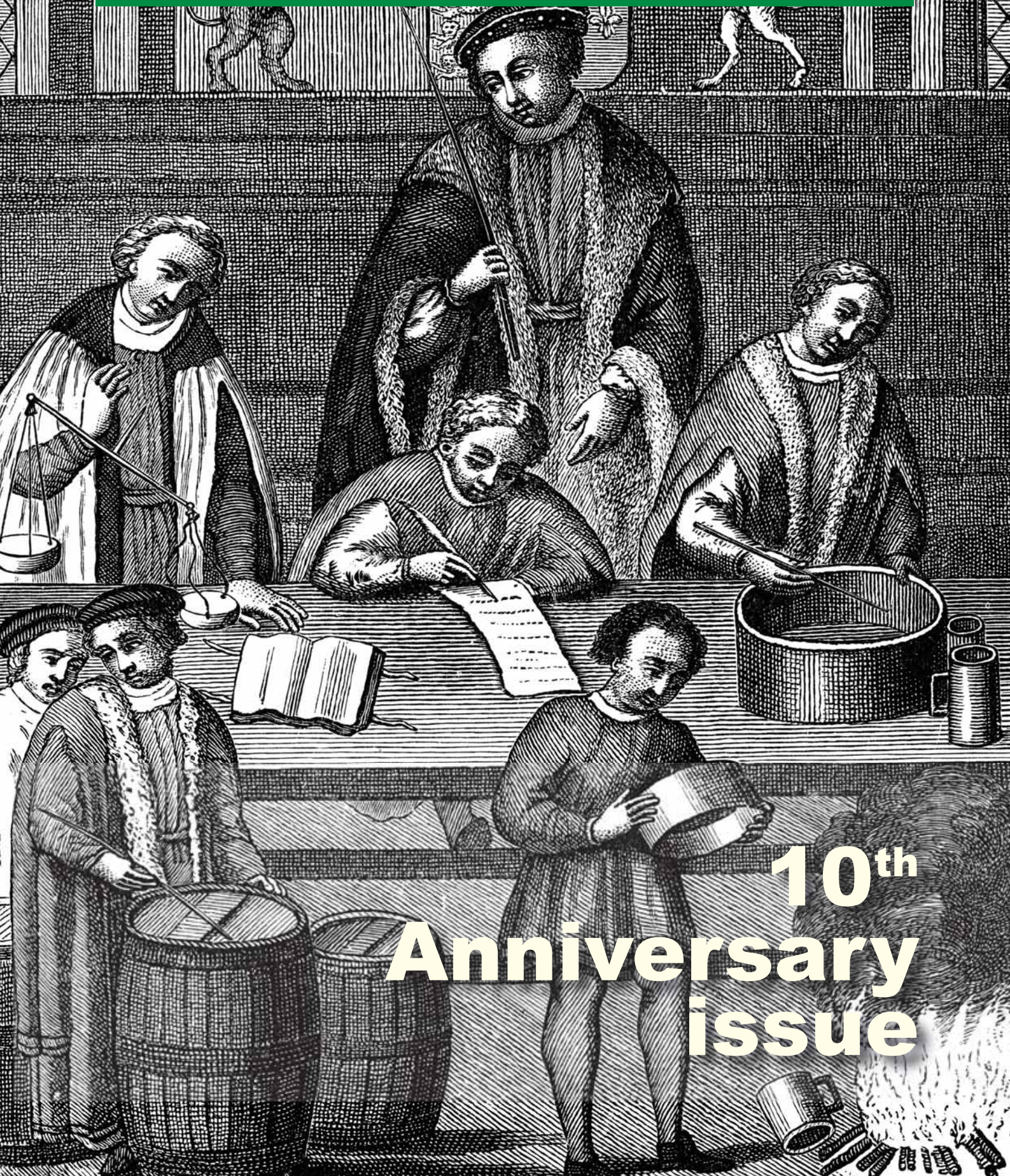


# The Write Stuff

The Journal for European Medical Writers

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10<sup>th</sup>  
Anniversary  
issue



## EMWA Executive Committee

*President:*

**Julia Forjanic Klapproth**  
Trilogy Writing & Consulting GmbH  
Falkensteiner Strasse 77  
60322 Frankfurt am Main, Germany  
Tel.: (+49) 69 255 39511, Fax.: (+49) 69 255 39499  
president@emwa.org

*Vice President:*

**Helen Baldwin**  
SciNopsis  
16 rue Candolle,  
83600 Fréjus, France  
Tel: (+33) 494 83 90 20, Mobile: (+33) 662 37 91 36  
vicepresident@emwa.org

*Treasurer:*

**Wendy Kingdom**  
1 Red House Road  
East Brent, Highbridge  
Somerset, TA9 4RX, UK  
Tel: (+44) 1278 769 214, Fax: (+44) 1278 769 214  
treasurer@emwa.org

*Secretary:*

**Julia Cooper**  
PAREXEL International Ltd.  
101-105 Oxford Road  
Uxbridge, Middlesex, UB8 1LZ, UK  
Tel: (+44) 1895 614 403, Fax: (+44) 1895 614 323  
secretary@emwa.org

*Public Relations Officer:*

**Kari Skinningsrud**  
Limwric as  
Leiv Eirikssons gate 8  
NO-2004 Lillestrøm, Norway  
Tel: (+47) 63800448, Mobile: (+47) 41338765  
pr@emwa.org

*Website Manager:*

**Shanida Nataraja**  
Discovery London, Pembroke Building  
Kensington Village  
Avonmore Road  
London W14 8DG, UK  
Tel.: (+44) 207 173 4121, Fax.: (+44) 207 173 4001  
webeditor@emwa.org

*Education Officer:*

**Stephen de Looze**  
Accovion GmbH  
Helfmann-Park 10,  
D-65760 Eschborn (Frankfurt), Germany  
Phone: (+49) 6196 7709 312, Fax.: (+49) 6196 7709 114  
education@emwa.org

*Journal Editor*

**Elise Langdon-Neuner**  
Baxter BioScience  
Wagramer Strasse 17-19  
A-1220 Vienna, Austria  
Tel.: (+43) 1 20100 2067  
Fax.: (+43) 1 20100 525  
editor@emwa.org

## EMWA Head Office

Industriestrasse 31, CH-6300 Zug, Switzerland  
Tel: (+41) 41 720 3306, Fax: (+41) 41 720 3308  
info@emwa.org  
EMWA website: www.emwa.org

## Journal insights

The **Write Stuff** is the official publication of the European Medical Writers Association. It is issued 4 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, but opinions expressed in individual articles are those of the authors and are not necessarily those held by EMWA as an association. Articles or ideas should be submitted to the Editor-in-Chief (see below) or another member of the Editorial Board.

## Subscriptions

Subscriptions are included in EMWA membership fees. By writing to info@emwa.org 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 800–2800 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 by email as an MS Word file using Times New Roman (or equivalent), 10 point size, and single spacing.
- Published articles generally include a recent photograph of the author (portrait picture, CV or passport style, min. 360 x 510 pixels).

## Timelines

| Month distributed | Deadline for receipt of articles | Deadline for receipt of adverts |
|-------------------|----------------------------------|---------------------------------|
| March             | 1 <sup>st</sup> January          | 15 <sup>th</sup> February       |
| June              | 1 <sup>st</sup> April            | 15 <sup>th</sup> May            |
| September         | 1 <sup>st</sup> July             | 15 <sup>th</sup> August         |
| December          | 1 <sup>st</sup> October          | 15 <sup>th</sup> November       |

## Advertising rates (in euros, €)

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

## Behind the press

| The Editorial Board |  |
|---------------------|--|
| Assistant Editor    | <b>Barry Drees</b>   |
| Copy editing        | <b>Judi Proctor</b><br><b>Chris Priestley</b><br><b>Richard Clark</b><br><b>Rosalie Rose</b><br><b>Ursula Schoenberg</b>   |
| Columnists          | <b>Alistair Reeves</b><br><b>Karen Shashok</b><br><b>Alison McIntosh</b><br><b>Diana Epstein</b><br><b>Susanna Dodgson</b><br><b>Joeyn Flauaus</b><br><b>Dianthus team</b> |

## Cover picture

Testing weights and measures during the reign of Henry VII, England.



## EMWA Annual Spring Conference 2008 plus a Focus on Translation Barcelona, Tuesday 29 April to Saturday 3 May 2007

The Executive Committee invites you to attend  
EMWA's 26<sup>th</sup> Conference, which will be held in Barcelona, Spain.  
The venue of the conference is the Hotel Rey Juan Carlos 1.

There will be 48 different workshops offered from the **Professional Development Programme**, the largest offering ever of EPDP workshops, covering:

- Foundation and advanced training in all aspects of medical writing
- Workshops covering regulatory topics and fundamental medical writing skills

In addition the theme of the conference will be translation. There will be a diverse and multifaceted programme of seminars and discussion panel sessions covering topics dear to the translator's heart including:

- Management of translation projects (by Laurence Auffret)
- Cultural differences in medical documentation (by Alistair Reeves and Susanne Geercken)
- Translation revision and the new EN-15038 standard (led by Juan José Arevalillo, head of the Spanish committee on EN-15038)
- The do's and don'ts of outsourcing translations (by Gabriele Berghammer)
- Linguistic validation of the translation of Patient Reported Outcomes (by Paz Gómez Polledo followed by a discussion panel)
- Evolution of the translator in the pharmaceutical environment (by Catherine Bougette)

The Hot Topic seminar will be on the EU Risk Management Plan (with Patrick Salmon from the Irish Medicines Board), and there will be seminars on ethics and medical communication.

For more details of the conference check [www.emwa.org](http://www.emwa.org)

More details of the venue can be found at <http://www.hrjuancarlos.com/en/index.html>

**See you in Barcelona 2008!**

**Julia Forjanic Klapproth**  
EMWA President





From the guest editor's desk:

## 10<sup>th</sup> Anniversary issue: Remembrance of things past

by Barry Drees

I think that it is somehow fitting that Elise should reach back into the dim and distant past, and ask an aged EMWA dinosaur like me (editor of *TWS* from 1998 - 2004) to be guest editor of an issue dedicated to the history of EMWA, even if it does make me feel a bit like Donovan being asked to host a television special on 1960's pop music! Nevertheless, I was honored to be asked, and excited to be able to bring together two of my passions in life, EMWA and history.

Of course, history of any kind poses definite problems. First of all, as Geoff Hall notes in his article on the history of the association, does anyone even care? I certainly do and have always firmly believed that we cannot understand the present or even hope to be able to reduce trouble in the future if we are ignorant of our own history. Most of you will have heard the famous quote by George Santayana (Spanish Philosopher), "Those who cannot learn from history are doomed to repeat it", but I also like David McCulloch's view (US 'celebrity' historian), "History is a guide to navigation in perilous times. History is who we are and why we are the way we are". I truly believe that knowing more about EMWA's history can help illuminate useful strategies in dealing with some of the challenges facing EMWA today.

Perhaps more of a problem is the question, "what is history?" There are few scholarly subjects as subjective as history, for history must be remembered by the participants, and memory is far from a faithful record and is different for each person. This point was brought home to me when after years of thinking that I understood what happened at the Battle of Waterloo (having read several accounts, but all in English and based on British recollections), I read an account in French (translated, admittedly) based on their view. It was hard to believe that they were talking about the same event. I believe that therein lies the answer to this question—the best history contains as many different views as possible. A history teacher complained to me about the Internet and how lazy students can just find any view and think that it is history. I believe, however, that he is missing an opportunity. He should be teaching that real historical insight only comes from reading many different views, and perhaps have his students examine a number of websites with different views and then discuss the differences.

Thus, I have gotten several other 'battle-scarred' veterans from EMWA's past who played key roles in the development of EMWA to join me in sharing our 'remembrances

of things past', each presenting the specific aspect we know best. I give my views on the *EMWA Newsletter* and how it became *TWS*, Stephen deLooze tells us of the creation, of EMWA's reason for being, the Educational Programme, and Geoff Hall regales us with tales from the mythical and murky origins of the organization itself. Therefore, this is by no means 'The Definitive History', but rather a spectrum of views, which, taken together, hopefully can enlighten us about "who we are and why we are the way we are". After all, as David Ben Gurion (first president of Israel) said, "Anyone who believes you can't change history has never tried to write his memoirs".

**Barry Drees**

Guest editor

[barry@trilogywriting.com](mailto:barry@trilogywriting.com)

### EMWA conference renumbering

| Venue       | Year | Old number and name                | New number and name              |
|-------------|------|------------------------------------|----------------------------------|
| Brussels    | 1992 | 1 <sup>st</sup> Spring Conference  | 1 <sup>st</sup> EMWA Conference  |
| Eindhoven   | 1993 | 2 <sup>nd</sup> Spring Conference  | 2 <sup>nd</sup> EMWA Conference  |
| Basle       | 1994 | 3 <sup>rd</sup> Spring Conference  | 3 <sup>rd</sup> EMWA Conference  |
| Bruges      | 1995 | 4 <sup>th</sup> Spring Conference  | 4 <sup>th</sup> EMWA Conference  |
| Berlin      | 1996 | 5 <sup>th</sup> Spring Conference  | 5 <sup>th</sup> EMWA Conference  |
| Edinburgh   | 1997 | 6 <sup>th</sup> Spring Conference  | 6 <sup>th</sup> EMWA Conference  |
| Madrid      | 1998 | 7 <sup>th</sup> Spring Conference  | 7 <sup>th</sup> EMWA Conference  |
| Copenhagen  | 1999 | 8 <sup>th</sup> Spring Conference  | 8 <sup>th</sup> EMWA Conference  |
| Henley      | 1999 | 1 <sup>st</sup> Autumn Meeting     | 9 <sup>th</sup> EMWA Conference  |
| Dublin      | 2000 | 9 <sup>th</sup> Spring Conference  | 10 <sup>th</sup> EMWA Conference |
| Lille       | 2000 | 2 <sup>nd</sup> Autumn Meeting     | 11 <sup>th</sup> EMWA Conference |
| Montpellier | 2001 | 10 <sup>th</sup> Spring Conference | 12 <sup>th</sup> EMWA Conference |
| Brighton    | 2001 | 3 <sup>rd</sup> Autumn Meeting     | 13 <sup>th</sup> EMWA Conference |
| Prague      | 2002 | 11 <sup>th</sup> Spring Conference | 14 <sup>th</sup> EMWA Conference |
| Amsterdam   | 2002 | 4 <sup>th</sup> Autumn Meeting     | 15 <sup>th</sup> EMWA Conference |
| Lisbon      | 2003 | 12 <sup>th</sup> Spring Conference | 16 <sup>th</sup> EMWA Conference |
| London      | 2003 | 5 <sup>th</sup> Autumn Meeting     | 17 <sup>th</sup> EMWA Conference |
| Budapest    | 2004 | 13 <sup>th</sup> Spring Conference | 18 <sup>th</sup> EMWA Conference |
| Munich      | 2004 | 6 <sup>th</sup> Autumn Meeting     | 19 <sup>th</sup> EMWA Conference |
| Malta       | 2005 | 14 <sup>th</sup> Spring Conference | 20 <sup>th</sup> EMWA Conference |
| Manchester  | 2005 | 7 <sup>th</sup> Autumn Meeting     | 21 <sup>st</sup> EMWA Conference |
| Lyon        | 2006 | 15 <sup>th</sup> Spring Conference | 22 <sup>nd</sup> EMWA Conference |
| Brussels    | 2006 | 8 <sup>th</sup> Autumn Meeting     | 23 <sup>rd</sup> EMWA Conference |
| Vienna      | 2007 | 16 <sup>th</sup> Spring Conference | 24 <sup>th</sup> EMWA Conference |
| Basle       | 2007 | 9 <sup>th</sup> Autumn Meeting     | 25 <sup>th</sup> EMWA Conference |
| Barcelona   | 2008 | 17 <sup>th</sup> Spring Conference | 26 <sup>th</sup> EMWA Conference |





## Message from the President

by Julia Forjanic Klapproth

Rome wasn't built in a day. And as I've discovered, neither was a website. I hope, as you read this, that by now our new website has gone live and you have not encountered too many problems in using the new functionalities. In my last message I indicated our plan to get the first phase of the website established in December and to get the rest of the website up in January. Unfortunately, reality had different plans. There were a few glitches in the system... Suffice it to say that after several delays, we have finally got our website up and running in time for the Barcelona conference, if a little late off the mark. And I hope that you will find the new website easy to navigate and a tool that simplifies your interactions with EMWA, whether it be for registering for a conference, updating your personal membership details, or finding information.

That the launch of our new website coincides with this issue of *The Write Stuff*, focusing on the history of EMWA, is a rather opportune twist of fate. For as EMWA moves forward into the modern age of technical administration, we are pausing to consider the legacy that made EMWA into what it is. And as you will see by the articles in this issue, EMWA has come a long way. What started out as the brain storm of a handful of writers has blossomed into a full fledged, professional organisation that is slowly but surely becoming a central point of reference for things to do with medical writing in Europe. Journal editors and regulatory authorities alike recognise EMWA as an authoritative body. This is the product of many years of hard work by EMWA members who have worked together to pool their knowledge and experience to share this with others in a professional way.

The upcoming conference in Barcelona will be the 26th conference ever held by EMWA since it began (see Box on page 3). Initially there was 1 conference per year in the spring. As the demand for training grew, a second conference was held in the autumn in 1999. Because the spring conference was longer and larger, it was considered as the main annual conference. However, in the meantime, the autumn conference has grown so large that although it is only 1.5 days, we had more participants in Basel than we had at the first spring conference I organised in Montpellier! As the distinction between the spring and autumn conferences has begun to wane, we felt it was time to instate a numbering system that applies to both conferences and simply number all sequentially. Thus, what is our 17th annual spring conference is also our 26th conference since EMWA began and we will move forward with a sequential numbering for all future conferences.

EMWA continues to strive to build on the knowledge base of its members. This year we are tapping into those mem-

bers in the field of pharmaceutical and medical translation and expanding our repertoire in this area. In addition, the conference in Barcelona marks a milestone in what has long been a personal goal, namely establishing closer ties with neighbouring organisations who share common interests. In planning this conference I contacted the Mediterranean Editors and Translators (MET) organisation and the Spanish Medical Writers Association (AeRTeM, Asociación Española de Redactores de Textos Médicos) with the aim of bringing our organisations closer together. As a result, several members of both these organisations will be involved in the programme and I hope that this will be the start of a productive collaboration between our organisations. EMWA was founded on the concept of pooling knowledge and I think that we can all gain by sharing opportunities that cover common grounds.

Another topic that needs preparation is one that is close to my heart. A mentoring system for new members was implemented by Kelly Goodwin for the first time in Vienna. The coordination of that was a little bumpy, and I would like to smooth the process to make it a more effective experience for all involved. To get it started we need volunteers to be mentors for the new members who request one. By now you will have received an email that outlines what the criteria are to be a mentor (they are quite simple). Take a look at that mail, and if you have the inclination to get involved as a mentor, please let me know. The more the merrier and it makes a big difference for those new members who don't know anyone yet.

Now that most of my work is done in organising this conference, I am setting my sights on the next conferences. In particular, I am beginning to plan the theme of the next spring conference, which will be held in Ljubljana, Slovenia from 26-30 May 2009. Having had a conference on medical communications, and a conference on translating, the theme of the upcoming conference will focus on the regulatory domain of medical writing. The concept for this theme has not yet solidified, and I would like to ask for your input. I am looking for 5-6 members who would be willing to join a team to help me develop this concept further, including coming up with ideas for seminars, speakers, and discussion forum topics. If you would be interested in getting involved and have some ideas for this area, please let me know. All ideas are welcome!

**Julia Forjanic Klapproth**  
*Trilogy Writing & Consulting*  
Frankfurt am main, Germany  
[Julia@trilogywritting.com](mailto:Julia@trilogywritting.com)

# The history of *The Write Stuff*: 10 years of bringing European medical writers together

by Barry Drees

Actually, this story starts even before there was a real EMWA, back in 1993. Think of it, where were you in 1993? I had only been a medical writer for 4 years and was working at the German chemical company of Hoechst AG. Bill Clinton had just been inaugurated as president of the USA, the film Jurassic Park (the first one) was setting records in theatres, Benazir Bhutto was elected Prime Minister and became the first woman leader of an Islamic nation, and the fledgling European chapter of the American Medical Writers Association (AMWA) put out the first issue of what was known at the time as '*The AMWA Journal Europe*'. It would not even become associated with the name EMWA until 2 years later when its name changed to the rather mundane '*EMWA Newsletter*'. Finally, in 1998, it became '*The Write Stuff—The Journal of the European Medical Writers Association*'. Not exactly a very auspicious beginning for what you now have in your hands.

## The EMWA journal: Milestones

### Spring 1993 - The AMWA Journal Europe:

first publication ever from the association which would eventually become EMWA (twice yearly)

### Summer 1995 - EMWA Newsletter:

first publication containing the concept EMWA (twice yearly)

### Summer 1996 - EMWA Newsletter:

the infamous 'pink' issue

### Summer 1998 - The Write Stuff: the Journal of the European Medical Writers Association:

post-conference Issue: first issue of TWS—it was the first EMWA publication on other than office paper and of more than 8 pages (26 pages!). It was produced 4 times yearly.

### Spring 2000 - The Write Stuff: Education Issue:

first use of a graphic on the cover.

### Summer 2004 - The Write Stuff: Enrichment through Cultural Exchange:

first issue of new Editor-in-Chief, Elise Langdon-Neuner.

### Spring 2006 - The Write Stuff: Clinical Trials:

first issue in the new format featuring full colour throughout.

I, of course, was the guilty party responsible for the change from what was little more than an office newsletter to something more resembling what we wanted it to be, a journal for the medical writers of Europe. Had I any idea of what it would involve I would never have gone anywhere near the thing (but then isn't that true for just about everything in EMWA?). Like most members, I had never really given our newsletter much thought until Keith Vietch stood up at the AGM in Berlin in May 1996 and told us that he had just accepted "the easiest job in the world", that of being an editor of a newsletter for an association of writers, who presumably would enjoy writing and submitting material. In the first issue he wrote, "... this should be an easy job because all those professional writers out there will be able to provide tons of well-written, easily edited material for inclusion. Go ahead prove me right!". Little did he know. Nevertheless, his first issue started quite ambitiously with a contest to re-name the rather humdrum title, '*EMWA Newsletter*'. A number of entries were considered (WordlyWise, First Draft, The Dossier, The Boiler Plate, Deadlines, Canary Dwarf(?), Missing Link, The Writer's Block, Inkspot, Doublespeak), but perhaps thankfully, none was chosen and '*EMWA Newsletter*' it would remain. The other thing about the early days of the newsletter was that the budget for producing it wasn't 'close to zero' or 'almost zero', it was in fact zero. So the early editors not only had to collect material to fill it, they had to put it all together, print it and mail it (which explains why it looked like it was run off of an office printer—it was). The support of a number of European pharmaceutical companies (knowingly or not!) in donating the employee time, printing and mailing costs were crucial to having any kind of newsletter at all, but clearly were not sustainable as EMWA got larger and more professional. Keith, you and the other early editors (Liz Healing 1993 - 1994; Janice Beck, 1994 - 1995; Keith Vietch, 1995 - 1998) carried the newsletter through the forlorn early days, and I would like to salute your dedication and enthusiasm for what surely was a very difficult and thankless job.

Keith would eventually write in his final issue as editor, "A recurring theme of my scribbles over the past 2 years has been an ardent appeal for more material from the membership. It has always amazed me that an organization composed of people who make their living from writing, often unacknowledged, are not eager to apply their skills to contribute to their own newsletter, and even be openly seen as the author. Perhaps that is where the problem lies, in that we have become so used to being in the background that we do not want to expose ourselves in the public arena."

> > >





## &gt;&gt;&gt; 10 years of bringing European medical writers together

When I spoke to him about the newsletter over the next few conferences he repeated the problem with getting people to contribute material. I responded that what we needed was a new look; no one wants to invest time to write for something that looks like you just ran it off of your office printer. I suggested that we needed something glossy, with photos and a proper name. He pointed out that we could hardly put together something like a proper journal when there was nothing to put in it. Glossy paper and photos are all well and good but not if it is empty. He definitely had a point, but this was a vicious circle—it looked shabby because there was nothing to put in it and there was nothing to put in it because it looked shabby.

The next year I was helping the Executive Committee search for a new candidate for Vice-president (in those days always our most difficult task) and I was thinking that Keith would be great (lots of experience and an obvious passion for EMWA), but that we would then need to find a new editor for the newsletter. It occurred to me that if I took over as editor, it would free Keith up for the vice presidency and I could try my hand at getting people to write for the newsletter. Somehow I thought that this would merely involve coming up with cool design ideas and chatting up a few people at the conferences for articles. I couldn't have been more wrong. Nevertheless, I approached the Executive Committee and made them an offer that I would take over the position as editor (referred to by Keith as the 'poisoned cup'), but that they would have to approve some money from the budget for printing and distribution. There was some resistance since this was only EMWA's second expenditure outside of the conferences (Head Office was the first), but with Keith needed as Vice President what could they say?

It was clear that we needed a better looking product. The AMWA journal, for example, was a glossy magazine with photographs. Also, as Keith had realized, we needed a new name. In addition, I wanted to increase the frequency of the Newsletter, twice yearly was simply too infrequent for it to make any kind of impact. I thought that 4 times a year (every 3 months) would keep EMWA in people's minds and that we should expand from 8 pages to about 30. All of this meant, however, that we were going to have to vastly increase the amount of publishable material we were receiving. The question, of course, was how? The changes in format, assuming that the final product was professional, would encourage more people to contribute. I also was fairly sure that if I put some effort into it I could talk more people into writing articles, Lord knows I had had plenty of practice at this being on the EMWA Executive Committee and cajoling people into volunteering their time and talents for the conferences. But 120 pages a year?

The first thing we would have to change would be the scope of what we published. Up until then, the EMWA Newsletter had mainly been involved in reporting EMWA news. While I certainly wanted to continue doing this, it was hardly enough to fill 16 pages a year, let alone 120. So I wanted to expand the scope to include anything of possible interest to medical writers, such as regulatory news, changes in medical practice, and book and website reviews. The second major innovation was to spread the work around a bit. In my experience, you only get things done by making people personally responsible, so I thought that if we created an editorial board, it would get more people involved in all aspects of the journal—in particular, writing and commissioning articles. I wanted a stable of columnists (each had to promise to deliver at least 2 articles a year, either self-



*"Thank goodness you're here—I can't accomplish anything unless I have a deadline."*



## 10 years of bringing European medical writers together

written or commissioned), which would dramatically reduce the amount of new material I needed to come up with for each issue. Thus was born the very first EMWA journal editorial board (Editor-in-Chief, Barry Drees; Artistic Director, Julia Frojanic Klapproth; Copy Editor, Chris Priestley; 'Meetings of Interest', Sarah Heritage; and 'From the Literature', Liz Wager). Many others came and went over the years, but particularly notable contributors included Adam Jacobs, Judi Proctor, Karen Shashok, Beccy Seward, Susan Quinn, Amanda Bennett, Varsha Imber, Diane Epstein, Patricia Bunz, and Alison McIntosh. Thank you all, you not only made it possible, but it always was a great pleasure working with you.

As for the name, I briefly considered bringing out the new format and then holding a new name competition, but everyone I consulted said that for the biggest 'BANG', I should do everything at once. So I asked people for ideas: colleagues, friends, random people on the street, but nothing really seemed to click. Then I happened across an editorial in *The Lancet* entitled, 'The Write Stuff' (TWS) (a pun on the expression used in the US space programme for astronaut candidates who survived the training, i.e., they had the 'right stuff') and everyone I spoke with in EMWA agreed that this was a winner. An internet search at the time revealed nothing, unlike the 14 million hits now.

I was hoping that our new Head Office would help me with printing, but after suggesting a printer, they left me alone. I was soon to get a lightning education in papers, ink colours, print definition, and other publishing minutiae about which I was woefully ignorant. I shall never forget when I told them that I wanted our only colour (due to the limited budget) to be green, they asked which one, and I said, "Oh sort of middle to dark green". Of course, they needed to know exactly which one (there are hundreds) and more specifically, what number (I cannot recall precisely, but I believe it was GREEN 238, or something like that). Then it all had to be tried on the various papers we were considering, and so on and on and on.

All this time I was also getting people to write articles, using on all of my contacts at EMWA and calling in every favour I had done anyone over the last 5 years. Finally, at long last, everything went off to the printer and I waited for it to actually arrive on everyone's desk. One can probably imagine the fear and trembling with which I awaited the verdict of the members: writers, editors, and detail freaks. Would people like it? Would people think it was worth the money? Would they ban me forever from the association for producing such a shoddy journal? So I was quite surprised and immensely satisfied (and relieved) when on the day of delivery, the phone calls and emails started pouring in from enthusiastic members telling me how much they liked it (of course, true to hallowed EMWA tradition, there were a few grouches with complaints). I could sit back and bask in good feeling for an afternoon, but the next morning the realization hit me that we needed another issue in 3 months!

Well, there were many triumphs and tragedies over the next 6 years and 20 issues we put out. There was the infamous blank page (but at least we did not put in the middle 'This page intentionally left blank', which would, as *New Scientist* delights in pointing out, have negated itself). We had an international issue where the AMWA Journal, Australian MWA Journal, and *TWS* all simultaneously published articles by the 3 editors on medical writing in their respective regions. I was surprised the first time that articles from *TWS* actually were cited by another journal (*The Journal of the European Society for Regulatory Affairs*; July/August 2000) and even more surprised to receive a phone call from a bookstore in Leipzig, Germany saying that one of their customers had asked them for *TWS* and how could they obtain some for sale? Perhaps most memorable, though, was when several first-published contributors asked for additional copies so that they could give them to their mothers. Interestingly, Keith was to play another important role 2 years later when he suggested over a few beers that we use photos on the cover instead of just the list of articles as we were doing (he said it would be easier to tell one issue from another).

Even from the start, however, I knew that perhaps the truest measure of my achievement in being editor would be how well I could pass the job on to someone else. Many organizations have journals that are edited by one dedicated individual for ages and ages, but which suffer (sometimes terminally) when that person finally moves on (the AMWA journal ceased to exist for one year when the editor suddenly changed jobs and stopped working on it). From the start, I was interested in finding someone to replace me, as I am also a very firm believer in change being a positive force in an organization. Towards that end, I added the position of Deputy Editor to the editorial board in the hope that it would generate people with experience in putting out the newsletter while allowing me to see whether they could handle it. So it was with immense satisfaction that I was able to pass the position on to Elise Langdon-Neuner in 2004 and to watch the incredible job she has done continuing to develop and expand *TWS* and made it her own. She has taken *TWS* to new heights of professionalism and interest of which I hadn't even dreamed.

As Keith noted back in 1996, an association of writers really should be capable of producing a world-class journal, since it represents what we do for a living. EMWA needs a journal of which it can be proud, and I was thrilled to have been able to be part of it. Even more importantly, though, and this has always been an essential part of the EMWA experience for me, is that through all the hard work and problems, we always had a lot of fun doing it, for what is life for if not for that?

### Barry Drees

Editor-in-Chief, *The Write Stuff*, 1998 - 2004  
barry@trilogywriting.com



## The history of EMWA: Personal (and possibly unreliable) recollections

by Geoff Hall

Sitting down to write the history of EMWA reminds me of Tolstoy's comment on historians that they are like deaf people who go on answering questions that no-one has asked. My feeling is that EMWA's members are likely to be more concerned with the future of the association than its past. Nevertheless, in case there are a few people who are inwardly curious about the how, why, and in particular the when of EMWA, here goes. I tell a tale of flirtation, marriage, divorce, remarriage, betrayal and separation—and that's just the relationship between EMWA and its American cousin, the American Medical Writers Association (AMWA).

But let's start at the beginning, or before the beginning. My researches uncover a succession of meetings that took place before the generally recognised first meeting of EMWA in Brussels in February 1992. The initial idea grew out of an informal lunch enjoyed by Mike Matthews and Stephen de Looze in London after they had bumped into each other at the San Francisco AMWA meeting in 1986. There followed a meeting at the Alderley Park HQ of Zeneca between Stephen, Mike, Brenda Moore and others on 11 October 1990. Next, 14 individuals from 9 European-based pharma companies met at the Quorn Grange Hotel in Loughborough in the English East Midlands. Mike Matthews recalls, "There was a subsequent 'pre-Brussels' informal meeting somewhere in Belgium (Rixensart?) with the SmithKline vaccines crew, who were then key in carrying the whole thing forward."

Two individuals at SK Biologicals deserve the credit for taking the whole thing forward: Jane Wynen—like so many important characters in the history of EMWA, an American based in Europe—and Ceara Roche. Ceara's daughter Moya was born in April 1993 and she returned to her native Ireland. When EMWA came to Dublin in 2000 we were delighted to honour Ceara's contribution.

The SK Biologicals connection is how I came to be involved. The advertising/PR group that I worked for was involved in the pre-launch creative stuff for the world's first hepatitis A vaccine. In addition to the marketing peo-

ple, I met and worked with SK Biologicals' remarkable medical director Francis André and his team.

A key member of this group, whom I had met at various meetings, Anne Hepburn, phoned from Rixensart to tell me about a meeting in Brussels for medical writers. Do you know, I don't think I had ever previously heard the term medical writer? I was a writer who wrote about medicine—as well as other technical and non-technical topics. Still, I was intrigued by the idea of meeting people whose daily life posed many of the same problems that faced me. Writing is the most solitary of professions. Anne had said she wanted me to attend because I was a writer first and a scientist second (or even third) and so would offer a different perspective from most of the others attending.



Aaron Bernstein, EMWA's second president is now based back in the US. He is a frequent visitor to EMWA meetings and a workshop leader.

Aaron Bernstein, the second EMWA president (1993) reported in *AMWA Journal Europe* (subtitled *The Newsletter from the European Medical Writers Association Chapter of the American Medical Writers Association*), "The European Medical Writers Association met formally for the first time in Brussels, Belgium, on 21 February 1992. A total of 32 persons from seven countries attended this meeting with a view to form a permanent writers' group in Europe."

There were no workshops—you could have squeezed the whole lot of us into one—but, although the main point of the meeting was planning for the future, there was a programme that included a presentation from Helen Frampton on the role of a medical writer in Hoechst and Art Gertel (whatever became of him?) who described keys to improved reviewability of regulatory documents.

The rest of the day was given over to discussing the creation and structure of EMWA. Should we be affiliated with AMWA? Should we model our meetings and constitution on AMWA? We resolved that we would be a chapter of AMWA, the idea being that we could make use of AMWA's established structure and administration to help



Ceara Roche, an honoured visitor to the 2000 conference in Dublin is presented with a token of EMWA's appreciation by another of the key figures in EMWA's history, Mike Matthews.



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us get established. The vote was 24 to 5. The AMWA Board of Directors approved the formation of the chapter in March 1993.

Eindhoven in the Netherlands hosted the second meeting. The single day was filled with 3 one-and-a-half hour seminars and EMWA's first 3-hour workshop, entitled 'Writing Abstracts' and delivered by an AMWA past-president Howard Smith. The seminars were 'Globalizing Clinical Research Reports' (Chris Preston, Hoffmann-La Roche, Basel), 'Illustrations for Scientific Publications' (Anthony Bowley ABCommunications, Switzerland—a helpful guide to the perennial poser of when to use graph, table or text) and 'An Overview of Statistical Errors in the Medical Literature' (James DeMuth, University of Wisconsin, Madison). This last remains one of the best talks on statistics I have ever heard.

The Bruges conference in March 1995 was an important milestone. It was the first conference with a programme of workshops—OK so there were only 4, but it was a start—and it was the scene of one of EMWA's few rows (over our relationship with AMWA, of course).

The EC presented the agenda for the business meeting in a bulky folder. First up was an overview of membership and finances by Philip Cooper. (No longer involved in EMWA, Philip played a vital role in EMWA's early years as our long-serving and long-suffering treasurer. A genuine unsung EMWA hero.) Philip reported that we had 149 members, 51 more than the previous year, and SFr 18,000 in the bank—about USD 8,600/GBP 5,440/EUR 6,620 at that time.

Item 3 was the tricky one—the future of AMWA and EMWA. Members were to vote on whether or not to continue as a chapter of AMWA. The case in favour consisted of continuing to benefit from AMWA's greater infrastructure and experience. The case against was primarily the exorbitant costs of affiliation (85% of the membership dues were paid to AMWA) and the reluctance of AMWA to allow workshops run in Europe to count for AMWA accreditation. EMWA could not offer accredited workshops with local workshop leaders without a lengthy, (some might say tortuous), approval process for both the workshop leader and the workshop content, including attending the AMWA yearly conference to deliver the workshops. There were other issues, of course, as having members on another continent required a flexibility that AMWA simply was not prepared to accommodate. For example, the conference registration forms took longer by post to reach Europe and many workshops were already full before European members had even received their forms (this was pre-Internet, folks). One objection raised during my term as president was that the Americans were unsure if European degrees could be considered as equal in value to US degrees! Over the years, reasonable people on both sides attempted to reach sensible compromises only for them to be scuppered by a few intransigent individuals. No change was agreed to in the relationship, but tempers

flared and the fault lines were deepening.

**EMWA Main Annual Conferences**

| Year | Venue                  | President elected        |
|------|------------------------|--------------------------|
| 1992 | Brussels, Belgium      | Jane Wynen               |
| 1993 | Eindhoven, Netherlands | Aaron Bernstein          |
| 1994 | Basle, Switzerland     | Leen Ashton-Vanherle     |
| 1995 | Bruges, Belgium        | John Aitken              |
| 1996 | Berlin, Germany        | Ben Young                |
| 1997 | Edinburgh, Scotland    | Barry Drees              |
| 1998 | Madrid, Spain          | Gerold Wilson            |
| 1999 | Copenhagen, Denmark    | Geoff Hall               |
| 2000 | Dublin, Ireland        | Keith Veitch             |
| 2001 | Montpelier, France     | Julia Forjanic Klapproth |
| 2002 | Prague, Czech Republic | Julia Cooper             |
| 2003 | Lisbon, Portugal       | Isabelle Thiolle         |
| 2004 | Budapest, Hungary      | Adam Jacobs              |
| 2005 | Malta                  | Michelle Derbyshire      |
| 2006 | Lyon, France           | Michelle Derbyshire      |
| 2007 | Vienna, Austria        | Julia Forjanic Klapproth |

The venue for the 1996 conference was Berlin and it was generously supported by Schering AG who contributed to speakers' and workshop leaders' expenses as well as providing free use of the company's first class conference facilities. The plans for the conference were thrown into some confusion when Colm Benson, the designated organiser of the event, left Schering to return to Ireland—to become a farmer, I recall. The baton was taken up by Jerry Wilson—at that time a fairly new face in EMWA—and the organisation's first 3-day event was a huge success. EMWA was still a chapter of AMWA at this stage and Barry Drees re-designed AMWA's existing workshop of 'Tables and Graphs' and amazingly actually got it approved by AMWA. Together with Valerie Moore, they were the first Europeans to provide workshops for AMWA accreditation. There were just 6 workshops including Art Gertel's workshop on project management, extended to 6 hours, and a guest speaker.

And so to EMWA's first conference in the UK, in Edinburgh. Vice President Barry Drees and Julia Spivack took on the task of organising the event and it was memorable for a number of reasons. The conference banquet was a splendid traditional Scottish banquet featuring haggis, neeps and tatties and a piper in full regalia, addressing the haggis in the words of Rabbie Burns:

*"Fair fa' your honest, sonsie face, Great chieftain  
o the puddin'-race!  
Aboon them a' ye tak your place, Painch, tripe,  
or thairm:  
Weel are ye wordy of a grace, As lang's my arm."*

Barry Drees became President (wearing a kilt) and it was in Edinburgh that Art Gertel's massive contribution to and support for the fledgling EMWA was recognised with life membership. The scale of the task undertaken particularly by Julia Spivack in organising the conference was

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immense. In those days EMWA was run entirely by volunteers, i.e. there was no paid Head Office. Workshops, speakers and the social programme all had to be arranged and I recall Julia, Marian Hodges and a few earlier arrivals frantically collating the conference packs before the scheduled registration time. Barry tells me that he was up until the wee hours of the morning cutting out delegate badges and putting them into their plastic holders. I especially enjoyed the visit to the Scotch Malt Whisky Society for a tasting and an amazing 4-hour tale of the history of Scotland and whiskey, told seemingly in one breath. Organised by Nick Thompson this was a night to try and remember.



Nick Thompson in characteristic pose at the Dublin conference. Tragically, Nick was killed in a car crash the following winter. He is remembered in EMWA's award for outstanding contributions to the association, the Nick Thompson Fellowship, instituted by 2001 president Keith Veitch.

The do-it-yourself approach to conferences was, however, getting more and more impractical with upward of 100 people expected for the next conference and Barry's key innovation as president was to appoint professionals and establish Head Office. Enter Phillipa Clow and her small team. Another milestone was that EMWA became independent of AMWA and changed to affiliate rather than chapter status which meant that EMWA was essentially on its own. Importantly, this allowed us to keep our money and approve our own workshop leaders.

Madrid was the venue for our 1998 conference. In previous years we had aimed to invite an eminent keynote speaker. The choice for this year was David Sharp, deputy editor of *The Lancet* which led to EMWA's first bit of real fame—an editorial in *The Lancet* (Sharp D. A ghostly crew, *Lancet* 1998; 351:1076). This article set off a chain of events, articles (e.g. Jacobs A. Time for the ghosts to take on physical form *Lancet* 2004; 364:487-488) and correspondence that culminated in the creation of European Medical Writers Association (EMWA) guidelines on the role of medical writers in developing peer-reviewed publications (Jacobs A and Wager E. *Current Med Res & Opinion* 2005; 21, 2: 317-321).

Gerold Wilson took over as President in Madrid and I was his Vice President. Our first priority was organisation. At that time we didn't really have a satisfactory constitution and, more importantly, we didn't have a bank account. All EMWA's cash was held in a bank account in the name of the treasurer. If Philip Cooper had been struck down by a Basle bus the whole of EMWA's wealth would have been lost or at least subject to Swiss inheritance taxes. EMWA

became EMWA limited, a 'company limited by guarantee'. Also, during an eventful 2 years, we established our own educational committee and educational programme to provide certification. The 10-year relationship with AMWA finally ended officially as EMWA was big enough to stand on its own feet.

At the Copenhagen conference, education officer Julia Cooper and I set out to have more workshops than ever before. OK so it was only 15, but it was a step forward. Another innovation was the first autumn one-day conference in Henley in the UK. On the financial side, I had set a target of building up a reserve equivalent to one year's turn-over. The idea behind this was to cover for any disaster or emergency up to and including the cancellation of a spring conference.

Dublin 2000 was a wonderful conference. Membership, which had been 240 in April 1999 rising to 260 in May, had swelled to 350 by April 2000. We now offered 19 workshops. The keynote presentation was from Patrick Salmon of the Irish Medicines Board and there were entertaining presentations from Art Gertel, Stuart Woods and Michael Paling—a pharmaceutical advertising guru who shared the inside information on Viagra. The social calendar featured a banquet with 'Riverdance' style traditional Irish dancing and included an attempt by the dancers to teach several past-presidents a few steps on stage. Qualified medical help was present just in case.

And so on to Montpelier. At the banquet, President Keith Veitch noted sadly the loss of one of our most beloved members and, with the agreement of the Executive Committee, announced the creation of the Nick Thompson Fellowship in his memory. Art Gertel, already a life member, was naturally the first recipient. I will never forget the mixture of shock, pride and any number of other emotions that hit me when Keith announced that I too was to be given this award.

From Montpelier, we headed east and a conference in beautiful Prague and then to Lisbon. Details of these and more recent conferences can be found on the EMWA website and this article is getting a bit too long.

For various reasons, I was unable to get to Budapest in 2004, but I have attended every other EMWA main conference since the start. I believe that what we have built over these past 16 years is remarkable. Obviously the educational programme stands out as the key achievement. However, for me the main benefit of EMWA membership has been the friendships made. It seems somehow bizarre that several of the people I consider among my closest friends are people who I only see for a few days each year. But it's the truth. I look forward to making more new friends at this year's conference in Barcelona.

*Geoff Hall*

retired freelance, London, UK  
geoffreyhall@aol.com





## Educating medical writers: A personal history

by Stephen de Looze

*Ignorance is like a delicate exotic fruit; touch it and the bloom is gone. The whole theory of modern education is radically unsound. Fortunately, in England, education produces no effect whatsoever.*

Oscar Wilde, *The Importance of Being Earnest* (1895).

Ignorance may be bliss, not only in England, but after I memorably began my first day as a medical writer in Germany on April Fool's Day 1985 by falling asleep at a departmental meeting because I couldn't even begin to follow the discussions, I realized that there was more to my new job than having my own office, a personal assistant, and business cards emblazoned with 'Medical Writer'. Fortunately, I've not had to apply for another job since then, and having weathered briefly the nickname 'medical sleeper', I set about trying to understand just what I had let myself in for. Education was of course the key.

Like many new medical writers up to the present day, I had moved into my job from academia where I had been a research biochemist and, as a native English speaker in Freiburg, Germany, unofficial faculty publication writer. For the latter task, my main resource had been a book called *Scientific Writing for Graduate Students*, a slim volume published in 1969 by the Council of Biology Editors that I had acquired as an undergraduate in Oxford. Strange as it sounded to some of my friends and family, I decided being crouched at a desk was preferable to being crouched at a spectrophotometer. So, albeit in a state of blissful ignorance, I jumped at the chance to exchange my lab coat for casual business wear, double my salary overnight, and acquire more than a semblance of a steady career path.

When I began my new job, I discovered to my alarm that I was the only medical writer far and wide. Fortunately the American Medical Writers Association (AMWA) provided a lifeline. I joined AMWA during my first week, indeed while still a medical sleeper. A few months later found me on North American soil for the first time—in Montreal, as it happened—and my first experience of the North American way of conferencing. My education as a medical writer had truly begun. There was no escape (even had I wanted) from the natural American communicativeness, much enhanced by the fact that this was a conference of professional communicators: alongside workshops and discussion panels, there were networking lunches and breakfasts, and even pre-breakfast 'running with AMWA' sessions. Simply being together with hundreds of others calling themselves 'medical writer' was almost an education in itself.

One of the most interesting early lessons was to discover that much of what, in my writing, I had been doing instinctively was in fact the 'AMWA-approved' way. That certainly lessened my fear of being discovered to be the impostor that I thought I must be (a feeling that took me quite a while to shake off). Of course I learned a great deal too, proudly acquiring AMWA core curriculum certificates in 1987 and 1989 and later, an advanced certificate in 1996.

My employer had been unstintingly generous in allowing me to go off year after year to the USA and Canada to attend AMWA meetings. When, however, I was asked to begin a medical writing function in 1989, and build a group, the question immediately arose as to how to organise training for my new colleagues. Slowly but surely, the travel money was drying up, and I realized that there would be logistical problems if most of my new department trotted off en bloc to AMWA meetings every autumn. It wasn't only a question of training per se (I could, and did, pass on what I had learned to my staff), but of the professional self-identity and confidence that were also necessary tools for medical writers working in teams where others—physicians, statisticians, clinical research associates and so on—took their own professionalism for granted. I was very aware of this aspect of education while carving out a role for myself that was something more than the 'glorified secretary' in the team. I knew the importance of being earnestly part of a professional organisation.

There had always been a sprinkling of Europeans at the AMWA conferences. Before long, we had got to know one another and, with the help and support of some notable europhile AMWA members (who support EMWA to this day as workshop leaders), we were talking about the possibility of setting up a European arm (or 'chapter') of AMWA—this didn't sound as absurd as it now may, because there was already a Canadian chapter, which had indeed hosted my first AMWA conference in Montreal. And so EMWA has grown as an independent association from these humble beginnings, from half a dozen people meeting in a hotel room in the USA to nearly a thousand members spread across Europe and beyond, as you can read in the article in this issue by Geoff Hall (see page 8). After thus helping EMWA on its way, I decided to step back so that the medical writers in my group would have a forum to grow and develop without the boss breathing down their necks—and indeed, no less than three EMWA

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Past Presidents, half a dozen workshop leaders and other contributors are past or present members of my department.

I wasn't to be let off the hook so easily, however. Barry Drees asked me to contribute to a discussion forum at the sixth EMWA conference in Edinburgh, 1997. *Principii obstat!* I have been giving workshops at every conference since number eight in Copenhagen, 1999; in 2000, Julia Cooper invited me to join the Education Committee, when the EMWA Professional Development Committee (EPDC) was launched at the tenth EMWA conference in Dublin. The year after that I was elected to be the second Education Officer, following in Julia's pioneering footsteps. Having ceased my AMWA activities in 1998 (I had briefly become an AMWA workshop leader too), I had finally found my calling as an official, 'EMWA-approved' educator of medical writers.

The EPDP marked a new milestone in EMWA's growth as a training organisation for medical writers. By offering accreditation and ensuring a high standard of workshops, EMWA—through the work of the EPDC—was strengthening its importance as the professional home for medical writers working in Europe and further afield. Working on the EPDC with other hugely dedicated (and, in many cases, much more knowledgeable) trainers of medical writers has been a tremendously rewarding experience for me. After my term as Education Officer came to an end in 2003, the baton was carried under the expert leadership of Wendy Kingdom and Virginia Watson, before I took up the challenge once more last year. We have been able to develop and shape the EMWA Professional Development

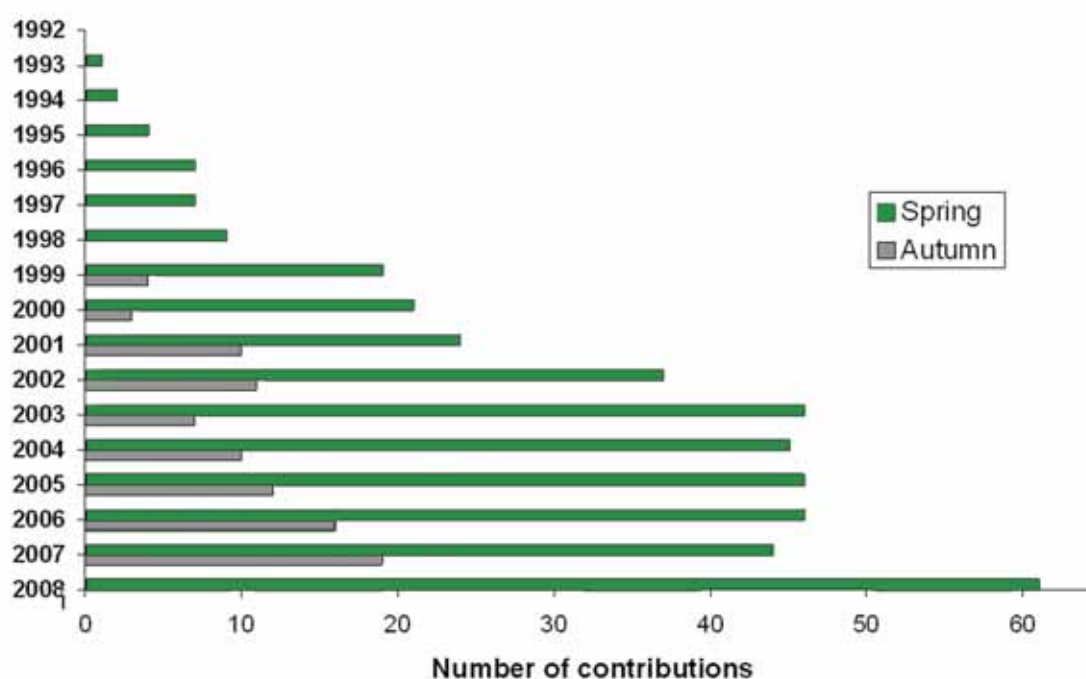
Programme (EPDP) to suit the membership of EMWA, and to keep pace with the professional growth of our own members. Early in 2005 Beate Wieseler and I chiselled out the foundation and advanced level programmes from the rapidly expanding but still amorphous EPDP. This 'new look' EPDP was launched in May 2005 at the 20th EMWA conference in Malta.

With much support from the EPDC, I also developed what might be called a Standard Operating Procedure for developing and running workshops, the Workshop Leaders Handbook, together with a set of templates (as behoves any self-respecting SOP). When I received an email a couple of years ago from AMWA's education officer praising the Workshop Leaders Handbook and hoping that something similar would be developed by AMWA, I knew that the EPDP had really come of age. All this notwithstanding, the quality of the training offered by EMWA rests squarely on the shoulders of its impressive roll-call of world class workshop leaders, and it is especially satisfying to read in a job vacancy notice posted to EMWA's website by the National Health Service in the UK: "*European Medical Writers Association (EMWA) accreditation is desirable.*"

Using my venerable collection of old EMWA brochures and minutes of the early meetings, I am now able to chronicle the growth of EMWA's workshop programme, and quantify the contribution of workshop leaders.

Figure 1 shows the number of workshop leader contributions to each of the 26 conferences to date (including the forthcoming conference in Barcelona). Some workshop

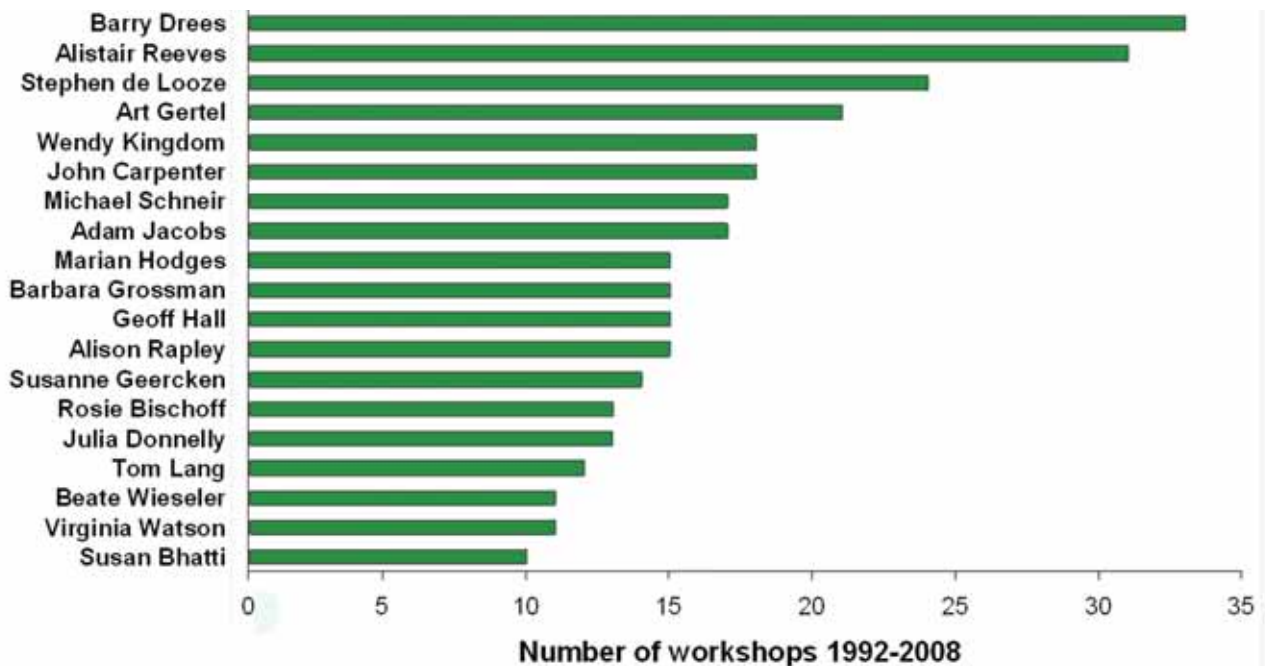
Figure 1: Workshop leader contributions





## Educating medical writers: A personal history

Figure 2: Leaders of at least ten workshops



leaders conduct several workshops in one conference, and some workshops have joint leaders. Therefore neither the number of workshops nor the number of workshop leaders gives the full story. The numbers graphed in Figure 1 count each contribution by a workshop leader at every conference since number one in 1992. From 2000 onwards (the launch of the EPDP), only the EPDP workshops are included in these statistics, though there has been a parallel steady growth in non-EPDP events too.

Figure 2 shows the workshop leaders who have given at least ten workshops since the beginnings of EMWA (only EPDP workshops counted from 2000).

No-one can fail to be impressed by the splendid conference brochure and weighty programme of the forthcoming 26th EMWA conference in Barcelona. A record-breaking number of EPDP workshops are accompanied by a record-breaking number of other discussion forums and seminars that all contribute to medical writer education in the broadest sense. The introduction of themed conferences by Julia Forjanic Klapproth has provided momentum to this growth. As in the past, many of the extra-curricular presentations in Barcelona will no doubt be transformed into new EPDP workshops, and so the scope of the professional development programme continues to widen to keep pace with the diversification of EMWA's membership.

I think that this leaves no doubt about the importance, earnestness and vigour of EMWA's role in educating medical writers now and into the future. As summed up by another of my famous compatriots, in less cynical mode and a hundred years after Oscar Wilde:

*It's all to do with the training: you can do a lot if you're properly trained.*

Queen Elizabeth II. BBC1 Television documentary (6<sup>th</sup> February 1992).

And she should know!

#### Stephen de Looze

EMWA Education Officer 2001–2003 and 2007–2009  
Accovion GmbH, Eschborn, Germany  
stephen.delooze@accovion.com

#### Past and Present Members of the EMWA Professional Development Committee

Rosie Bischoff  
John Carpenter  
Julia Cooper\*  
Stephen de Looze\*  
Julia Donnelly  
Barry Drees  
Pamela Johnson  
Wendy Kingdom\*  
Sofija Micic  
Nick Thompson  
Virginia Watson\*  
Jo Whelan  
Beate Wieseler

\*Education Officer



## How to create the best environment for good translations, or, the care and feeding of your translator

by Laurence Auffret and Laura Russell



For non-linguists, contracting out a translation can be daunting. Translations are performed in a variety of settings, either by a translator working alone, a translation agency or any combination of in-house staff and external proofers. (For the sake of expediency in this article, we will simply speak of a 'translation provider'.)

In many ways, medical writers and translators work under similar circumstances. Their tasks as language professionals are indispensable, and yet they are often asked to perform under disadvantageous conditions and timelines. This article provides a brief guide to facilitating your work with a translation provider to ensure that your translation project is processed smoothly.

### The profile you want your translation provider to have

The first step is choosing a translation provider. It is crucial to remember that there is a danger in using language students, language tutors or bilingual staff, as they may not have appropriate translation skills. Foreign-language competence is no guarantee of translatorial competence. The translation provider you choose needs to have ample experience in translating documentation in your industry and will either have a degree in translation with specialization in your industry or extensive industry experience. Furthermore, they are likely to be registered with one of the national accredited professional associations (such as the ATA in the US; the BDÜ or ADÜ in Germany; the CIOŁ or ITI in the UK; the ESIF in France; etc.). If you don't know where to start looking for a translator, these associations can offer you more support than you will find by looking in the yellow pages.

### The translation process and your role in it

It is also essential for translators to have a contact person they can approach with the questions which will inevitably arise about your company's in-house style and potential discrepancies or errors in the source text. Whenever possible, please provide parallel texts or relevant publications in either language; other helpful tools include a company style guide or a master list of preferred terminology (such as whether you speak of participants, subjects, volunteers, etc.). A well-maintained company web site, if present, will also be a good resource. Style guides and parallel texts obviously make the translator's work easier, but they are more than just a helpful timesaver: they ensure a uniform style and consistent terminology across all documentation.

A competent translator will often ask about your target audience or stylistic preferences (such as American vs. British English) during the briefing.

Be prepared: a good translator will strip down the text and sentences and will often notice weak spots in the original documentation. If there are any ambiguities in the source text, a good translator will find them and contact you to resolve them. (One example is the word 'should', which can pose problems when being translated into other languages. Does the statement like 'The patient should have a blood test every other week' mean that 'ought to if possible' or 'must'?) Some people may be put off when a translator is inquisitive, or they may see such questions as an additional source of work. Please rest assured, however, that language professionals are not asking you questions because they are too lazy to look things up themselves. You want to make sure that your translator to be adequately informed about the job.

### What you should know before commissioning a translation

Standard practice varies from country to country, but translations are most frequently billed by the line or word. It is impossible to provide a general guideline about the range of prices you may encounter, but you may safely assume that the price will increase in proportion to the specialist knowledge that is needed for the text and/or the deadline. However, to save on translations costs, it is always a good idea to decide jointly with your clients or your translation provider on what is actually relevant to your target audience, what the message is you want to pass on and what really needs to be translated. The volume of translation needed may be much smaller than your existing documentation. Also, when you write your original documents, you can facilitate things for the translator by keeping your target audience in mind. For example, internationalize phone and fax numbers by using international dialling codes.

The life cycle of the text should be taken into account before commissioning a translation. It may seem like a statement of the obvious, but the translator should be given the final draft of the text you are working on, as opposed to an earlier draft that may still undergo revision. Much like medical writers, translators are frequently treated as the proverbial low man on the totem pole, and in larger projects there can be smaller delays that eat away at the time that is allocated for the translation. Giving the translator an earlier



## How to create the best environment...

draft usually ends up costing more time than it saves. However, it is sometimes difficult to extend deadlines, and the translation process may have to start before the final version becomes available. If this is the case, please make sure to mark the revisions very clearly so that it is obvious to translators/editors what to update.

### Quality control

In a typical translation project, there are several vital roles, and ideally, they will be held by different people. The project team should consist of a translator; an editor who will review the translation, offer another view on any ambiguities in the source text, etc.; and a proofreader who will provide insight and knowledge from the industry. This multi-stage process is crucial because it allows different pairs of eyes to evaluate the source and target texts. It is often the case that your translation provider will ask you to find or contact a proofreader, who may be one of your associates or a client who is an end user of the translated documentation. This person will be able to spot any type of discrepancies with regard to market trends or local issues that the translation provider may not be aware of. Whatever your role in this process is, get involved, and always tell your translation provider who will be reading the documentation, in which context and on which media. It will ensure things are on the right path from the start. Also, if your documents have to be typeset, always let the translation provider read the typeset version.

If you question the quality of the translation, the first person you need to talk to is the translation provider. Some clients expect translations to be as idiomatic and 'natural-sounding' as possible, whereas others expect to find strong parallels between the source text and the target text, if not literal translations. In our experience, English-language texts are particularly likely to undergo scrutiny because English is widely spoken and people often have strong opinions about how a translation should read. There can be multiple ways to render an idea in a foreign language, and the translation provider can always explain the rationale for terminology and stylistic choices. So take time to discuss these issues if they arise with the translation provider. It is not a good idea to pass the translation on to someone else for light editing (such as an officemate who may be fluent in the language in question but might not appreciate in-depth terminology or stylistic issues).

Your feedback on the final translation is always a valuable tool so the translation provider can update terminology and make sure that further documentation will be consistently translated using your most current wording. It is essential to maintain this dynamic communication, especially as the translation process in life sciences and the pharma industry takes place in a fast-paced environment where concepts and terminology are in constant evolution.

So now you know more about the factors which can make your translation project go pear-shaped. To prevent prob-

lems and create the best possible environment for a good translation, please keep the following in mind:

- Carefully choose the people you want to work with; check their credentials and make sure they have the right background and professional ethic about their work
- Allow adequate time for the translation process within the life cycle of your publication, and consult with the translation provider about realistic deadlines
- Create or provide stylistic guidelines, a terminology database and parallel texts if available
- Make sure the source text contains no ambiguities, as these may be amplified by the translation process
- Encourage your translation provider to ask questions and make comments
- If possible, schedule a proofreading phase by someone who is both an industry specialist and native speaker, or better yet also a member of your target audience
- Keep dynamic lines of communication open to facilitate the clarity of the task definition and good project management
- Your input is vital, *so please, get involved!*

#### Laurence Auffret

Cinetique Translations,  
Manchester, UK  
info@cinetique.co.uk

#### Laura Russell

Karlsruhe,  
Germany  
laura@russell.de

### There's still time to win a free banquet ticket for EMWA's Barcelona conference!

The closing date for the competition on pages 179-80 of the last issue of *TWS* (2007 16(4)) has been extended to 7 April. You can also access these pages of the journal in the member's only section of [www.emwa.org](http://www.emwa.org).

### Comprise, consist of and include

Fowler's *Modern English Usage* states of *comprise* and *include*: "As used in newspapers, these may be called a pair of working and stylish words. The one used in ordinary life is *include*; the inferior kind of journalist therefore likes to impress readers with *comprise*."

The following sentence appeared in Editor's Choice in the *BMJ*'s issue dated 19 January 2008 and was sent to *TWS* with the comment "If the editor makes a mistake like that, what hope for the jobbing author?"

[Women with osteopenia] comprise more than half of the world's postmenopausal women.

What is wrong with this sentence? For answer see page 20



## How to write web articles that charm readers and search engines

by Simon Hillier

The Wonderfully Weird Web has opened up a whole new spectrum of opportunities for writers—from website copywriting, online journalism and e-newsletters to blogging, ebook writing and social networking. Of course, learning to write effectively in an environment that is growing and changing at such a frenetic pace can be confusing, frustrating and scary at times, especially when many of the techniques drummed into us at school seem to have been nonchalantly flipped on their heads. If that's not enough, we are all expected to happily type away under a relentless barrage of new technologies and baffling jargon.

As the quintessential techno-incompetent who has made a living in the web world for more than a decade now, I would like to assure you, there is nothing to fear. Peek behind the 'dot this' and 'dot that', the code words, the lingo and the self-important speak and you'll find much of the same old grammatical mutton you've known and loved. Only now, it's dressed up as lamb to catch the eyes of an impatient and fickle 21st century audience.

### Writing for the web is like speed dating

Such is the web readers demand for instant gratification that writing for the Internet has become a bit like speed dating. For those of you not familiar with this new age courting phenomenon, speed dating involves a group of eligible singles coming together in a room filled with tables for two. Over the course of the event, swaggering Romeos work their way around the room in an attempt to woo the blushing Juliet's seated at each table. While online writers don't have the luxury of five whole minutes to charm their audience, the similarities between our role and that of the speed dating Master Montague are almost uncanny.

First of all, both writer and speed dater are communicating with their audience in a rather uncomfortable environment. Just as a loud room full of hungry, competitive single-folk is hardly the ideal setting for romance; monitor resolution, screen glare, and a reading surface that won't move can easily distract all but the most infatuated reader.

Secondly, both web readers and speed daters are busy and impatient breeds. They don't have time to sit and listen to long-winded stories. Instead, they would prefer we get to the most important points up front before deciding whether to take the relationship any further. And finally, both scribe and sweet-talker must sound like a really good catch, because our audiences have plenty of fish in the sea to choose from. Juliet is well aware that a school of eligible

chaps are circling just tables away, while web readers can cast out their line and reel in a competitor's article with little more than a search and a click on Google.

When writing for the web it's vital we make a big impression within the first ten seconds so our target audience can't help but say, "I think we'd be good together".

### How people read and search on the web

There have been numerous studies undertaken to test how people read on the web. Possibly the most fanatical researcher is Dr Jakob Nielsen of the Nielsen Norman Group ([www.useit.com](http://www.useit.com)), widely considered the guru of web usability. His research has found that a) people read from computer screens 25% slower than from paper, b) for optimum viewing, web copy should occupy 50% the space of its paper equivalent, c) approximately 80% of Internet users always scan web pages rather than read every word, and d) websites are found through search engines almost 50% of the time.

Yes, you read it right. Only one in five people who visit your article will attempt to read all the fruits of your linguistic labour. As a writer, it's a rather deflating statistic. However, things get a little brighter when you understand that these figures are a co-dependent family based on how people read the majority of web pages. The fact is, most web pages are not reader friendly. Many consist of an ambiguous headline followed by body text that doesn't speak to the target audience; or a stream of long, wordy paragraphs that never allow the reader to come up for air. The majority of impatient web users take one scrolling glance at content like this and decide there are much better ways to spend their valuable surfing time. By writing and structuring articles that are easy to absorb, and relevant to your target market needs, you will see more people reading and enjoying the heart and soul of your work and less giving it a semi-fleeting glance.

### Make your content search engine friendly

Writing to gain a higher position in search engine results is really no different to writing for your audience. It's all about relevance. When people type keywords or key phrases into Google, the displayed pages appear in order of relevance to the request. Even with all their technical wizardry, search engine experts rely heavily on the right content to improve the ranking of a website or article. One of the main reasons sites are banished to the depths of



## How to write web articles...

Google's search page results is that the language used completely misses the mark. The website copy of a company that prints brochures might proclaim, "Our business delivers a fully integrated suite of digital printing solutions". It all sounds like a very impressive and professional operation, but these words are unlikely to bring in customers via search engines. Most people looking for brochure printing services are typing in phrases like 'brochure printing' or 'discount brochure printing company'. By including the keywords and phrases that your target audience uses, search engines will view your content as far more relevant to their request and rank your page accordingly.

### What's in it for me?

Online audiences are more likely to respond to your writing if you use a personal tone addressing their needs, wants and problems. Add a little humour, sophistication, or yes, even something racy, but only when and where it fits naturally. If readers don't connect with the tone, or feel it's inappropriate, they won't let you develop a relationship.

'Features and benefits' is a term frequently used in relation to copywriting. It's not something usually associated with print article writing because the reader is in a far less demanding frame of mind. When someone is flicking through a magazine in the comfort of their armchair, lounge suite or swaying hammock overlooking the Caribbean, they often stumble across random articles and read them without any real thought of "What's in it for me?" On the other hand, our impatient online readers are on a mission to find the best available source of information that satisfies their immediate need, so it's more important that our web articles not only describe what the subject of our piece does or can do (features), but what it can do for our audience (benefits/addressing problems).

A product review or hot tips article naturally presents opportunities to include both features and benefits/problems. For example, if you were reviewing a new blood pressure monitor for people to use while exercising, one feature might be an impact resistant case and armband. The benefit to your reader is that they can wear their new gadget during high impact gym workouts or a run in the park and not have to worry about it breaking. This might seem blatantly obvious to the writer and other people familiar with the product, however, the personal benefit is not always crystal clear to the uninitiated reader. Painting a simple real life benefit (or problem) not only answers every web users first question, "What's in it for me?" but also helps you develop a one-on-one relationship with your reader because they see that you understand their needs and lifestyle.

An interview with a young doctor on the rise for a medical website doesn't present benefit opportunities so easily. Think about something your audience can gain from the doctor's knowledge and experience, and how they can put it into practice. It may come down to your questions. While

not every article will focus on features and benefits/problems, web users still want to know how their investment in reading time will benefit them.

### Laying out and structuring your web article

As we now know, most print articles are written and structured for an audience to appreciate in relative comfort rather than on a thermal radiating computer screen while squirming into seated positions only a chiropractor could love. As a result, most print articles directly copied and pasted to a webpage tend to repel web users. Taking the time to make existing print articles as web-friendly as possible is no less important than creating well laid-out and structured online originals for readers to enjoy.

So, to help you instil web article envy amongst your esteemed writing colleagues, here are some tips for creating reader and search engine friendly web page content.

### Include keywords and key phrases

As discussed earlier, choosing the right keywords can dramatically improve your ranking on search engines. Where possible, include them in your headline, subheads, and first paragraph and then sprinkled throughout the rest of the article. Ideally, your keywords should make up between two and six percent of the total number of words. Anything more may be regarded by search engines as 'keyword stuffing' which can result in a slap on the wrist and lower ranking.

Avoid keywords that are too general. For example, if you are writing an article on, 'left handed flying pigs', don't just choose 'pigs' or you will be lost amongst the thousands of websites devoted to all things swine. Be careful using industry specific jargon and politically correct terms unless you are certain that your audience will search by that term. Beware of regional phrases such as 'petrol station' versus 'gas station'.

Keyword research tools can help you find the most popular words and phrases that web users are typing into search engines for different subjects. There are a number to choose from, but the most widely recognised is [www.wordtracker.com](http://www.wordtracker.com).

### Write clear and meaningful headlines

Your headline is arguably the most important element on the page. Remember the 80% of people who only ever scan web pages? Even they take time out of their busy schedule to read your headline. Search engines also place very high value on your headline to determine what your article is about, so always include your most important keywords.

Use your headline to emphasise the key benefit of your article to your target market. Asking a question can be an effective technique, as it implies that you are aware of your audience's needs or problems and creates intrigue to read the first paragraph or subheadings. Numbered lists are also

>>>

>>> **How to write web articles...**

popular because they suggest to the impatient web user that their answer is a few simple steps or tips away. Examples of these headlines would include:

‘Yoga: The easy way to increase muscle and decrease stress’

‘Are hot liquids a risk to your baby’s bottle?’

‘7 simple steps to healthy skin in 30 days’

You’ll notice that each clearly states what the article is about. Unlike print articles, web pages are no place for overly clever or ambiguous headlines. I recently saw a headline for a hay fever web treatment article titled ‘Kerchoo it’s springtime’. While regular visitors to the website might find it intriguing and read on, the chances of anyone looking on search engines for hay fever treatment articles ever finding it, let alone clicking to find out what it means, are very slim. This is not to say you shouldn’t try to be creative on the web. With so much new content being added everyday, it’s important to stand out. Just make sure your genius is not at the expense of your objective – attracting more readers. In this case, a minor change like ‘Kerchoo—bless our spring hay fever remedy’ would fix the problem.

**Use subheads to guide the impatient**

Subheads are road signs along the path of your story that keep web readers inspired to continue on to the end. They also offer a quick synopsis of your article to those who haven’t yet started the journey. Depending on how long your piece is, you should use subheads every two to four paragraphs to help break up long chunks of text.

Like headlines, each should include a keyword, or related word, and a clear benefit to the reader. If the subject allows it, try using verbs to encourage action such as ‘Get your heart pumping, build core muscle, eat healthy food’

**‘Chunk’ your short paragraphs**

Ideally, article paragraphs should be no longer than 100 words, each built from short, sharp sentences of less than 20 words. When web readers see longer paragraphs they instinctively think, “Phew, this looks tiring. Do they really think I’ve got the time and energy to navigate through that alphabetical jungle?” Short paragraphs say, “I’m easy! I won’t take long at all! Read me!” Also, single column articles of no more than 10 words per line are the easiest to absorb online.

Words or phrases in bold font help readers scan for the information they want. However, combining boldface and subheadings can be confusing so don’t overdo it. Including links and bolded words in the same paragraph can have the same result. While we’re on the subject of typography, sans serif fonts such as Verdana, Arial and Tahoma are generally considered easier to read online than serif fonts like Times New Roman and Georgia because the latter’s fancy little appendages disappear amidst pixels and bright screens.

If your article is long, try breaking it up into digestible ‘chunks’ of two to three paragraphs that sit neatly within one screen, ‘top and tailed’ by subheads. The benefit to your audience is that they can see small milestones ahead as they read and scroll. Online, we subconsciously look for navigation guides rather than read line by line, so despite the eloquent name, web users love their chunks.

Finally, be concise. Write tight. Omit all unnecessary words. ‘Nuff said.

**Make use of sharp-shooting bulletpoints**

Bulletpoints slow down the scanning eye and are a fast and effective way to convey important or discrete points to your audience. For this reason, they are a perfect writing tool for web copy, online articles and newsletters. Bulletpoints work like mini headlines, so include keywords and a benefit, promise or call to action. Try to keep each to the same length—one line each, two lines each, etc—so they are easier to read.

**Take advantage of hyperlinks**

Wikipedia describes hyperlinks as, “a reference or navigation element in a document to another section of the same document or to another document that may be on a (different) website.” I just call them “a bloody brilliant invention for web writing”. The particularly nice benefit of using hyperlinks within an article is that they allow you to introduce additional relevant material without distracting your audience from the main flow of the story, or from a particular order of presentation of ideas. Our control freak web readers can then choose to click your hyperlink immediately for further information, ignore it completely, or go back later to explore the details.

Where possible, display your hyperlinked text in blue. While it’s no longer necessary to underline hyperlinks (and it looks messy), web users understand that blue text means a link. Using an array of fluorescent colours may look prettier, but our goal as writers is to make the reading experience as easy and familiar for as many people as possible. Try to position your hyperlink near the end of a paragraph to maintain the flow. Also, search engines place greater relevance on hyperlinked words. By linking from your keywords and phrases, rather than ‘Click here’ or ‘Read more’, your article becomes just that little bit more Google friendly.

**Page titles—the writer’s forgotten child**

Without wanting to go all technical on you at the last hurdle, there is one area of the page we need to talk about that rarely gets a mention in the web writing analogues—page titles. The title is found in the blue bar at the very, very top of your screen. They are added into the html code, rather than content area, which usually means the job of writing page title copy is left with the web designer. There are a number of reasons I believe the writer should make it their own.



## How to write web articles...

Firstly, your title, and not your headline, is displayed in search engine results. People will quickly overlook a result with an unrelated title and be far more likely to click on one that entices them. Secondly, search engines adore keywords in page titles. And thirdly, if nothing else can convince you, 'Favourites' are listed by page title. The reason you can never find any of those great sites that you saved months ago is because someone forgot to write a meaningful page title. Each article on a site should have a unique title of no more than 60 characters with keywords placed at the front.

In the end, there's only one way to really know whether your web article stands a chance of charming those impatient readers and fickle search engines. Move to the other side of the table for an impartial view and ask yourself, "Do I think we'd be good together?"

Simon Hillier

Sydney, Australia  
simon@getthere.com.au

**Simon Hillier** is a freelance writer specialising in web content, articles, e-newsletters and books for clients around the world.

<http://www.getthere.com.au>

## Peer reviewer's gross breach of confidentiality

A peer reviewer, Steven Haffner who is a diabetes researcher at the University of Texas, has a lot of explaining to do but so far his explanation has only been "Why I sent it is a mystery. I don't really understand it. I wasn't feeling well. It was bad judgement". Admittedly it is very difficult to believe what he did. He was asked to review an article for *The New England Journal of Medicine (NEJM)*. This article was the meta-analysis that linked GSK's drug Avandia (rosiglitazone) with an increased risk of a heart attack and was subsequently published by the *NEJM* online on 21 May 2007. In a gross breach of reviewer confidentiality Haffner faxed the manuscript he had been asked to review to GSK. Thus GSK were well prepared when only 15 days later on 5 June, and also in *NEJM* online, GSK-sponsored researchers published an interim report in which they referred to the meta-analysis arguing that the data 'were insufficient' to show whether Avandia increased the risk of a heart attack.

Source: <http://www.nature.com/news/2008/080130/full/451509a.html>

## Answer: Comprise, consist of and include (see page 16 for question)

*Comprise* (or *consists of*) can only be used when all the components of the whole are listed. *Comprise* cannot be used when only part of the whole is described. The correct use of *comprise* can be explained by comparing the word with *include* which leaves open other unmentioned parts that make up the whole. In contrast, *comprise* is exclusive and leaves no room for unmentioned parts. The following correct and incorrect sentences that describe a committee of 8 people illustrate this point:

The committee comprised 5 experts and 3 members of the public. (correct)

Alternatively: The committee consisted of 5 experts and 3 members of the public. (correct)

The committee comprised 3 members of the public. (incorrect)

Alternatively: The committee consisted of 3 members of the public. (incorrect)

The committee included 3 members of the public. (correct)

The incorrect sentence in the *BMJ* was:

[Women with osteopenia] comprise more than half of the world's postmenopausal women.

Equally incorrect would be:

[Women with osteopenia] consist of more than half the world's postmenopausal women.

A correct sentence would be:

[Women with osteopenia] make up more than half the world's postmenopausal women.

But better would be:

More than half of the world's postmenopausal women have osteopenia.

And why is it *consist of* and not *comprised of*? *Consist* is an intransitive verb. This means it cannot be followed by an object whereas *comprise* is a transitive verb and is followed by an object. In effect *to consist of* = *to comprise*.

Finally, there is another, uncommonly used, meaning of *consist*. The phrasal verb *consist in* means 'to have as an essential feature': thus, good English style consists in short sentences composed of short words, unambiguously expressed.

With thanks to Neville W. Goodman (coauthor of *Medical Writing A prescription for Clarity* see [www.cambridge.org/9780521858571](http://www.cambridge.org/9780521858571)) for alerting TWS to the sentence in the *BMJ* and for his contribution to the explanation above.



## Monitoring Clinical Trials: A Gratifying Experience

*by Farhad Handjani*

It was in the late 1990s that I was first invited to attend a workshop on Good Clinical Practices (GCP) conducted by members of the World Health Organization/Special Programme for Research and Training in Tropical Diseases (WHO/TDR) in Dizin, Iran. This was the first time I had heard about GCP. Up till then, all my thoughts had been centred on how I could become a better physician in my clinical practice. However, my attendance at the workshop opened my eyes to the concept of GCP and made me look in a new way at clinical trials and their conduct. In that workshop, I was introduced to the two basic principles of GCP, namely participant safety and credible clinical trial data. In addition, I learned about the principles of protocol writing, the responsibilities of sponsors, investigators and monitors, the formulation of standard operating procedures (SOPs), the role of ethics committees, the importance of the informed consent process, and the significance of data management procedures.

After the workshop, I was contacted by the WHO/TDR Clinical Coordination Unit to see if I would be interested in becoming a GCP clinical monitor for their unit. Being young and fairly energetic at the time, I quickly accepted. In a sense, it was a great chance to work for a non-profit international health organization on a temporary basis and at the same time be able to continue with my academic career back home.

I started off with monitoring leishmaniasis vaccine trials in Sudan and Iran. In the past few years, I have monitored both drug and vaccine trials in Kenya and Ethiopia (the Box on page 22 describes one of my days as a monitor in Ethiopia). I have also attended many monitoring refresher courses as well as workshops on ethics in health research and protocol writing.

As a clinical monitor, I am the link between the sponsor and the investigator. As soon as I get my assignment for a clinical trial, the preliminary study protocol, the case report form (CRF) and informed consent forms are sent to me for review. I then try my best to incorporate my monitoring experience in finalizing these documents. At the same time, I have to follow up with the investigator(s) on the issues of ethical clearances and regulatory body approvals regarding the trial. It is of paramount importance to have all ethical and regulatory body approvals before starting recruitment of trial participants.

In general, clinical monitoring involves four types of visits: the pre-trial monitoring visit, the initiation visit, the

monitoring visit, and the close-out visit. During the pre-trial monitoring visit, the monitor will assess the expertise, enthusiasm, and availability of the investigators as well as the overall management infrastructure and clinical setting for the particular trial. The monitor will also visit the laboratories and the pharmacy and inspect the equipment available for the trial. It is only after this visit that the sponsor can approve the site for that specific trial. The initiation visit will take place when all ethical and regulatory body clearances have been obtained and everything is in place to start recruitment. During this visit, a short summary of the principles of GCP will be given to the study team and the final protocol and major SOPs will be reviewed. It is also important to make sure that all study products are in place for the initiation of the trial. After this visit, the sponsor will give the go-ahead signal to the investigator to begin recruitment and initiate the study. During the monitoring visit(s), the conduct and progress of the trial is assessed, especially with regard to adherence to the protocol and GCP principles. All CRFs are cross-checked against the source documents and any generated queries are clarified with the investigators. It is a general principle of GCP that "if it is not documented, it does not exist." Special attention is paid to informed consents, making sure that all trial participants have signed (or had a witness sign for them) prior to enrolment in the trial. During the monitoring visit, the monitor will also specifically check for any adverse events and serious adverse events in order to ensure that all such events have been properly documented and reported. Lastly, product accountability is reviewed and the investigator file is checked in order to make sure that all essential documents are archived properly. The monitoring visit is a very important visit, and the monitor needs to clearly plan what s/he wants to accomplish at that visit. Checking various documents (on a 100% basis) can be very time-consuming and somewhat tedious, but is an integral part of clinical monitoring. The outcome of these visits are data that are then sent to the data management team to be entered into the trial database and processed. This may sometimes lead to generation of further queries that need to be resolved by the investigator.

The close-out visit is the last visit. It will involve a final product accountability as well as making certain that all documents archived in the investigator file are updated. It is during this visit that the monitor has to make sure that the final generated data are clean and to request locking of the database and final data analysis. During this visit,



## Monitoring Clinical Trials: A Gratifying Experience

WHO/TDR publication policies and a request to submit a final report are conveyed to the investigator by the monitor.

On the more personal side of monitoring, it is a great chance to travel to distant and remote places in the world. To places that many may not travel to on their own. For me, this travelling experience has always brought to mind the sayings of one of Iran's greatest poets, Saadi, who said:

*"Of one Essence is the human race,  
Thusly has creation put the Base;  
One Limb impacted is sufficient  
For all others to feel the Mace".<sup>1</sup>*

Additionally, clinical monitoring gives one the chance to

meet many different investigators, both young and old, who are interested in overcoming a disease burden in their community. As a clinical monitor, it is very gratifying to be able to help them in this endeavour. It is also very fortunate to have them as new friends.

### Farhad Handjani

Associate Professor of Dermatology  
and WHO/TDR Clinical Monitor,  
Shiraz University of Medical Sciences  
Shiraz, Iran  
hanjanif@yahoo.com

<sup>1</sup> This verse also graces the entrance of the United Nations' building in New York

## A day in the life of a monitor

The trial was to be undertaken in Ethiopia and involved vaccinating 400 children and young adults in a rural area. Two small villages (kebeles as they call them in Ethiopia) were selected to recruit the volunteers. The villages had no electricity or purified running water, and their small huts were widely distributed across a magnificent green and serene landscape. The challenge for us was to screen the volunteers in this type of setting. Initially, one of the co-investigators and I visited one of the villages. We met the village chief and were taken to a place where there were two small huts and a larger one which was used to keep cattle. The two small huts were sometimes used as a make-shift health centre. We visited the place surrounded by young and excited children, who had left off playing soccer in the middle of the village to come and see what we were up to. The village chief informed us that some of the households would give us chairs, tables and benches, and we informed them that we would bring along the necessary medical equipment (for initial physical examination and pregnancy tests).

On the first day of trial enrolment, the large hut (with benches provided by the villagers) was used as our waiting area. Here, information regarding the trial was given to a group of 8-10 volunteers at a time by one of the investigators.

After they had received this initial information, the volunteers moved to a porch in front of the two smaller huts where a small table, provided by the villagers, was used as our reception desk so that the volunteers could be assigned a screening number. After that, the volunteers were weighed and their height was recorded. They were then asked to go into one of the huts where a physician was waiting for them. The physician again explained what the trial entailed and asked that the informed consent be signed by the volunteer or his/her legal guardian or a witness. After the volunteer had consented to participate in the trial, s/he was then examined and all information was documented on a screening form. For women who had started to menstruate, a urine pregnancy test was requested and a lab technician was at hand to do the test. After this stage, the volunteer moved back to the larger hut, where a photographer using a red background cloth hanging on the wall took a photo of the participant in order to prepare a photo ID on the next day. The volunteer was then escorted to one of our vans where s/he received a soda and a small pastry to overcome some of the energy lost in this half day endeavour! What was fascinating about all of this was the great enthusiasm that existed among both the participants and investigators which led to a very smooth and orderly flow of events. No doubt, this was an extraordinary day in the lives of the residents of one of Ethiopia's kebeles.



Surrounded by young and excited children



Meeting the village chief

# Native tips for the EMWA Spring Conference in Barcelona

by Santiago Rosales

To help you plan ahead for a pleasant stay during the EMWA Barcelona Spring Conference, here are some tips on how to move around, what to do and what to see in your free time in case you want to prolong your stay for a few days after the Conference.

## General information

This is the official site of the City of Barcelona: <http://www.bcn.cat/english/ihome.htm>.

Barcelona is a dense city, for it is located between the sea and a hill (the Tibidabo). This has one advantage: you can walk easily from the upper part of the city down to the harbour in a couple of hours or less.

Downtown Barcelona, the '*Ciutat Vella*' (the 'Old City') is probably the most popular area for tourists to visit (and natives to wander around); it is always full of life, a place for small shopping, dining out, enjoying street music players etc. The area is surrounded by the remains of the old city walls built by the Romans; the well known Gothic Quarter and the *Rambla de les Flors* are there.

Other busy areas worth walking around are the *Passeig de Gracia* and the *Rambla de Catalunya*, the two parallel boulevards where you find exclusive shops and some of the many noteworthy examples of the 'Modernista' architecture in Barcelona.

## Hotels

The venue for the Spring Conference (Hotel Rey Juan Carlos I) is somewhat apart from downtown. See the small map below to get a notion of locations. Barcelona is a popular city, so make sure you book well in advance. For those looking for an intimate atmosphere, there are three, four, and five star small, cosy places to stay in the heart of the Gothic Quarter if you so prefer... and if there are vacancies (Hotel Neri <http://www.hotelneri.com> is one of them but not the only one).

For further details, see 'Accommodation', at: <http://www.bcn.es/guia/welcomea.html>

## Transport

### From Barcelona Airport to the Conference venue:

- The fastest and easiest way is to take a taxi. It may take around 20 minutes (30-35 € approx.) depending on the traffic density.
- There is a train, running every 30 minutes from Barcelona Airport to downtown. Get off at Barcelona Sants Station; then take the *Metro* (Underground), Line 3 (Green Line) to the last stop '*Zona Universitaria*'.

The hotel is 2 minutes walking from there. It takes around 40 minutes (9 € approx.)

- Take the Aerobus (3.90 €), the blue bus from Airport to *Plaza Catalunya* running every 6 minutes most of the time. Get off at the *Plaza Catalunya* and take the *Metro*, line 3 (green) to the last stop '*Zona Universitaria*'. It may take about the same time as by train, depending on how fast the traffic is.

### From Girona Airport:

For those flying with a low cost airline landing in Girona Airport (coded as "Barcelona (Girona) GRO"), here is how to find your way to downtown Barcelona:

<http://www.barcelona-tourist-guide.com/en/gerona/girona-airport-barcelona.html>

Girona Airport is becoming a busy airport because of its proximity to the beautiful beaches of the *Costa Brava*. It takes a bit longer than one hour by highway to get to Barcelona.

### From the Conference venue to downtown (*Plaza de Catalunya*):

Note that *Plaza de Catalunya* is in the heart of Barcelona. From here you can walk up to *Passeig de Gracia* or down to *Rambla de les Flors* and the Gothic Quarter.

Buses 67 and 68 run both ways between *Plaza de Catalunya* to the Rey Juan Carlos I Hotel as does the Green Line Metro (Line 3), but consider the possibility of moving around by hiring a bike and using the bike paths in some of the Barcelona streets (see: [http://www.bcn.es/bicicleta/en/moute\\_manual.html](http://www.bcn.es/bicicleta/en/moute_manual.html)). As an average, it may take an enjoyable half an hour to cycle from *Plaza Catalunya* to Rey Juan Carlos I Hotel, and about 10 minutes from *Plaza Catalunya* to the Barcelona beach.

## Visiting the city

I can't tell you more than what you will find at: [http://www.bcn.es/turisme/english/turisme/vis\\_hom\\_fr.htm](http://www.bcn.es/turisme/english/turisme/vis_hom_fr.htm)

## Beaches

Yes, there are beaches in Barcelona. Of course you will not be alone... but at least they are not far. For those who like sunbathing and have the time, just take the bus, get off by the seashore and start walking on the sand.

## Nature

If you like walking in the midst of nature, not far, but away from buildings, the Collserola Park, at the Tibidabo Mountain, might be the place to go. Have a look at: [http://www.bcn.es/turisme/english/turisme/rutes/colls\\_fr.htm](http://www.bcn.es/turisme/english/turisme/rutes/colls_fr.htm)



## Native tips for the EMWA Spring Conference in Barcelona



- Venue of the Spring Conference
- The Old City: Gothic Quarter, Rambla de les Flors, Old Harbour
- Passeig de Gracia and Rambla de Catalunya
- Beaches and Olympic Harbour
- ▲ Peak of the Tibidabo mountain

**Sightseeing**

Don't miss:

- The XIII century gothic church *Santa Maria del Mar* (<http://www.bcn.es/turisme/english/turisme/llocs/10.htm>),
- The Gaudí and Modernism architecture (<http://www.rutadelmodernisme.com/default.aspx?Idioma=en>)
- The Picasso Museum ([http://www.museupicasso.bcn.es/eng/index\\_eng.htm](http://www.museupicasso.bcn.es/eng/index_eng.htm))

The Santa Maria del Mar church and the Picasso Museum are only about 100-150 meters apart.

**Entertainment**

Visiting <http://www.timeout.com/barcelona/> will tell you everything going on in the city. You may not want to waste your time in such places as '*Tablaos Flamencos*' and so forth.

Lovers of classical music may want to visit:

<http://www.whatbarcelona.com/classical-music-barcelona.html>

Buy tickets and see programmed concerts in the three main concert halls at:

- *El Liceo* (mainly opera): [http://www.liceubarcelona.com/teatre\\_liceu.asp](http://www.liceubarcelona.com/teatre_liceu.asp)
- *Palau de la Música*: <http://www.palaumusica.org/>
- *L'Auditori*: <http://www.auditori.org/>

**Trips outside the city**

Spanish Trails Adventures claims to be a unique trip planning and guide service for active travellers looking for the perfect day trip or extended escape into exciting Catalonia. See <http://www.spanish-trails.com>.

**Santiago Rosales**

Barcelona, Spain  
email [8945srv@comb.es](mailto:8945srv@comb.es)

**Eating and Drinking in Barcelona**

Santiago Rosales suggests staying away from the very touristy restaurants ('Las 7 Puertas' is one of them: most of the days, the main entrance has long lines of tourists waiting patiently for their turn to enter...) but Mary Ellen Kerans says it's fine for a late week night or an early supper when other restaurants haven't opened yet or you don't have reservations. Santiago says there are a number of good restaurants downtown but also near the Old Harbour (*Port Vell*), Olympic Harbour (*Port Olimpic*) or by the beach.

**Catalan cuisine restaurants**

The following are a list of Catalan cuisine restaurants Karen Shashok has eaten at and liked (about 30 euros without wine):

- Semproniana
- Pitarra
- La Bodega
- Boix de la Cerdanya
- Petra
- Restaurante Casa Jordi
- Los Caracoles (for those who want a total immersion experience in local atmosphere; best to go on an off day when there will be fewer tourists)

**A bit cheaper and less Catalan:**

- Restaurante Pla dels Angels (near the Museo de Arte Contemporaneo)
- La Gran Tasca

**Tapas**

The Catalan concept of tapas is different from the rest of Spain's as explained in the following link. Mary Ellen and Karen recommend Ciudad Condal which is mentioned in this article and Mary Ellen also recommends the Cerveceria Catalan. Cal Pep has unfortunately closed. <http://www.frommers.com/destinations/barcelona/0045025170.html>.

**Best restaurant in the world**

The *El Bulli* restaurant, which is situated approximately two hours north of Barcelona, was voted the best restaurant in the world by the *Restaurant Magazine* in 2002. Chances of getting a table there are hopeless as you need to book at least 6 months ahead. But the chef, Ferran Adria, recently gave an interview in the *Guardian* in which he gave some tips for shopping (including the famous ham) and eating in Barcelona. He warns that fish is more expensive in Spain than anywhere else in the world but recommends Rias de Galicia as the best fish restaurant in town.

<http://www.guardian.co.uk/travel/2007/dec/22/insiderguides.barcelona>

**Cocktails**

Barcelona is an amazing city for cocktails, says Ferran Adria, who mentions some bars in his article. One of them is Boadas, which I liked when I visited it with Karen.

Boadas: <http://travel.nytimes.com/travel/guides/europe/spain/catalonia/barcelona/attraction-detail.html?vid=1154654658384>

**Palau de la Música Catalana**

Mary Ellen says this is a must see place and I agree with her. It is art nouveau from the same architect as Sant Pau Hospital. Mary Ellen adds that it has a good tapas bar. It's practically empty and quiet just before intermissions, then fills with people and empties again suddenly. Great people watching.

Put together by Elise Langdon-Neuner from information provided by Santiago Rosales, Mary Ellen Kerans and Karen Shashok.

## For a great conference in Barcelona—Spanish style without so much reading



According to Hachette's pocket guide, *A Great Weekend in Barcelona*, of all the nationalities in Europe the Spanish read the least number of books per head. Barcelona is, however, the centre of the publishing industry in Spain. This guidebook also mentions that Papirvum (at Baixada de la Llibreteria; Metro Jaume I) sells hand-made paper, boxes and diaries lined with iridescent marbled paper.

These are exclusive to the shop and unique in the city. Papirvum is just one of the many small speciality shops typical for the city, which also has 41 covered markets. The guide gives many useful tips on shopping, as well as sightseeing, nightlife and places to eat in Barcelona.

## TWS Editorial Board Meeting in Barcelona

Anybody interested in contributing to *TWS* or shaping it's future is very welcome to attend the Editorial Board Meeting which will be held at the Barcelona conference at breakfast time on Friday 2 May. Room details will be given at the conference.

## Barcelona's notion of direction

Barcelona has an 'up' and a 'down' (but not an 'uptown' and 'downtown' like New York). Up is the 'mountain' side of any street or square and down is called the 'sea' side: *mar i muntanya* is the order of naming them in Catalan. There's no east or west but rather a right and left. Left is to your left as you're looking at the mountain (Tibidabo, great views on a fine day). Right is to the right, roughly north-northeast, but the compass is irrelevant in Barcelona. The right *Eixample* (nineteenth-century enlargement) is where two important art nouveau sights are—Gaudí's Sagrada Família and Sant Pau (a pavilion hospital by Domènech i Montaner, also the architect of the Palau de la Música Catalana).

The other essential concept for getting your bearings in Barcelona is the Gothic Quarter vs the *Eixample*—the new quarter, opened up by the architect Cerdà outside the medieval walls. The boundary between the old and new parts is the Plaça Catalunya.

Thanks to Mary Ellen Kerans for this contribution.

## A very special opportunity for EMWA musical instrument players in Barcelona

*EMWA members who play an instrument have a very special opportunity for some fun during their stay in Barcelona. They are invited to play along with an amateur string orchestra at one of their rehearsal sessions (on Tuesdays, 8 pm).*

Our "Ars Medica Orchestra" is an amateur orchestra sponsored by the Barcelona Physicians Organization, but players also include chemical engineers, translators, teachers, businessmen, etc. Some players are of German origin and live in Barcelona. Anyone who plays a string or wind instrument is very welcome to join us for some fun together in a relaxed and informal setting. Please contact Santiago Rosales at 8945srv@comb.es for more details and a copy of the scores.

## Rambla

A 'Rambla' is a pedestrian boulevard of sorts that is tree lined and shady—taking advantage of fertile ground and abundant water because it runs along the natural rainwater course of the city. The word comes from *ramla*, the Arabic word for just such a seasonal watercourse. Most traditionally laid out Catalan towns, especially along the coast just north of Barcelona have a Rambla that the locals call such—even when it's not the official name of the street. *Las Ramblas* refers to the walk from Plaça Catalunya down to the port. Above Plaça Catalunya, the Rambla de Catalunya offers a good place to appreciate the nineteenth-century *Eixample* district. There are many cafés on the newer Rambla, but its upper part is unfortunately in the midst of a major construction project at present.

Thanks to Mary Ellen Kerans for this contribution.

## Would you like to cut costs and share a room at the Barcelona Conference?

Are you keen on staying in the conference hotel, but cannot afford or are unwilling to pay the full cost of a hotel room containing two beds? The "Share-a-room" scheme allows EMWA members to find another member willing to share a room and therefore split the cost of the room. Please submit the following details to Head Office (info@emwa.org) who will contact you if they have a potential match.

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Smoking: \_\_\_\_\_ No Yes  
 Sex: \_\_\_\_\_ Male Female  
 Date of arrival: \_\_\_\_\_  
 Date of departure: \_\_\_\_\_

## Undistinguished

*We have to distinguish two types of morbidity: uncomplicated morbidity in the community and complicated morbidity usually leading to hospitalization.*

In the sense of to make a difference ‘between’, the verb to distinguish—unlike other languages—is constructed with between in English, hence *We have to distinguish between two types of morbidity: ...*

We were able to distinguish two signals ... means that not only were you able to distinguish between two signals, but that you were also able to distinguish them from the background noise, for example.

**Alistair Reeves**

[a.reeves@ascribe.de](mailto:a.reeves@ascribe.de)

*Writers, like teeth, are divided into incisors and grinders.*

Walter Bagehot, economist and journalist (1826-1877)

## Going over the edge

If you ever find your brain getting dusty, I strongly recommend a visit to [www.edge.org](http://www.edge.org). Under the auspices of editor and publisher John Brockman, its credo is “To arrive at the edge of the world’s knowledge, seek out the most complex and sophisticated minds, put them in a room together, and have them ask each other the questions they are asking themselves”. The site offers a wealth of articles and video podcasts covering a wide range of topics from religion (How do you Fed-Ex the Pope?) to neurology (Mirror neurons and the brain in the vat) to social psychology (You can’t be a sweet cucumber in a vinegar barrel). You’ll find thought-provoking contributions from a fascinating mixture of personalities such as Steven Pinker, Richard Dawkins, Daniel Dennett, Craig Venter and E.O. Wilson, to name just a few. And if you get hooked, you can subscribe to the regular Edge newsletter—just to keep your brain limber!

**Ursula Schoenberg**

[u.schoenberg@t-online.de](mailto:u.schoenberg@t-online.de)

<http://www.sci-tech-specialist.de>

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(please quote EMWA in all correspondences)



## A short history of—or the end of history for—medical products

"Doctor, I have an ear ache."

|           |   |
|-----------|---|
| 2000 B.C. | "Here, eat this root."                                |
| 1000 B.C. | "That root is heathen, say this prayer."              |
| 1850 A.D. | "That prayer is superstition, drink this potion."     |
| 1940 A.D. | "That potion is snake oil, swallow this pill."        |
| 1985 A.D. | "That pill is ineffective, take this antibiotic."     |
| 2000 A.D. | "That antibiotic is artificial. Here, eat this root!" |

Roots might not be there to be taken in future, and it might not even be possible to develop new medicines from plants. A group of representatives from botanic gardens reported 400 plants that are at risk of extinction. Over 50% of prescription drugs are derived from chemicals first identified in plants [1]. Although many chemicals from plants at risk are manufactured artificially, new discoveries are in jeopardy as well as health in undeveloped countries where plant-based medicine is still widely practiced.

The following are examples of plants at risk that have medicinal qualities:

Yew tree—bark is used for the most widely used cancer drug, paclitaxel, but 6 trees are need for a single dose.

Hoodia—from Namibia is of interest in developing drugs to suppress appetite but it's almost extinct.

Magnolia—believed by the Chinese to combat cancer, dementia and heart disease but half of the world's species are under threat of extinction.

Autumn crocus—used by the Romans and Greeks as a poison is effective against gout and might help fight leukaemia but is under threat from over harvesting by the horticulture trade.

**Elise Langdon-Neuner**

*langdoe@baxter.com*

### Reference:

1. <http://news.bbc.co.uk/2/hi/health/7196702.stm>

*Language is not neutral. It is not merely a vehicle which carries ideas. It is itself a shaper of ideas.*

Dale Spender, writer (1943- )

## Letter order doesn't matter

The following footed an email with a proof attachment:

"The phaonmneal pweor of the hmuan mnid, aoccdnrig to a rscheearch at Cmabrigde Uinervtisy, it deosn't mttar in waht oredr the ltteers in a wrod are, the only iprmoatnt tihng is taht the frist and lsat ltteer be in the rghit pclae. The rset can be a taotl mses and you can sitll raed it wouthit a porbelm. Tihs is bcuseae the huamn mnid deos not raed ervey lteter by istlef, but the wrod as a wlohe. – So please check the proofs carefully".

However, if this research is correct, and it seems to be, there would be no need to check the proof for misspellings!!

## Making peer reviewer comments on language more useful

English ability and style preference varies within the scientific community. This can lead to misunderstandings and inflexibility. In her very thorough article Karen Shashok, who has been a valued contributor to TWS for many years, examines the failure to distinguish between content-based and writing-based criteria in the process of peer reviewing manuscripts submitted to biomedical journals. She points out that if reviewers confuse aspects of content and writing they can deliver comments to the authors that are misunderstood and cause them to change their text for the worse rather than the better. She has worked with researchers who, following reviewers' requests, have added unnecessary citations and paragraphs that have disrupted the logical flow of ideas. As a result the final published articles have been less coherent and persuasive after the intervention of peer review. With these problems in mind, Karen suggests ways in which editors could provide more guidance to reviewers to improve the peer review process. She proposes that gatekeepers at biomedical journals join together with academic literacy researchers and wordface professionals (author's editors, medical writers and translators) to establish a system of effective feedback for authors. This could add strength to the peer review process as a tool for improving the readability of manuscripts.

Shashok K. Content and communication: how can peer review provide helpful feedback about the writing? *Medical Research Methodology* 2008, 8:3 (31 January 2008) freely available at: <http://www.biomedcentral.com/bmcmedres-methodol/archive>

## 5% of medication errors are due to misunderstood abbreviations

The UK's Medical Defence Union has warned doctors against using abbreviations because they can have more than one meaning or can be misread. Misinterpretation has led to the wrong limbs being removed and fatal drug doses being administered, e.g. "acyclovir (unknown doses) with HD" (HD meaning haemodialysis) was misread as 'TID' (three times daily). The patient died from the overdose [1].

The confusion caused by abbreviations was exposed in an article from the paediatric department at Birmingham Heartlands Hospital published in November last year [2]: 'TOF' could be understood as 'tetralogy of fallot' or 'tracheo-oesophageal fistula', which are different conditions. The study was to assess the frequency and understanding of abbreviations in medical records. The use and meaning of the abbreviations was compared with two medical dictionaries. A total of 2286 abbreviations (221 different abbreviations) appeared on 25 handover sheets, of which only 14% and 20% were found in the two dictionaries. A total of 3668 (479 different) appeared on 168 sets of medical notes, of which 15% and 17% were in the dictionaries. Paediatric doctors recognised 56-94% of the abbreviations on a list they were given and healthcare professionals understood only 31-63%. The researchers concluded not only that the use of abbreviations was common in their area but that their use was not standardised.

This brings to mind a prescription I received from a paediatrician for a cream to treat nappy rash, which was a pain in the backside for my first child. The cream handed over to me at the pharmacy was thick, grey and of an elastic consistency. The inexperienced of course trust their doctors and chemists, but after a week of seeing no improvement I took the baby back to the horrified paediatrician. Whatever complaint the cream was indicated for it certainly wasn't nappy rash. I am not sure whether it was an abbreviation or just the doctor's terrible handwriting that the pharmacist had misunderstood.

Kevin Cleary (a real name not one made-up for this purpose), of the National Patient Safety Agency, commenting on the report from Birmingham said: "Abbreviations in clinical notes, prescriptions and treatment charts should be kept to an absolute minimum." This should not be news to medical writers.

**Elise Langdon-Neuner**

*langdoe@baxter.com*

1. <http://news.bbc.co.uk/2/hi/health/7171453.stm>
2. Sheppard JE, Weidner LC, Zakai S, Fountain-Polley S, Williams J. Ambiguous abbreviations: an audit of abbreviations in paediatric note keeping. Arch Dis Child. 2007 Nov 26

## -ic or -ical?

In general, US English favours the '-ic' ending for adjectives (*virologic*, *pathologic*) and British English the '-ical' ending (*virological*, *pathological*). Like almost everything else in English, this is not 100% consistent (for example: I note that some US writers prefer *bacteriological* to *bacteriologic*). Sometimes there is no form with '-ical' (e.g. endemic, epidemic, frantic), and sometimes there is no form with just '-ic' (e.g. whimsical, identical), even though you do find some examples as archaic forms in dictionaries. Whatever, the adverb is almost always—and often only—formed with '-ally'. I have to say 'almost always', because an Internet search will show you that at least 'frantically' and 'organically' are obviously beginning to establish themselves, albeit it at present with very many fewer mentions than 'frantically' and 'organically'. And I still regard them as incorrect, although I do remember one of my primary school teachers (in 1963!) saying: "Some people prefer to write frantically. But we don't".

Obviously, in one text, it looks better if you try to remain consistent, and there is almost always no difference in meaning whether you use '-ic' or '-ical'. I am aware of the following differences in meaning between '-ic' and '-ical' forms, and often see them confused:

- Classic: traditional, tried-and-tested—The classic treatment for sprained ankle is a cold compress.
- Classical: related to antiquity—She had a classical education.
- Economic: related to the economy—Flu pandemics have great economic impact.
- Economical: money-saving—There are several economical methods of determining this enzyme.
- Historic: landmark event—Watson and Crick made a historic discovery.
- Historical: related to the past—We performed a historical comparison with migraine sufferers.

I would be interested to hear of any others.

**Alistair Reeves**

*a.reeves@ascribe.de*

*Words matter. Every word matters.*

British Prime Minister Tony Blair 1998

## email vs e-mail

*The Write Stuff* style for writing electronic mail is email. Why isn't it e-mail? There are two reasons: email looks nicer and it's email in the *Concise Oxford Dictionary*.

Neville Goodman, one of the coauthors of *Medical Writing a Prescription for Clarity*, wrote to *The Write Stuff* and made the following case for using e-mail:

- With the possible exception of 'emasculate', all words starting 'em' are pronounced as 'emanate' or 'emote' and none as a long 'e'; and two syllable words starting with 'e' have the stress on the second syllable.
- Writing 'email' without a hyphen does allow for e-address and similar contractions, e.g. e-letters (used on bmj.com), which is somehow inexpressible in any other shorthand way. It means something different from 'electronic letters'.

*The Write Stuff* style is not set in stone. I would be interested to receive opinions from readers as to which style of the word they prefer and why.

**Elise Langdon-Neuner**  
langdoe@baxter.com

## Vital signs

Dear TWS,

I enjoyed all sections of the December 2007 issue of *TWS* and learned a lot. I have, however, a doubt regarding Karen Shashok's use of the possessive form in the book review section (Hames'). Strunk and White's *The Elements of Style* states that there should be an *s* following the apostrophe (Hames's) even with a word ending with the letter *s* if this word is singular. Is this rule still valid? (My edition is really old!)

**Marcel Milcent**

Niterói, Rio de Janeiro, Brazil

### Editor's reply

This is a very interesting question and Alistair Reeves has kindly agreed to tackle it in the next (June) issue of *TWS*.

*Ignorant people think it's the noise which cats make that is so aggravating, but it ain't so, it's the sickening grammar they use.*

Mark Twain

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# Tense and voice in medical writing

by Valerie A. Elliston

As we know, the verb is the most important part of speech. (*Verbum* = the word.)

Its tense can tell us the **time** of the action (past, present or future) and the state of **completeness**, whether finished ('perfect') or continuing ('continuous' or 'progressive'). Within these simple categories are several more detailed situations, but the purpose of this article is to concentrate on those most important in medical writing. We will look at examples of tense and voice in everyday language before noting what differences or subtleties are involved when applied to medical usage.

Does this really matter? Yes: science depends on clear thinking and precise reporting.

## Present simple tense

The last statement above is a sentence in the present simple tense because it is a simple statement of a fact that exists in the present time, even more important in writing because the outcome becomes permanent and needs to be understood by all who read it. There is no help from tone of the spoken voice or body language. Therefore, the choice and arrangement of words are vital. Further examples of this use of the present simple are  
*Complex language impedes understanding.*  
*Paris is the capital of France.*  
*Her name is Anna.*

In medical writing, the present simple is used in reference to stable conditions, generalizations, or facts already known and published, as in the following.

*Hypogonadism is a feature of chronic renal failure.* An accepted fact resulting from studies and publication.  
*The local hospital is on red alert.* A known fact.  
*Jones shows a rate of relapse of 30% unless the injection is repeated.* Referring to a publication by Jones.  
*Kidney damage occurs in a minority of patients and can be detected early by a urine test for albumin.*  
*This test is used for the diagnosis of XYZ.*  
*Several recent reports describe similar findings.*

The simple present is also used when a method is being described for the first time for the purpose of instruction, but the remainder of the Methods and Results section of a paper is written in the past tense.

*The pilot tube is attached to the airway by a T-connector.*  
*At first, the patient lies in the prone position.*  
*The surgeon inserts his finger into the atrium.*

*The testing strip is placed into the meter and gives a precise blood glucose reading.*

The captions to illustrations, figures, graphs and tables are also written in the simple present, but comments are written in the past tense.

*Figure 1. The arrow denotes an intervention which, after a latent period of 2 days, causes the variable to decrease.*  
*Figure 10 shows measurements in appropriate units. It indicates adults by closed circles, children by open circles.*  
*There were statistical differences between the periods.*  
*Table 3 shows the glycaemic index of different foods.*  
*The above illustration shows the principal features of the eye.*

Note that the present simple tense indicates actions that are complete.

## Present perfect tense

The present perfect tense refers to repeated events, or to a period of time that continues from the past to the present. The main verb is used in conjunction with the auxiliary verb 'have'. The action here is only just finished, and remains of current interest viewed from the perspective of present time.

*He has written the essay.* Very recently, only just finished.  
*She has left the country.* Recently.  
*They have moved to a new house.* Recently.

In medical writing,

*Jones has reported that . . .* indicates a paper published in the recent past and still of continuing importance.

*A serious complication has occurred.* An event in the recent past that is of continuing concern in the present.

*There have been few reports of this disease among very young children.* So far. There have been few within the recent past but there remains a possibility that the disease might occur again.

*This drug has produced a significant rise in blood pressure.* It still does.

*This behaviour has occurred under different environmental conditions.* It still does.

## Present continuous

This tense indicates actions taking place right now, in the present.

*They are studying this behaviour under different environmental conditions.*

*We are building a new orthopaedic unit at the local hospital.*

Each is a statement of fact without any sense of the amount of time taken so far.

>>>

>>> **Tense and voice in medical writing****Present perfect continuous**

The present perfect continuous indicates actions commenced in the recent past but not yet completed; unlike the present perfect they are still continuing.

*They have been studying this behaviour under different environmental conditions.*

They have been doing this for some time, but have not yet finished the work.

*We have been building a new orthopaedic unit at the local hospital.* The work began recently, but is not yet finished.

*They have been carrying out clinical studies on this condition.* Not yet finished.

In each case, there is a sense of actions taking place over some time even though the exact period is not mentioned.

**Simple past tense**

The simple past tense indicates that the action was completed before the time of speaking or writing.

*I lived in New York. He worked in London. She came to England.* All simple, obvious facts completed at some time in the past and not specifically related to the present.

In medical writing, this tense is used to discuss results that cannot be generalized and relate only to a particular study. Note the important nuances of meaning in the following examples.

*Jones (1990) reported that 35% of the insects in his study showed signs of parasitism.*

(This result is specific to Jones's particular study.)

It is also used for unpublished results that will not become established knowledge until after publication, as in

*In the study presented here, the drug killed 90% of the X bacilli, as Table 2 shows.*

Note the difference between this use and the use of the simple present tense for established facts.

*Jones reports that . . .* (simple present) refers to a just-published paper of current interest.

*Jones has reported that . . .* (present perfect) indicates a paper published in the recent past and still of intellectual importance. The year is seldom mentioned when using this tense.

*Jones reported that . . .* (simple past) indicates a paper published some time in the past, a completed event. In contrast to the present perfect tense above, the year is usually mentioned as in

*In 1990, Jones reported that . . .*

**Past continuous**

The past continuous indicates a past action that was continuing when something else happened, as in

*He was having a bath when the telephone rang.*

*Jones was writing the report when he suddenly realised . . .*

The continuous here is contrasted with the simple past.

**Past perfect**

The past perfect tense indicates an event that occurred in the past but before another event that also occurred in the past. This tense involves the use of the auxiliary verb 'have' in its past tense: *had*.

*He had lived in London for years before he came to Cornwall.* First he lived in London, then he left there and went to live in Cornwall.

*She had already conducted these experiments before we met.* Her experiments were completed before we met.

*Jones had reported . . .* before some other report or event.

There follows naturally the past perfect continuous tense which again indicates an event that occurred in the past, but continued in relation to some other event, drawing attention to the two different time frames.

*I had been taking a bath when the telephone rang.*

*The surgeon had been operating for an hour when the patient suddenly collapsed.*

*The drip had been working satisfactorily until the blockage occurred.*

**Active and passive voice**

*She made the incision.* She (the subject of the sentence) did something.

*The incision was made.* Here, the incision (the subject of the sentence) did nothing. It remained passive; someone did something to it.

*The boy ate the apple* (active voice)

*The apple was eaten by the boy* (passive voice)

Use of the passive was once an established convention in scientific writing, but the active voice is now preferred unless otherwise stipulated. It produces clearer, more direct language. Common passive constructions in medical writing include

*It was decided to . . .* instead of *We decided to . . .*

*Measurements were then taken* instead of *We then took measurements.*

*It was felt that . . .* instead of *We felt that . . .*

Some writers feel that the passive voice sounds more modest and 'scientific', but the foremost aim should be for clarity and directness, avoiding superfluous words.

There are occasions, however, when the passive would be appropriate.

It can be used when the performer of the action is not as important as his or her office.

*The president was honoured at the ceremony when . . .* The office was being honoured rather than the individual.

It can also be used when the performer of the action is relatively unimportant, as in

*All the patients were then weighed.* Someone other than the writer weighed the patients.

The passive can also be used with a 'by phrase' when the performers of the action are multiple, as in

## Tense and voice in medical writing

*The idea has been put forward by the Royal College of Surgeons, the General Medical Council, The Royal College of Obstetricians and Gynaecologists, and the Royal College of Nursing.* Use of the passive here makes for a smoother sentence rather than reading the long list of organizations as active subjects.

Finally, it might be useful to mention one construction that seems confusing whether spoken or written. (The speaker usually sounds hesitant and doubtful.) The asterisks indicate the incorrect sentences.

*\*I should have liked to have visited Rome.* This should be either

- (a) *I should have liked (last year) to visit Rome (but we didn't have time) or*
- (b) *I should like (now that I reflect on it) to have visited Rome (last year).*

The meaning is either:

- (a) While I was abroad I wanted to visit Rome but it wasn't possible. Or
- (b) I wish now that I had visited Rome but it wasn't possible.

In medical writing this construction could appear as, for example,

*\*We would have liked to have shown . . .* instead of

*We would like (now) to have shown . . .* or

*We would have liked (then) to show . . .*

**Valerie A. Elliston**

Colchester, UK

**Valerie A. Elliston** is a freelance writer and registered indexer. She was formerly an adult education lecturer in English language and literature.

## So what is a 'native speaker'?

Bernadette Scalzo, a freelance colleague in France, sent the following question to the EMWA Freelance Email Discussion Forum:

*Some job adverts for medical writers request English mother-tongue or native-speaker freelancers. Is there actually a legal basis for the term 'mother tongue' or 'native speaker'? The terms actually provide no information on the ability of the native speaker of English to write English well in our context.*

I think it's worth throwing this question open to a larger audience than the freelance membership.

There is obviously no legal basis for the term 'native speaker' and never will be. We are all native speakers of something. I have always said that the fact that a person is a 'native **speaker**' of a language does not mean that they can **write** that language well. Much of the writing medical writers do these days in Europe and elsewhere has to be in English. There are plenty of people doing a great job as medical writers in English whose 'native language' is not English. And, of course, not only I see better 'writing' in English (in the sense of *composition* or *conceptual work*) from 'non-native' speakers of English than from some 'native speakers' of English. Being a native speaker of any language is definitely not a passport to being a good writer in that language. As a trainer in medical writing in English, the illustrious 'English native speaker' can be the bane of my life. Regular readers will know that many of the myths I try to explode are prefaced by the statement: "A native speaker of English told me

that there is a rule that . . .", and I can often find no basis for a 'rule' whatsoever!

The reason that Bernadette's question interested me was not just because of 'English'. I would like to invite all readers to send me their 'dictionary' definition (i.e. as short as possible) of the term 'native speaker'. Can it be defined? Can you be a 'native speaker' of two languages? Does it mean the language of the country you are born in and live in for the first few years of your life? Does it mean that you have to have learned the language from birth? What if the people who taught you a language from birth were not native speakers of the language of the country you live in, and you don't learn the country's language until pre-school or school, and always speak a different language at home?

Before answering, it would be worth checking out Lim Soo Hwee's article 'What is the definition of a native speaker of English' in a previous version of *TWS* [1]. She attended school in Singapore where her entire education was in English, and she says: 'Though I was born into a family that speaks Hokkien (a southern Chinese dialect), I am not fluent enough to carry on a decent conversation in this dialect with my elders'. Her article makes interesting reading.

**Alistair Reeves**

[a.reeves@ascribe.de](mailto:a.reeves@ascribe.de)

### Reference:

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## 5 last myths about English (7)

by Alistair Reeves

Again, I present my personal view on some of the purported ‘rules’ in English I am told by writer colleagues and others who attend my training events. Myths 1–34 appeared in previous issues [1–6]. These are my last 5 myths—for the time being at least! I have a feeling that I will be back with more, as I am about to start some training events in countries I haven’t trained in before. Thanks to all those who have written to me over the past 2 years with questions, encouragement and criticism. I am sure there are many more myths out there gnawing at the conscience of concerned—if not sometimes perplexed—writers, so if you come across any, please do let me know.

### Myth 35: You must never use inverted commas in a title or heading

I prefer not to use inverted commas in a title or heading in a study-report-type document or a formal journal article reporting on a clinical study, but it is sometimes unavoidable. Regular readers will note that I have often used inverted commas to highlight words in the titles of these myths, but this is a journal, and the type of document makes a difference. There is no ‘must’ about this. Inverted commas are often used indiscriminately in general. I used them around the ‘must’ in the sentence before last to achieve two things: (i) to highlight the word, which is further underlined by the word *no* before it; (ii) because using the word this way is often a spoken device, and I chose here to use it in writing, which is a little unusual, so I am calling its use in this way into question.

### Watch out for the paparazzi at EMWA conferences!

EMWA has decided against supplying translations of the pages on its website for the time being. In the design stage the new website did have some translations that had been created by Google translation software. But this produced a quality somewhat short of what we have come to expect from our esteemed European association of medical writers. For example, Helen Baldwin pointed out in the testing stage that if you clicked on the ‘French visitors’ flag, on the homepage and then the ‘jobs’ button, the ‘vacancies for freelancers’ that appeared on the English site had been translated into French as ‘vacances pour les pigistes’, which means ‘holidays for the paparazzi’! Helen remarked: “No wonder we get such a good turnout for our conferences!”

You usually use inverted commas when you wish to:

- Quote something.
- Stress or highlight something.
- Call something into question.
- Indicate that you are doing something unusual, such as creating a nonce word or term.
- Use something figuratively.

They are also used for newly coined terms that have not yet established themselves (but are more established than nonce terms), or terms that are regarded as casualisms (this is usually context-dependent).

You should always ask yourself why you feel you need to put inverted commas around a term, especially in a heading or title, unless you are quoting direct speech, and whether it might not be better to stress it or call it into question in a different way. This device should therefore generally be reserved for journals, marketing documents, or less formal documents, and is generally not such stuff as headings in study protocols or your Common Technical Document are made of.

The last few editions of the *BMJ* included the following titles with inverted commas:

- *Doctor takes “march of shame” to atone for drug company payments.* (figurative use)
- *Charity highlights “forgotten crises”.* (highlighting: not really forgotten, or deliberately forgotten)
- *Diabetes expert accuses drug company of “intimidation”.* (quoting, calling into question)
- *Scientists “reprogramme” skin cells to create embryonic stem cells.* (unusual, new use)
- *FDA may allow drug and device companies to promote “off-label” uses.* (casualism)

The nature of these headings shows that they were used for more news-type articles and not in titles for standard journal articles formally reporting on the results of investigations, where the use of inverted commas is much rarer. The last one surprises me: I would have thought that in our context, ‘off-label’ was well established enough to dispense with inverted commas, but the *BMJ* obviously still regards it as too casual. They also obviously prefer double inverted commas. It doesn’t matter which ones you choose—same as ever: be consistent. Most people go for double inverted commas when quoting what someone actually said and use single in other cases. There is no rule.

## 5 last myths about English

You might feel the use of inverted commas in a heading in a study protocol, report or summary document is appropriate if you have groups that require fairly complex explanation, such as ‘Treated stroke-belt childhood residents’, ‘Treated stroke-belt non-childhood residents’, ‘Untreated stroke-belt childhood residents’, and ‘Untreated stroke-belt non-childhood residents’, which I recently came across in a report I edited. This resulted in headings such as *Efficacy in ‘treated stroke-belt childhood residents’*. I understood why the author had used the inverted commas: *stroke belt* needs explanation anyway, non-childhood is an unusual term and needed definition, and *resider* is a nonce word for ‘person living in ...’. The groups were all defined well in the text, and I would definitely have resorted to simpler terminology in the headings (also defined in the text, of course) such as *Efficacy in Group A*.

By the way: it is not necessary to use inverted commas around terms preceded by *so-called* in English. Careful use should be made of *so-called* in English anyway, because it is often used negatively and emphatically calls into question whatever you are calling *so-called*. Because inverted commas themselves are used to reflect the idea of *so-called*, adding them afterwards makes the element of doubt even stronger.

### Myth 36: It is bad style to use ‘we’ when reporting on and discussing results

Not usually seen in study reports or summary documentation, this is perfectly legitimate in journal articles, and nothing can be said against it, except that it should not be done to excess—but that applies to almost everything. The use of the first person plural makes it very much easier to fulfil a requirement that you find in many styles guides, namely to write as much as possible in the active voice (this should also not be overdone either, by the way). Such widespread use of the first person plural is made in this way that I am surprised ‘rules’ are still circulating that this should not be done, but this has been mentioned twice to me in the past two months. You can also quite happily talk about ‘our results’, ‘our approach’, or ‘our patients’. The first person singular can also, of course be used—but you should first think very carefully about whether you—and only you—really did all the planning, all the research, all the evaluation, and, of course, all the writing.

Another ‘by-the-way’: if you belong to a language group that traditionally forbids the use of ‘I’ or ‘We’ as the first word in a letter after the initial greeting, you can forget this in English. It is quite normal to start with either, and is not impolite or bad style. In letters and emails written by those with English as a second language, you can often see how the author has wrangled with a sentence just to avoid starting with ‘I’ or ‘We’. Starting with yourself as the subject is expedient in English, because it enables you to stick to expected word order, and doesn’t sound strange to the recipient. Don’t start every sentence in the letter with ‘We’ or ‘I’, though!

### Myth 37: Clauses that begin with which are preceded by a comma

This is indeed what it says in black and white in the American Medical Association Manual of Style [7], and was no doubt the reason why, some years ago, a French colleague emphatically put commas before every ‘which’ in a report I had written (this was the only change he made!), which unfortunately wreaked havoc with the meaning of most of the text, and had to be reversed.

I should actually have entitled this myth *Clauses which begin with which are preceded by a comma* (note the absence of the comma before which). This is because, like many speakers and writers of British English, I often do not observe the distinction between *non-restrictive* and *restrictive* clauses by using *which* preceded by a comma for the former and *that* not preceded by a comma for the latter; instead, I often use *which* without a comma for the latter. My empirical observation is that this is increasing, that we do this more when we write than when we speak, and that it is becoming so widespread, even in good writing, that it is now unstoppable. The distinction achieved by *which* preceded by a comma and *that* not preceded by a comma seems to have retained a firmer place in US English amongst writers, at least, but there are signs that it is crumbling [8]. Preserving the distinction avoids ambiguity, but does the absence of a comma before *which* always lead to ambiguity? Here is an example of where it does:

*A. The human antichimeric antibody levels, which were determined 6 weeks after the end-of-study visit, will be reported on separately.*

**No ambiguity:** the levels were determined only after 6 weeks and will be reported on separately, i.e. all levels determined will be reported on.

*B. The human antichimeric antibody levels which were determined 6 weeks after the end-of-study visit will be reported on separately.*

**Ambiguous:** it means either same as sentence A, or that levels were determined more than once, but that only those determined after 6 weeks will be reported on separately.

If I alter the wording in the title of this myth, you see that the absence of a comma does not always lead to ambiguity:

*Clauses which begin with because are only rarely preceded by a comma.*

Nobody would understand from this claim that **all** clauses begin with *because*, even though *which* begin with *because* here is a restrictive clause, and according to the ‘rule’, should actually begin with *that*. If the meaning is clear, I no longer rigorously correct *which* to *that* for restrictive clauses.

This is also illustrated by the following example:

*These small particles target the blood vessels which supply the tumour with nutrients and enable it to grow.*

Again, nobody would understand from this that **all** blood

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vessels supply the tumour with nutrients, only those which actually lead into the tumour. According to the ‘rule’, *that* should again have been used here, but the meaning is clear, and the restrictive nature of the *which* is heralded by the use of the word *target*, which tells the reader that only selected blood vessels are involved, and not all.

So, the essence of this myth is that you will often come across (and probably write yourself) clauses that begin with *which* that are restrictive and where *that* ‘should have been used’, but where the meaning from the context is unambiguous. The message is that this is changing and that you have to pay attention to this when writing and editing: if there is any suspicion that the clause with *which* and no comma might lead to ambiguity, change it; if not, you can leave it, but expect to be ‘corrected’ by some!

Valerie Elliston explains restrictive (also called defining) and non-restrictive (also called non-defining) clauses in *TWS*, Volume 15, No. 1 [9]; commas with *which* are also discussed in *TWS*, Volume 16, No. 2 [10, 11].

### Myth 38: ‘Due to’ should only be used when ‘due’ is an adjective that modifies a previous noun

A resolute participant faced me with this. She remained immovable, and indeed her opinion does have its basis in style guides and grammar books. Let’s see what you think.

This is complex because the ‘due’ in the following (acceptable) sentence is actually an adjective forming part of an adverbial phrase, but most people will not recognise it as such:

*The failure of the assay was due to inadequate saponification of the samples* (I appreciate that *The assay failed because the samples were not adequately saponified* is better [see below]).

Why is ‘due’ an adjective here? Because it follows the verb ‘to be’ as the predicate and modifies the compound term ‘failure of the assay’ which is the subject of the verb. Like most people—including me now—you are probably all thinking that this is getting a bit too complicated.

An easier lexical approach is to apply the ‘acid test’ to show whether you may use ‘due to’, which is: can ‘due to’ be sensibly replaced by ‘caused by’? This shows that ‘due to’ is acceptable in the above sentence: *The failure of the assay was caused by inadequate saponification of the samples*. This means that *The assay failed due to inadequate saponification of the samples* would not be acceptable, because you cannot say *The assay failed caused by inadequate saponification of the samples*, but you could say *The failure of the assay was caused by inadequate saponification of the samples*.

A further complication is the existence of *owing to*. If you can say *caused by*, you can say *owing to*. This means that you could say *The assay failed owing to inadequate saponification of the samples* but not *The assay failed due to inadequate saponification of the samples*. Isn’t this just splitting hairs? Is anyone going to misunderstand this sentence because you used *due to* and not *owing to* or *caused by*?

All this, of course, means that you are not supposed to start a sentence with ‘due to’ either because you would never start a sentence with ‘caused by’, but I find I cannot object to *Due to unforeseen problems, the assay was abandoned after the first two runs*, and many others agree with me.

Some still have that lingering unrest often associated with these myths, and waste time and energy grappling with which one to use. Isn’t it time we recognised *due to* as interchangeable with *owing to* to spare these authors this soul searching and discussion? If you cannot bring yourself to do this, you can always just rewrite the sentence with *because* or *because of*.

*The assay failed because the samples were not adequately saponified* or *The assay failed because of inadequate saponification of the samples*.

If you do this, I prefer the first version because both clauses are verb-based, which is always better in English. And I actually prefer the solution with *because (of)* to the solutions with *due to*, *owing to* or *caused by*.

So I have already made the transition as far as ‘due to’ is concerned—and as with the jettisoning of many of these deeply ingrained mechanisms to avoid what is actually a rather unimportant issue, it took quite some time. I used to apply the acid test rigorously whenever I came across or used ‘due to’ and act accordingly. Now I am pleased that I don’t. Another thing that makes life simpler!

### Myth 39: You should always say ‘for him and I’ or similar

Finally, I need to get something off my chest, even though it isn’t concerned with writing in our context, and it is generally not a problem for non-native speakers of English because they have a higher awareness of the accusative, dative and indirect object. Curiously enough, this problem seems to be less widespread amongst North Americans. After claiming above that the difference between ‘due to’, ‘owing to’ and ‘caused by’ is not worth worrying about, you may wonder how I can get worked up about this one, but there we are: we all have a *bête noire* (or several).

Three things in this regard were drummed into us in English lessons years ago in England:

- It is impolite to put yourself first when speaking, so you always say ‘John and I went into town’.
- You never say ‘John and me went into town’, because you and he are the subjects of this sentence; the worst transgression was to say ‘Me and him went ...’. You never got into trouble if you said ‘I’.
- You retain the order in the first bullet point here when “John and I” are objects, indirect objects or follow prepositions, but in this case you say ‘John and me’, because ‘me’ is the objective/accusative or dative personal pronoun of ‘I’.

This looks very straightforward, but our teachers obviously did a great job with being emphatic about the ‘I’, because countless people up and down the UK, also in the



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media, clearly have their wires crossed on this one and regularly say ‘John and I’ or ‘you and I’ when they should be saying ‘John and me’ or ‘you and me’. Consequently, this even creeps into writing, especially emails. You have to be sure that ‘I’ comes second, and the rule that you shouldn’t say ‘me’ is so entrenched that out comes an ‘I’ so you sound right. Interesting is that this doesn’t apply to other personal pronouns: *for you and we* or *after he and they* could only be jocular and do not even form part of regional dialect.

I had to do some retraining on myself, as the inappropriate ‘I’ was also creeping in with me. After considerable effort to correct this, a colleague then corrected *me*. I said: “You can come *with him and me* in my car, if you like”. This resulted in a look of horror, a hand placed on my arm to break the news gently, and a whispered: “I hate to correct you, but you should always say *him and I*”. I did not deign to respond or remind the colleague concerned that if I had just said “You can come with me in my car, if you like” she would never have dreamt of correcting me. Listen out for them! *She never gets the minutes ready on time—but that just between you and I, of course* or *They arrived after Susan and I*.

I recently did a training event in England. A couple of copies were missing. One of the participants went off to get copies and came back into the room, commenting: “It’s all right, I asked X to make copies for you and me ...”. OK. But then there was a moment’s pause for a quick grammatical retake, and after a frantic glance at me as the ‘medical-writing-teacher-who-knows-everything’, the participant added: “...err ... em ... I mean for you and I, of course”. No comment.

The way to get it right is to consider what you would say if you were on your own. And you would never say: *You can come with I* or *They arrived after I*—I am certain of that.

Of course, this throws up the whole question of whether it is correct to say ‘It’s me’ or ‘It was her’, but that’s one can of linguistic worms that I do not intend to open at this point.

### Alistair Reeves

Ascribe Medical Writing and Translation, Wiesbaden, Germany  
a.reeves@ascribe.de  
www.ascribe.de

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## Hey, it’s only my opinion

### EMWA memoirs

It was in July 1999 that I stumbled upon the EMWA website. At that time I was working at the University of Cologne in Germany, so as the site looked interesting I contacted Phillipa who was then responsible for the head office and what a journey it has been since.

I attended the infamous first ever 1-day meeting at Henley some of you may remember—the one where it rained all the time, was windy and the hotel was under renovation and I ruined my shoes...Mind you the food was tasty and the participants seemed nice. I was so upset about the organisation of that meeting that I wrote a letter of complaint to *TWS*, which was actually printed! Barry, who was the editor at the time, asked if I could contribute some more so I wrote 2 full articles prior to beginning my column ‘Hey, it’s only my opinion’ After a column or two and not really sure what to write about I thought it would be fun to see what medical writers eat so at the next meeting in Montpellier I collected the raw data for the column of ‘EMWA Bites’ (Barry thought of the title for that column) by approaching almost every participant and questioning them about their eating habits. My recollection is that 1. EMWA members like their peas and 2. Our very own president, Julia Forjanic Klapproth, is the healthiest eater at EMWA. In Lisbon I asked you about happiness, which of course revealed that we are a happy bunch. I heard that you all missed me asking you questions in Vienna, so I will be back with a vengeance at the London meeting in November later this year.

I really feel lucky to be able to contribute to EMWA in this way and am very happy that people still take an interest and read my column!

Diana Epstein  
diana.epstein@di-ep.com

## Acronyms that make you puke

It’s not always easy to find an acronym that really fits the bill, but a group of doctors at The Hospital for Sick Children in Toronto, Canada seem to have the knack. They did a study to develop a scoring system for nausea and vomiting in pregnancy with a view to establishing an improved clinical method to evaluate the severity of these problems. They called their scoring system the Motherisk-PUQE (pregnancy-unique quantification of emesis and nausea).

Source: Koren G, Boskovic R, Hard M et al. Motherisk-PUQE (pregnancy-unique quantification of emesis and nausea) scoring system for nausea and vomiting of pregnancy. *Am J Obstet Gynecol* 002;186 (5 Suppl Understanding):S228-31.

Thanks to **Adam Jacobs** (ajacobs@dianthus.co.uk) for this contribution.



## EMWA's new website

by Shanida Nataraja

By the time you read this, I hope that you will have seen one or more of the new online features promised to EMWA members—the new EMWA website, online membership database, and conference booking system—and are enjoying the expanded functionality that these systems offer to you, as a member of EMWA. As is the case for most projects of this size and complexity, it has taken us longer than expected to reach this point. However, now that they are in place, we hope that not only will your interaction with other EMWA members be enhanced, but you will also be able to better manage your EMWA activities, whether it be informing us of new contact details, checking your EPDP credits or registering for upcoming conferences. Head Office also have a brand-new system that allows them to process membership applications, invoices, and conference registrations in a timely and efficient manner. This leap in technology ensures that EMWA as an organisation continues to meet the needs of its membership, even as the membership expands in years to come.

### The new website

As was the case with the old website, the new website offers all visitors access to past issues of EMWA's journal, *The Write Stuff* (TWS), as well as access to our freelancer listing and job advertisement pages. Building on this foundation, however, we have added some additional features for all visitors to the website, such as a company listing, allowing all interested companies to subscribe and advertise their services, and an online membership application form to speed up the process of becoming an EMWA member.

Certain areas of the EMWA website have restricted access. These sections are only accessible when you are a member of EMWA. On first trying to access these sections, you will be taken through a registration process. The information on this registration form will be sent to and checked by Head Office, and you will receive an email of confirmation within 24 hours of your registration. You will then be ready to see the exciting website features offered to EMWA members. Not only will you be able to view the conference schedule in advance, and use the conference planner to select events that you wish to attend, but you will also be able to access our online registration system to register and pay for these events (for more details, please see 'The new conference booking system' below). You can also access the new online membership database to update your contact details and manage your EPDP credits (for more details, please see 'The new online membership database'

below), as well as creating a profile page, which, although not yet visible to other EMWA members, will soon enable us to build a Facebook-like networking feature into the website.

You will notice that the new website also allows you to submit an interesting web link, view photos from previous conferences, and view news items and blogs written by other EMWA members. It is also possible for you to create a blog for yourself, or indeed submit an important news item. These are ideal forums in which to communicate with the rest of the EMWA membership, whether it be to alert members to an important issue or publication, or to merely ramble about a medical writing-related topic close to your heart. To activate these features, please contact me at [webmanager@emwa.org](mailto:webmanager@emwa.org).

### The new online membership database

For security reasons, accessing the new online membership database will require you to follow another process of registration and choose a new and unique password. We ask that each of you follow the link given on the members-only home page of the website to access the web portal of the database. On clicking the link, you will be asked to enter your email address (as known by EMWA). If the database recognises your email address, an email will be sent to your email account with a link, which, when followed, allows you to choose a password and login to the online database using your assigned username and chosen password. Once in the database, you can then verify or update your contact details and confirm your EPDP credit record (if you find an error in your EPDP credits, please contact Head Office to rectify the error). Keep a secure record of your username and password, as these will enable you to login to the database in the future, as well as registering for upcoming conferences via our online conference booking system.

### The new conference booking system

In addition to the normal methods of conference registration, we now offer online registration. Once you have chosen the events you would like to attend, using our website conference planner, it is now possible to login to the conference registration system to register and pay for these events. Logging into this system, will require the same username and password used to access the online membership database.

## EMWA's new website

**EMWA** European Medical Writers Association

Networking  
Education  
Journals

**Newsflash**  
You can now access our new online membership database from this website. Please see the members-only home page for more information.

**Home** **About Us** **Training** **Journal** **Conference**

**JOBS**  
Vacancies for medical writers and editors.

**FREELANCE LIST**  
List of registered freelance medical writers and editors.

**FORUMS**  
Discussion board forums for members/committees

**COMPANY LIST**  
List of registered medical writing companies.

Username  
Password  
☐ Remember me  
**Login**  
Lost Password?  
No account yet? Register

Home

**Welcome to EMWA**  
EMWA is the European Medical Writers Association. It supports medical writers and medical editors through training and networking opportunities. EMWA is a great place to pick up the skills needed to broaden your horizons as a medical writer. EMWA's aim is to provide educational and social networking opportunities for its members..

EMWA offers continuing education and professional training for medical communicators through the comprehensive EMWA Professional Development Programme. This programme offers a broad variety of medical writing courses that cover topics including: basic writing skills, guidelines specific for the pharmaceutical industry, and accounting for freelancers. For more information, email. This training is offered at EMWA's annual conference that draws medical writers to a different European city each Spring. There's also an Autumn meeting, which focuses on training.

This website offers access to EMWA's journal, The Write Stuff (TWS), as well as access to our freelancer list and a jobs page advertising vacancies for both freelance and in-house medical writers and editors.

Certain areas of the EMWA website have restricted access. These member-only sections are only accessible if you become a member of EMWA. When you are a member, new entry codes are sent out with your "Thank you for renewing" letter.

- Home Page
- Become a member
- EMWA Executive Committee
- EMWA News
- Search
- Links
- Site Map

**EMWA Conference**  
EMWA currently holds two conferences a year; one in Spring and the other in Autumn. Both offer invaluable training and networking opportunities for medical writers and editors. For details of past and upcoming conferences, please [click here](#).

**The Journal**  
To see a complete list of past issues of The Write Stuff (TWS) available for download from this site, together with a selection of useful past articles, please [click here](#). Also follow this link if you are not a member, but are interested in subscribing to TWS.

**Moving forward**

One of the most exciting things about these new features, especially the website, is that you, as a member of EMWA, now play a much more active role in both managing your EMWA activities and determining the content of the website. In addition to allowing EMWA members to add content directly to the website, in the form of news items, interesting web links, or blogs, it is also much easier for EC and EPDP committee members to post information on the website to keep the membership informed and give them access to important information. If you are interested in becoming a regular contributor to the website, whether it be to write a blog or news item, publish an article, submit

a report, or post photos from conferences, please contact me at [webmanger@emwa.org](mailto:webmanger@emwa.org) and we can get things setup so that you can start contributing right away.

I hope that this expanded functionality improves the channels of communication between yourself and EMWA, as well as between yourself and fellow EMWA members, and goes some way towards building an online community for our thriving organisation.

**Shanida Nataraja**

EMWA website manager  
[webmanger@emwa.org](mailto:webmanger@emwa.org)



## In the Bookstores...

## Medical English



*Peter Gross: Medical English. Zweisprachige Texte zur Vorbereitung auf die klinische Auslandstätigkeit. Georg Thieme Verlag Stuttgart, 2000. ISBN: 9783137263050 (Paperback + CD-Rom). EUR 29.95, GBP approx. 22.35. 260 pages.*

Every non-native medical writer might once have struggled with specific medical terms that are not

covered by the otherwise excellent online dictionaries. So what hides behind the very promising title of this book, *Medical English*?

Well, as the subtitle already indicates, it has actually been written for MD students who are planning to do their practical year in an Anglo-Saxon country. Every chapter of the book is bilingual: the left side contains the English text, which is translated into German on the opposite side.

The first chapter can be considered a short medical dictionary: it lists the terminology needed to describe the human body, separated by body part (head, neck, chest, arm, abdomen, back, and leg) and also includes pathological abnormalities. Some of the vocabularies are visually displayed by drawings and labelling of the respective body part, whereas others are presented as vocabulary lists. Unfortunately, not much care has been taken in the formatting of these lists: as some expressions are longer in one language than in the other and break over the line, the corresponding English and German terms do not always stand side by side, and in some cases the translation of a term is even shifted to another column.

In chapters 2 and 3, the content starts to become more specific for routine work in a clinic. Still in the style of a dictionary, chapter 2 lists names and expressions for medical equipment and instruments, laboratory tests, and medical examinations and treatments, whereas chapter 3 provides guidance to the procedure of the medical workup performed when a patient is admitted to a hospital. The main part of the book, however, starts in chapter 4, where 10 case histories are given, covering different medical conditions. Each case history is followed by a question-answer section and a short selection of colloquial and medical terms in the respective field. To overcome the disadvantage of missing phonetics in the book, a CD is included providing 5 of the 10 case histories as an audio book. It remains inscrutable why not all case histories are covered by the audio book, and why the author chose a different order for the covered ones in the audio book than in the text book.

After the case histories, short chapters describe the hospital structure, patient care, educational programmes, and the conversation style between patient and physician. Little goodies here are a selection of interesting Internet pages,

including, among others, medical libraries, medical associations and organizations, and clinical practice guidelines, and a section on abbreviations, which is additionally provided as a handy little abbreviations booklet. On 44 pages, the most common abbreviations are listed with the English and German full-text terms. Also covered are academic titles and job titles as well as units of measurement and their conversion into the metric system.

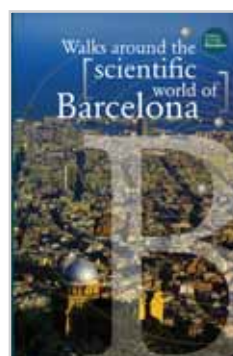
Despite the promising title, most sections of this book are of no relevance for the medical writer. If you are looking for a helpful medical dictionary, you might instead want to check out the *Dictionary of Health Policy (German Association of Research-Based Pharmaceutical Companies, February 2005)*. Although surely not a complete selection, you can find useful abbreviations from the fields of medicine, pharmaceutical industry, and labour and social law.

**Birgit Von Janowsky**

Frankfurt, Germany

[birgit@trilogywriting.com](mailto:birgit@trilogywriting.com)

## A special guidebook to science in Barcelona coauthored by Mercè Piqueras presenter of the welcome lecture at the EMWA conference



*Xavier Duran, Mercè Piqueras. Walks around the scientific world of Barcelona. Ajuntament de Barcelona, 2002. ISBN 84-7609-999-1 (paperback). EUR 19, GBP approx. 14.17. 362 pages. [www.bcn.es/publications](http://www.bcn.es/publications).*

This guidebook is a little out of the ordinary and will be of special interest to delegates attending EMWA's Spring Conference in

Barcelona. The richly illustrated guidebook was commissioned by Barcelona's city council to alert visitors to the city's scientific and technological tradition. While the first part of the book is devoted to this history the second provides itineraries for the scientifically interested for viewing the city's various areas. The following is an extract from a commentary on the book provided by the publishers. A review of the book can also be found in *Nature* (2004, 427:586-7).

"Details [are given] that pedestrians do not usually notice, such as the elements that facilitated the distribution of water and power, or those that permitted the basic road infrastructures. ...The guide recommends taking a scientif-

## In the Bookstores...

ic look at the buildings and museums and their contents. ...A visit to the original Hospital de la Santa Creu provides a thread that leads us inexorably to today's university hospitals. And the current research centres of the city hark back to the Municipal Laboratory. But the book is not just about buildings and institutions; it is also about people. The guide allows us to discover that Santiago Ramón y Cajal established the theory of the neuron while he was lecturing at the University of Barcelona and living on Carrer del Notariat...Details [are given] on the species of plants found in the parks and gardens of the city of Barcelona—one of the many pieces of information provided by this original guide."

I enjoyed the little touches in the book such as an explanation that the word vaccine, which is taken from the Latin for cow, was first used by the Englishman, Edward Jenner, in 1792 after he discovered that injecting people with a substance extracted from cows suffering from cowpox immunised the humans against smallpox. A smallpox vaccination clinic was set up on Pelai street in Barcelona by Frederic Corominas i Pedemonte who extracted the vaccine directly from the pustules of a cow suffering from the illness meaning, the guide points out, that in this case the term vaccination was taken literally, it really did come from a cow.

The book can be purchased from:

[http://www.laie.es/html2006/busqueda/detalle.php?fr\\_codLibro=324253](http://www.laie.es/html2006/busqueda/detalle.php?fr_codLibro=324253)

or from the bookshops situated at one of the following 3 central addresses in Barcelona: Pau Claris, 85; Montalegre, 5 (CCCB); Montcada, 15-23 (Museo Picasso).

**Elise Langdon-Neuner**

[langdoe@baxter.com](mailto:langdoe@baxter.com)

## Over &amp; over again



In Robert Harris's fiction *Imperium*, Tiro says of Cicero that he was fond of repeating certain phrases, "thus proving what most people already know, that politicians essentially say the same thing over and over again". Marcus Tullius Tiro was Cicero's secretary for 36 years and in the book he claims to have invented shorthand to record Cicero's speeches. It is thought that Tiro, who was a slave, invented the shorthand system of Tironian notes. This is supported by Plutarch who wrote that Cicero's clerks were the first Romans to record speeches in shorthand.

One such note was & which is a condensation of 'et', the Latin for 'and'. The alphabet used to end with & after Z. When reciting the alphabet confusion between letters and words was avoided by saying '*per se*' ('by itself') before a letter that could also be used as a word, e.g. I, A. Therefore when you came to the end of the alphabet you would say 'and *per se* and' which on the Chinese whisper principle became 'ampersand'.

The & is no longer tagged onto the end of the alphabet. But the dwindling status of the ampersand is being revived by SMS text messaging, where it is used not only to mean 'and' but to replace these collected letters in a word, e.g. b&.

**Elise Langdon-Neuner**

[langdoe@baxter.com](mailto:langdoe@baxter.com)

Sources: 1. *Imperium* Robert Harris 2006, The Random House Group Limited, London  
2. <http://en.wikipedia.org/wiki/Ampersand>

## Call for Applicants for EMWA Professional Development Committee

**In May 2008, a vacancy will arise on the EMWA Professional Development Committee (EPDC). I would like to invite applications from EMWA members for this position.**

As an EPDC member, you will be involved in all aspects of developing and maintaining the EMWA Professional Development Programme (EPDP), ensuring quality of the workshops in the programme and supporting the development of new workshops through mentoring of new workshop leaders. By serving on the EPDC you can help shape the future of this vital programme at the heart of EMWA's

activities. Furthermore, as in the past, future candidates for the post of EMWA Education Officer will be drawn from the EPDC members.

If you would like to apply for this position, or would like to know more about it, please contact me at [stephen.delooze@accovion.com](mailto:stephen.delooze@accovion.com), or any EPDC member (details on the EMWA website) who will be happy to provide further details.

**Stephen de Looze**

*Education Officer*

**Journal watch:**

# Medical writing tips and ‘spin’ in scientific reporting

by Nancy Milligan

## Medical writing tips: authorship, methods sections, and common pitfalls with online submission

We start this issue of journal watch with three recent papers from the *Chest* journal’s ‘Medical Writing Tips of the Month’, which has provided advice on a variety of subjects related to the preparation and submission of manuscripts since 2006. Firstly, William M Vollmer tackles the thorny subject of authorship [1]. He starts by highlighting the fact that the pressure to publish can lead to tension over who is included as an author and over the ordering of authorship on the title page of the manuscript. He then goes on to promote the three conditions for authorship as suggested by the ‘Uniform Requirements for Manuscripts Submitted to Biomedical Journals’, i.e. authors must: 1, substantially contribute to the conception and design of the study, the acquisition of the data, or the analysis and interpretation of the data; 2, participate in drafting the article or revising it critically for important intellectual content; and 3, provide final approval of the version to be published [2]. Vollmer argues that, once selected, authors have a responsibility for the text submitted, mainly in ensuring that the study adheres to ethical standards and that the methods and results are fully and honestly reported. To avoid arguments over authorship ordering, Vollmer suggests that a lead or first author is selected before work on the manuscript begins. The lead author should then take responsibility over the order in which the remaining authors are listed based on their individual level of intellectual contribution to the study. Vollmer also touches on the subject of ghost-writing, with a particular emphasis on the distinction between using a ghostwriter (not listed as an author or acknowledged in the manuscript) and a medical writer or technical editor (contribution should be acknowledged) to improve manuscript readability [1].

Secondly, a recent article by MaryAnn Foote offers tips for successfully writing the materials and methods section of manuscripts [3]. Foote compares the process to following a intricate recipe, which must describe precisely the resources used and procedures followed during the study. Materials and methods should often be the longest section of a manuscript, and the golden rule appears to be to provide enough information to enable others to repeat the work. Foote advocates splitting the section into several subheadings (patients, study design, study drugs or interventions, study end points, and statistical analysis) to help guide the writer and the subsequent reviewers. She also

highlights the need to use the past tense to describe methods carried out (e.g. patients *were* randomised to treatment), but the present tense to describe how data are presented (e.g. data *are* summarised by their mean, standard deviation, and range). According to Foote, one of the most common problems is the inappropriate inclusion of results; she suggests an easy solution is making sure what is known at the start of the study is included in the materials and methods section and what is learned during the study is included as results [3].

Finally, Stephen J Welch discusses some of the most common pitfalls encountered that delay or prevent manuscript submission and offers advice on how to avoid them [4]. Briefly, Welch talks about the importance of adhering to word counts (most editors prefer short, clear, and to-the-point articles), ensuring that figures are submitted in the format requested by the journal (often as separate, high-resolution files in specific formats and with a figure legend), clearly stating author financial and other conflicts of interest, declaring that the study has been approved by an institutional review board, and remembering to include a title page, an abstract (formatted according to the journal’s requirements), and cover letter with your submission. Welch also highlights the importance of acknowledging any writing assistance, which is increasingly being added as a specific policy in many biomedical journals [4].

## Spin in scientific writing

Although the data should speak for themselves in scientific reporting, it is inevitable that authors’ interests affect to some degree how they report their results. In an interesting article, Fletcher and Black argue that even in the age of protocols, pre-specified end points, reporting guidelines, and a rigorous peer review process, authors’ personal agendas, such as financial, personal, and intellectual conflicts of interest, can affect how research results are presented [5]. The authors point out that “scientific inquiry is not necessarily carried out in a linear, preplanned way”, and that “published reports may be an idealised or even self-serving picture of what was done and found”. Fletcher and Black suggest that this issue is not only important for patient care, but also for the legal decisions that may arise from the research; for example, when expert witnesses are called upon to testify about it. Investigators can shape the way readers interpret their research findings in a variety of ways; for example, by choosing favourable statistical analyses, by selective reporting of successful or ‘attractive’



## Journal watch

results, and by glossing over limitations in their study. Fletcher and Black go on to suggest ways in which editors can minimise these types of 'spin', namely to: 1, ensure authors' financial conflicts of interest are published; 2, ask whether authors were restricted (for example, by industry sponsor contracts) in what they could submit for publication; 3, choose suitable reviewers for all of the manuscript's agendas (for example, if the study includes cardiac outcomes, a cardiologist reviewer would be appropriate); 4, be more vigilant with industry-sponsored studies—hold them to a higher standard; 5, do not put the journal in the position where the balance of power in negotiating revisions shifts to the authors; 6, require authors to discuss the limitations of their study; and 7, require registration of

clinical trials. The authors hope that following this advice will lead to the publication of fewer misleading reports [5].

**Nancy Milligan**

*Dianthus Medical Limited*  
London, UK.  
nmilligan@dianthus.co.uk

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**EMWA Book Group**

We would like to start a book group at EMWA's 2008 Spring conference in Barcelona. To begin with, it will take the form of a discussion table (or tables) during one of the lunch breaks. This is intended to be a recreational activity that we hope will be enjoyable for anyone who wants to join in. We can decide from the level of interest shown in Barcelona, whether it will become a regular feature at the meetings either with a slot in the programme, or as a casual social event. If you want to join in, the books that will be discussed in Barcelona are:

*The Constant Gardener* by John Le Carre published by Sceptre (2006)

and

*The Surgeon of Crowthorne: A Tale of Murder, Madness and the Oxford English Dictionary* by Simon Winchester published by Penguin Books Ltd; New Ed edition (1999).

We have suggested one work of fiction and one of non-fiction to try and cater for different tastes. You can find synopses of these books on the Amazon website.

If you would like to recommend a book for future meetings, please let us know. We would like to have a selection of books that have a medical, pharmaceutical or scientific slant that are both a 'good read' and will generate plenty of discussion.

We look forward to seeing you in Barcelona.

**Wendy Kingdom**

([Info@wendykingdom.com](mailto:Info@wendykingdom.com))

**Alison McIntosh**

([aagmedicalwriting@btinternet.com](mailto:aagmedicalwriting@btinternet.com))

**Expensive words**

The European Union translation budget is over €1 billion a year or 1% of its entire budget. The Irish language was first spoken in the European Parliament in January 2007. Mary Regan, an Irish journalist with the *Irish Examiner* newspaper, calculated that as the European Parliament meets 4 days per month and there are 783 MEPs, each is allowed to speak for 1 minute per session. Ireland has 12 MEPs of whom 7 may have spoken Irish during the year. Accordingly the amount of Irish spoken in the parliament in 2007 totaled 28 minutes, or 7 seconds per person. The European Union used four fully trained Irish language interpreters during 2007 at a cost of €3.5 million.

Interestingly the European Parliament is able to get by without using all of its 23 official languages, dispensing with such languages as Maltese, Lithuanian, Estonian and Irish, when it meets for its 2-day meetings, which deal with such issues as the rapid reaction force deployment to Chad.

Perhaps the European Union needs a single official language!

**Paul Dunne**

[Ipdunne@iol.ie](mailto:Ipdunne@iol.ie)  
<http://www.iol.ie>

The pros and cons of whether the EU should introduce one working language are set out at [http://www.idebate.org/debatabase/topic\\_details.php?topicID=288](http://www.idebate.org/debatabase/topic_details.php?topicID=288)

More information on languages in the EU and the EU's commitment to multilingualism can be found at [http://en.wikipedia.org/wiki/Languages\\_of\\_the\\_European\\_Union](http://en.wikipedia.org/wiki/Languages_of_the_European_Union)

## Plagiarism prevention in educational institutions is extending to biomedical journals

The *Bioinformatics* paper of Errami and others rocked the scientific world with allegations of plagiarism and duplication [1,2], especially after it effected the retraction of a published article—written by somebody at Harvard no less [3]. I can imagine that many more are bracing themselves for other revelations to come. But really, we should have seen it coming. Many people are actually surprised that this hasn't happened sooner.

Plagiarism and duplication in science—these are nothing new, really. Biomedical journals have been aware for quite some time that such scientific misconducts occur more often than we would like to think. In a special report in 2005, “academic publishers have told *Nature* they hope that software designed to catch cheating students could soon be used to unmask academics who plagiarize other researchers’—or their own—work”[4].

This made me recall my premedical writing career (2004–2006) as a scientific and medical English teacher. The Internet made life easier for students due to the enormous amount of information they have access to. But it also made it easier for us teachers to check for plagiarism without turning the whole library upside down. My colleague Annie L and I would hammer on our keyboards to ‘google’ suspiciously beautiful sentences and paragraphs from term papers. It was a tedious exercise and certainly not foolproof. We never heard of antiplagiarism software back then, but we did the best we could.

Only recently I became aware that such types of software have been in existence for over a decade now, mainly as software to deter copying of computer programming codes. It evolved into free-text matching programs or ‘originality detection’ tools [5]. Nowadays, web-based antiplagiarism software is routinely used in colleges and universities. Many educational institutions also make use of services of companies that conduct plagiarism checks.

Turnitin and its ‘plagiarism prevention system’ seem to be especially popular [6,7]. Term papers and admission essays are sent in and the output is a feedback on each paper ‘...in the form of a customized Originality Report. Results are based on exhaustive searches of billions of pages from both current and archived instances of the internet, millions of student papers previously submitted to Turnitin, and commercial databases of journal articles and periodicals’ [6].

In a commentary in *Nature*, Errami and Garner (2008) write that the use of plagiarism detection tools in educational institutions enable us to “... hold our children up to

a higher standard than we do our scientists” [2]. Not everyone agrees with this approach. In 2004, a student at McGill University refused to submit his assignments to Turnitin, claiming he was being accused of “being guilty until proven innocent.” The university eventually granted his wish that his work be graded without going through antiplagiarism screening [8].

In 2006, in a rare move, Mount Saint Vincent University in Halifax, Canada banned the use of plagiarism detection software by professors. Students lobbied against the practice based on the following objections [9]:

It creates a “culture of mistrust, a culture of guilt”.

“Intellectual property is not valued the way it should” and keeping term papers in their (Turnitin’s) database may actually be a form of intellectual property infringement.

A student never gets a chance to defend himself/herself. It’s his/her word against the software, or rather against the company using the software.

So is this what Déjà vu database and eTBLAST have created? A culture of mistrust, a culture of guilt in the scientific community? Will it force us towards scientific integrity or towards more sophisticated ways of cheating?

### Raquel Billiones

medical.writing@billiones.biz

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Three articles which provide interesting further reading on this topic were published in *TWS*’s 2004 December issue:

1. Katavic V. The ‘cheating’.com academic society
2. Roig M. On the causes of academic dishonesty
3. Parkhurst C and Moore E. Nipping plagiarism in the bud: Using Turnitin to teach novice science writers how to paraphrase

## The culture of mistrust is already with us

In her commentary on the development of eTBLAST and the Déjà vu database [1, 2], Raquel Billions, raises the question in this issue [3] of whether the widespread use of plagiarism detection technology has created a culture of guilt and mistrust within the scientific community. This is a critical issue because, as others have argued [4], if such a climate of mistrust develops within the scientific community, it could undermine the principles of openness and of the free exchange of ideas that are so integral to science. Have we reached this point yet? I believe we are getting there.

Much media attention has been paid to the problem of scientific misconduct in recent years. Moreover, the many cases that have come to light and the various measures that have been taken to address the problem suggest that unethical research practices are not as rare as we used to believe. Consider some of the developments that have occurred within the past two decades in this connection. For example, various national and international entities have now been established for the purpose of investigating misconduct and/or formulating relevant policy (e.g., Committee on Publication Ethics and the U.S. Office of Research Integrity). Many universities now have misconduct detectives (i.e., Research Integrity Officers) whose primary mission is to investigate allegations of scientific misconduct within their own institutions. In addition, there has been a significant expansion of research integrity guidance in professional societies' ethics codes, as well as in journals' instructions to authors. Taken together, these developments are suggestive of a certain level of mistrust amongst scientists. If we also examine the evidence from the burgeoning area of research on scientific integrity, it is not difficult to conclude that a culture of mistrust amongst scientists is already in existence. For example, in one study of health education faculty, the authors reported that more than half of their sample judged two forms of self-plagiarism to be acceptable practices [5]. Even my own research has shown that, under certain conditions, faculty from a variety of disciplines hold paraphrasing criteria that could be easily deemed as plagiarism [6]. Based on this and other evidence, it is not surprising that a search of the PubMed database reveals numerous notices of 'inadvertent duplicate publication' and editorial after editorial cautioning authors against plagiarism and self-plagiarism. Is it any wonder that some editors clamor for an anti-plagiarism system that allows them to easily check suspicious papers?

Not only are scientists' attitudes toward certain forms of misconduct seemingly tolerant, their behavior appears to be largely consistent with those attitudes. The much discussed study by Martinson, et al is a case in point. These authors found that up to 33% of the mid-career scientists surveyed reported to have engaged in some form of misconduct during the previous three years [7]. As one might expect, their results were somewhat shocking and received wide media coverage, but perhaps what is most

alarming is the possibility that because Martinson, et al used survey methodology, their results may actually underestimate the extent of the problem.

Other indicators, such as the problem of scientists' conflicts of interest regarding their ties to the industry, are even more troubling and remain difficult to resolve. For example, a recent study suggested that it was common for authors' to have conflicts of interest and that these were significantly associated with study outcome [8]. In fact, the situation between medical journals and the pharmaceutical industry has become so troublesome that some now see medical journals as the vehicles through which the drug industry peddles its products [9].

Taken together, the bulk of these problems represent symptoms of a dysfunctional enterprise. The fact is that many sectors of science have become high-stake and are now extremely competitive. Most research today is far more complex and expensive than that of a few decades ago and, regrettably, funding for most areas of science has not kept up with the corresponding demands. In addition, institutional and social pressures for researchers to publish and to obtain proper recognition have also increased and all of these factors taken together undoubtedly undermine the integrity of their work [10] and the trust of our peers.

In my view, the current situation is reaching a critical stage. There is a pressing need to fight misconduct and maintain honesty and transparency in science. Educating current, as well as future generations of scientists on all aspects of scientific integrity should be our first priority, but so is the need to uproot instances of misconduct. Thus, plagiarism detection technology and other anti-fraud tools are necessary if we want to regain the trust of our peers and the public, for trust is not something that can be given out for free or be bought; it must be earned.

**Miguel Roig**

ROIGM@stjohns.edu

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## Out on our own: From freelancers for freelancers

Did you do a business plan when you set out on your own? Linda Liem in the Netherlands did, and she tells us about it in this issue. Like many of us, she found that it was an excellent way of formalising her approach to going freelance and made her think about the entire venture in a structured way. It may seem a bit of a bore, but in some countries (like Germany) it is essential to obtain government assistance. Even if you feel you can start up without grants from the authorities, preparing a business plan is a great discipline to put what you expect into perspective with what the market has to offer.

Stefan Lang has been in business for less than a year in Germany as an independent writer and consultant after a research career. In this issue, he shares with us the early stages of his journey into freelancing, with plenty of tips,

not only for those in Germany, and will be keeping us informed of his progress throughout 2008.

Our 'Ten questions' in this issue went to Alison McIntosh, a seasoned freelancer, EWMA workshop leader and *TWS* columnist, who has also been able to be persuaded to take the minutes at all the Freelance Business Forums so far (and write them too!).

We look forward to seeing you in Barcelona.

**Alistair Reeves**

*a.reeves@acribi.de*

and

**Sam Hamilton**

*sam@samhamiltonmwservices.co.uk*



## Thinking of going freelance? Write a business plan!

*by Linda Liem*

The idea of being a freelance medical writer is intriguing to many people, but only some dare to make the step from dream to reality. The prospect of becoming a freelance medical writer can be daunting; it certainly was for me. Luckily, I was well prepared by the time I had to make the decision. A few years ago, I started dreaming about doing something other than working as a middle manager in a large pharmaceutical company. After visiting the EMWA website, medical writing seemed a good option, but there were not many opportunities for work in that direction, since we live in the wrong part of the Netherlands with few relevant companies. Nevertheless, I decided to further explore the possibilities for freelance medical writing, if only to know whether it would be a feasible career change somewhere in the future. So I started to write a business plan for myself.

### Business plan

You may think that a business plan is only something that you have to write when you need money, to convince the bank manager or investor that you have found the perfect new business opportunity. It is, however, also a great way of preparing and convincing yourself. Writing a business plan will help you to substantiate your ideas and take an objective and honest look at your business. Although it

takes effort and time to write a good business plan, the exercise will give you a pretty realistic idea of the possibilities and pitfalls of becoming a freelance medical writer and enables you to make an informed decision about whether it will be a viable option for you or not.

There are many different templates for a business plan. If you search the internet, you can find examples and tutorials on many different websites, e.g. the tax office, the chamber of commerce, banks, and business support organisations. A business plan usually consists of an executive summary, a general section, a section on your marketing strategy and a financial section. These sections will be discussed in more detail.

### Executive summary

The executive summary is at the beginning of the document. It consists of a concise summary of your business plan and should raise the interest of anyone who reads it. Because it contains all essential points of your business plan, it will be written last. Writing a business plan for yourself has the advantage of not needing to worry about convincing others. Since I like to be slightly unconventional, I wrote down my mission statement and elevator pitch instead of an executive summary. A mission statement is a

## Thinking of going freelance?

one-sentence summary of the most important goal of your business. An elevator pitch is a very short introduction of yourself and your activities (see also the excellent article of Ursula Schoenberg in the December issue of *The Write Stuff* [1]). In theory, you should be able to deliver your elevator pitch to someone that you share an elevator ride with, hence the name.

### General information

The general section discusses the person running the business (i.e. you) and the business itself. Here you describe yourself, your background and experience, and your reasons for becoming self-employed. The first part consists more or less of your resumé or curriculum vitae, supplemented with relevant personal information. The second part is crucial for your business plan, because your reasons will determine the characteristics of your business. If you become self-employed to create a better work-life balance, the chances are that you will run your business differently than if you become self-employed because you want to realize your own vision.

Before you start writing this part, you need to ask yourself a lot of questions. What is the most important reason for becoming self-employed? What are the legal requirements for your business? Do you want to stay freelance or develop a business with other co-workers or employees? Will you work from home or from an office? How many hours do you want to work? What kind of medical writing will you do? Are there other activities that you can do? Will the income generated by your business be the main or a supplementary source of income?

Try to visualise yourself 3 years from the time of writing and think of what you would like to have achieved in that period. Then write down ideas on how you can do that. Think of this as a brainstorm and write everything down that comes to mind, including ideas that seem farfetched or unrealistic. You probably don't need them all, but you never know what may happen in the future. Just remember to be honest with yourself. So write down what you really think, not what you think someone else would like to read. If you want to become a freelance medical writer because you want to work fewer hours and still earn some money, then start developing your plan from that basis and be consistent with your goals and expectations.

### Marketing strategy

Now that you know who you are and what you want to achieve with your business, you can turn your attention to the outside world. In this section you are going to describe your prospective clients and how you are going to draw their attention to your services. This is the marketing mix; your strategy of winning clients and assignments.

You can start by writing down what services you want to provide to what kind of clients. Then look in your address book, search directories and the internet, and list all poten-

tial clients you can find. The more information you have, the better. If you have a contact person working for a potential client, write them down. Write down any relations, colleagues, friends or family members who may be able to provide a contact name or, even better, introduce you to prospective clients. Now identify the contacts with the most potential, so you know where to start. Even if you don't actually contact all persons you identified, this list will give you valuable insight into your network.

Next you need to think of your prospective market. Take time to perform some small-scale market research. Look at your list of contacts. Whom are you going to approach first and why? What services are relevant for a client? What needs do they have, and how can you fill their needs? If you don't know, how will you get the necessary information? Do you have competition and who are they? What fee are you going to ask? Do you give hourly rates or calculate a project fee? How are you going to convince a client that you are the right person for the job? If you have prepared yourself by thinking about this and writing it down now, you know the answer to many questions that a client will ask later and you can concentrate on the conversation.

Now write down all other means of finding clients. Then look at the list and write down what you think of those items. Do you feel comfortable with them? Do they fit you? If not, why is that? Would you like to get advice, gain more experience or enroll on training before you are going to use a particular method?

One of the things that I had to learn in the past year is that you are in control of your business. You can get advice from other people, but you don't have to use it. Some freelancers don't like to advertise that they are a freelancer, i.e. a single person doing the work. They prefer to advertise as a small company, e.g. by using "we" rather than "I". Personally, I didn't feel comfortable with this approach and I decided to head in the opposite direction and emphasize myself, my skills and my experience to clients. For me this works well, but it may not be the case for you. As I said before, be honest with yourself. Find as much information as you can, talk to people and decide what might work for you.

### Financial analysis

Finally, you are going to investigate if you can make a living out of what you want to do. The easiest part is to start with expenses. Do you need to invest in a place to work, a new computer, software, reference books or printed materials? Do you need to rent an office or rebuild your house? Are you going to employ service providers, e.g. an accountant, lawyer, web designer, webhosting or business consultant? In order to run your business, you will incur expenses for the telephone and office supplies. Most domestic insurance excludes business-related claims, so you'll need commercial insurance. Don't forget expenses for membership of professional organisations, e.g. EMWA, meetings and training and ask your local chamber of commerce about other business costs.

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## &gt;&gt;&gt; Thinking of going freelance?

You then create a forecast of your potential earnings. Understandably, this is difficult when you don't know how much work you are going to get, since you haven't started yet, but for a rough estimate, you can start by deciding how many hours you are going to work in a week. Then decide how many weeks you need for holiday and other eventualities (e.g. being ill), and subtract that from the 52 weeks of the year. Multiply the weekly hours by the number of weeks and you have a rough idea of the hours available for your business. Being self-employed means you also need (unpaid) time for other business-related activities, such as administration and acquisition. Starters need more time than experienced freelancers. Generally speaking, an experienced freelancer can spend up to 70% of the time on assignments, but for a starter this will be only 40–50%. Thus, if you take 50% (or 40%, if you want to be conservative) of the available business hours and multiply that by your hourly rate, you have a rough estimate of your annual earnings. Don't forget that your expenses and taxes still need to be paid out of this amount. You can see what happens when you postpone investments that are not necessary or when you increase the number of business hours.

Now you have a solid foundation for your decisions concerning your freelance medical writing business. Keep in mind that a business plan is a living document that can be adjusted and changed. When I finished my business plan, I was more confident that freelancing would work for me. Yet, as I was still comfortable in my company, I put it away and didn't look at it until I was pregnant with my second daughter. During my maternity leave, I got it out again and made my decision. In February 2007, 6 months after my daughter was born, Accurion Medical Writing Services came into being. My first year is almost finished and it went much better than I had expected. Although only a year in the running, I already find myself an experienced freelancer and wouldn't have wanted it any other way!

**Linda Liem**

Accurion Medical Writing Services  
Oosterhout-Nijmegen, The Netherlands  
info@accurion.nl

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**Carol Krcmar writes:**

Dear Alistair,

Firstly, the freelance information provided in the last two issues of *TWS* has been extremely helpful to me in starting out as a freelance medical writer. I am registered to participate in the EMWA Freelance Discussion Forum which has been another good source of information for start-up.

Secondly, I am in the process of registering myself as a *Freiberufler* (freelancer) in Germany and am writing to ask how you have translated 'medical writer' into German. Did you register yourself under the category 'Technische und naturwissenschaftliche Berufe'?

Dear Carol,

It is good to hear that *TWS* and the EMWA Freelance Discussion Forum have been helpful. Thanks.

I am not quite sure what you mean by 'registering'. If you mean with the *Gewerbeamt* (trade supervisory board), to be a freelancer, you do not need to register with them, and if you do, this makes you liable for *Gewerbesteuer* (trade tax). You are not actually offering a *Gewerbe* (trade). The *Gewerbeamt*, of course, does not object if you register, because then you become a source of money. Stefan Lang, also a new freelancer in Germany, has contributed an article in the 'Out on our Own' section in this issue of *TWS* about setting up in Germany. This should also be helpful. His series will continue. You might like to contact him as he has also obviously done a lot of research.

Government help is available here, but it may already be too late for you.

Writers and editors are classed as *Künstler* (artists) in Germany, which means that you can (and under certain circumstances must\*) become a member of the *Künstlersozialkasse* (Artists Social Fund) (*Abteilung 'Wort'* ['Word' Section]) (<http://www.kuenstlersozialkasse.de/wDeutsch/>) in Wilhelmshaven. They pay half your pension and health insurance contributions: not to be sneered at; no other group of freelancers in Germany has this privilege.

Raquel Billiones had a good suggestion for a translation of medical writer in the last issue of *TWS* [1]: Pharma-Fachautor(in); Medizinische(r) Fachautor(in) also sounds OK to me. What do our German-speaking readers think?

Best wishes

Alistair

\* I say 'must' because after being made redundant I registered with the Unemployment Office as a *Medizinischer Redakteur* (medical editor or journalist), who immediately passed on the information that there was an out-of-work 'editor' to the *Künstlersozialkasse* (because editors and authors are their responsibility) and I had no choice but to join because I gave that as my profession. I have not regretted it because of the contributions.

**Alistair Reeves**

a.reeves@ascribe.de

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## Self-employment in Germany— My first steps into freelance medical writing

by Stefan Lang

I vividly remember the moment I came across “medical writing”. Frustrated by my current research project, I was sitting at my office desk and staring at the computer screen. With about 10 years of research behind me and a further 1-year limited contract pending, I thought of trying something new—no experimental strategy, but a completely different career. Finally, I googled around, combined different things that I would like to do or I could build on: “Writing—biology—medicine—get away—creative—scientific—research—marketing”. And there it was: “Ever thought about medical writing as a career?”[1]

I have always liked to write, no matter what kind of document: scientific manuscripts, company reports, product descriptions, and—how embarrassing—even short stories. The frustration of a failed experiment made me think about writing as an alternative career. Going freelance was another consideration. “Many writers also work on a freelance basis, which is an attractive option for some people”, said the EMWA article mentioned above. Once the idea was there, I could not stop thinking about it. So I spent some time and effort gathering information on setting up business, and discussed my freelancing plans with colleagues, friends, and family members.

I made this move quite recently. Therefore, I’d like to give you a rough idea of what you might need to consider before you get started. My article will cover the relevance of the business plan, financial support programmes, and some basic facts about legal structures and taxes in Germany. I hope it may facilitate your decision on whether or not to freelance.

### Decisions to be made

Some people freelance while they look for employment. Others choose home-based working to combine the job with childcare. If you are freelancing, neither potential redundancy nor a scheduled 0.25 percent raise is a concern, and—since freelancers are generally more satisfied because of their mental freedom—you do not need to release work-related stress by drinking gallons of alcohol. However, employment seems to be a better bet for practical reasons: benefits of health insurance, paid time off, potential career advancement. If you want to buy property, a steady income may be required to get a loan. I carefully balanced these pros and cons; going freelance was finally a conscious lifestyle choice.

Once the decision was made, a myriad of questions needed

to be answered: “What services will I offer, how will I find my clients, and what tax-related requirements will I have to meet?” The writing of a business plan put me on the right track because I was forced to look at my concept in its entirety as well as in detail. Certainly, the business plan is essential if you seek financing, but, additionally, the process of writing is as important as its result: it leads you step by step through all aspects of self-employment.

First of all, I had to find out what I really wanted to do. Medical writing encompasses various kinds of work, and freelancing would not make sense if you do not like the job. Journal articles, meeting reports, product monographs, and educational material for both healthcare professionals and patients: these were the main experiences I wanted to build on. Because I always liked to work with students, I additionally decided to offer courses in academic writing. I formed an idea of the direction I wanted to take. I will find my niche later.

After I had considered the “if” and “what” questions, answering the “where” was easy. Freelance writing is perfect for home-based working. It costs almost nothing to get started, you can earn money in your pyjamas, and your dog loves you more. If you can deal with feelings of social isolation, which sometimes come up, it is ideal—at least, if your internet broadband connection works. In many German cities, start up centres offer reasonably priced space for offices. Furthermore, they provide the essential technical infrastructure, so I think about it from time to time—especially when my internet connection fails.

### Financing: loans and grants

More questions arose while I was drawing up my business plan, and, of course, many of them were about financing. Are you aware of the support programmes for people setting up business in Germany? Most of these programmes take the form of loans, but some involve non-repayable grants. Do not register as a freelancer before you have caught up on these programmes. Many require that the application be made before you officially register as self-employed.

Support loans offered by the Federal Government are managed by the “KfW Mittelstandsbank”. For example, the “Micro-Loan-Program” or the “Start-up Funds” are intended for business founders whose project does not cost more than € 25,000 or € 50,000, respectively [2]. You can apply for these loans at your private bank.

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## >>> Self-employment in Germany...

As freelance writing is not that cost-intensive, you might just require financial support for some months until you land your first clients. If you are unemployed at present, you could apply for the “Start-up grant” (Gründerzuschuss). Essential condition: you are drawing unemployment benefit I (Arbeitslosengeld I) at the moment, and you are entitled to receive benefits for at least three more months. Recipients of unemployment benefit II (Arbeitslosengeld II) may compete for the “initial financial support” [3]. You do not have a legal claim to receive these grants from the employment agency—it is at the case manager’s discretion. You need to document both your job-specific and entrepreneurial qualifications, but requirements are generally within the scope.

Of course, your complete business plan is required to get these loans or grants. In this respect, the business plan might be best viewed as a selling document. The business objectives must be stated in specific, measurable, and realistic terms. Your services, prices, and the legal structure of your business have to be precisely defined: “Who are your clients? How large is the market? How will you promote your business?” You should be able to answer these questions, and your written plan should be long enough to cover these areas thoroughly. A lot of work? Certainly, but even if you never show your business plan to anybody, it is a vital first step.

### Taxes, laws, and legal structures

Once financing had been clarified and some further preparations had been made, I finally wanted to register my business. In other words, I had to deal with legal structures, value added tax (VAT), income tax etc. I saved the best until last.

I believe starting a business is like building a house: you cannot do it all alone. That means you do not need to struggle through German tax laws and regulations by yourself. There are various consulting services for start ups, some of them free of charge. I found professional advice at a local start up centre and took some lessons in book-keeping. However, even if you are going to employ the services of a tax advisor, it might be helpful to see what I have learnt about taxes and regulations (for more information [4]).

For tax and professional registration purposes, self-employed people in Germany need to be divided into freelancers and tradesmen. A freelancer is a self-employed person whose business is either in the arts, scientific, journalistic, writing, or teaching sector, and whose work is determined by personal knowledge. Thus, medical writers are generally considered as freelancers.

You might decide to register as a tradesman because you want to limit your liability by running a limited company (GmbH). Tradesmen need to register with the trade registry of the municipal or district office. In addition, a GmbH needs to be registered at the Local Magistrates Office and may require a memorandum of association certified by a

notary public. Tradesmen should be aware of these types of tax: VAT, income tax, trade tax, corporation tax. This list does not claim to be exhaustive.

In contrast, as a freelancer, you normally just have to deal with the income tax and VAT. Moreover, you do not need to prepare annual financial statements as tradesmen do: a simple profit-and-loss assessment is sufficient. Freelancers generally register only at the local tax authorities (additional registrations might be necessary, e.g. if you employ people). For registration, you just need to fill in a form for freelancers (Anzeige einer Betriebsaufnahme), where you will be required to list some details such as your estimated income in the current tax year and your tax-free expenditure.

Furthermore, you will be asked if you want to opt for VAT: if your turnover in the previous calendar year did not exceed € 17,500, and if the turnover in the current year is not expected to be higher than € 50,000, you can register as a “small entrepreneur”. Small entrepreneurs do not have to pay VAT to the tax authorities, and, as a consequence, cannot claim input VAT either. Thus, if you have high investments, you should waive this tax exemption. As a small entrepreneur, you are not allowed to charge VAT, and it is recommended to include the corresponding information on the invoice: “In accordance with the small entrepreneur regulation, § 19 UStG Paragraph 1, turnover tax is not levied.” This phrase may look somewhat unprofessional to some people. Nevertheless, the small entrepreneur regulation is tempting because it avoids boring bureaucracy. You can keep it small and simple at the beginning and opt for VAT later.

Once you have registered, you get a new taxpayer’s ID, and that’s it: you are freelancing.

What have I learnt so far? Taken together, setting up business means a lot of unbillable work, but the diversity of things one needs to deal with is invigorating. Perhaps even more important, I realized that there are many people out there who are willing to provide practical help, advice, and encouraging words. They helped me through times of difficulties and doubts. Let me continue with some more aspects of freelancing in the next issue.

### Stefan Lang

*Osdorf, Germany  
contact@scientific-medical-writing.de  
www.scientific-medical-writing.de*

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## Ten questions for ...

# Alison McIntosh

By Alison McIntosh

### In 100 words, what is your background and how did you become a freelancer?

I was a postdoctoral molecular virologist wanting a change. I replied to an advert in *New Scientist* looking for a medical information scientist. Two weeks after starting my “dream job” Glaxo took over Wellcome (GW) and following reorganisation I began a regulatory writing career which lasted about five years. After several back-to-back submissions and a stint in the USA, I went on maternity leave, moved to the East Midlands (UK) and didn’t go back to GW. I knew I wanted to continue medical writing and so began my freelance journey which is now entering its eighth year.

### What is your most important piece of advice for people setting up a new business?

Know that the first year is probably going to be the hardest. Everything about your normal work-life changes: you do not have a regular salary or other work colleagues, you have to make up your own work pattern and also attract your own business. You might be lucky and have work lined up but most of us have to begin from scratch and it is very hard to maintain your own momentum through that first year. I joined EMWA when I began as a freelance and through that built up a new and lasting network of colleagues.

### What do you like about being a freelancer?

I like being responsible for making my own decisions about my medical writing career development and feel I have been able to develop it in a way that would not necessarily be encouraged by an employer. I like having the freedom to decide which pieces of work I take on and I also greatly appreciate not having a yearly appraisal (although this could be said to come in the form of a bill from the taxman!)

### What do you dislike about being a freelancer?

In my experience it is a myth that freelance medical writers can work exactly the number of hours they want when they want. Life is more flexible, but you still have to juggle timelines and complete the work in the agreed time. This can become more and more difficult as multiple client timelines slip and as luck usually has it, all at the same time—and typically just in the lead up to Christmas!

### What are your main sources of work?

Main sources of work are pharmaceutical and communications companies. I also work for CROs and some independent publishers. Most is from the UK, but some is from mainland Europe.

### What are the most rewarding projects to work on?

I prefer to work directly with the client rather than through a third person. I also prefer to be included in discussions surrounding the editing and review process.

### What are the least rewarding projects to work on?

Those that do not include the elements listed in the above question. This can mean you end up working in isolation from the rest of the project. However, the upside is you do not get involved in the ongoing company politics which often surround particular projects.

### Do you have a preferred type of client? If yes, why?

A well-organized client who sets a good brief, and supplies the correct accompanying documents to write from. They have accurate timelines and costings, and ensure payment arrives on time. They will also tell you what a good job you are doing, or have done for them. You notice one of these exceptional creatures when you work for them, and when you do, you should always take a moment in your busy schedule to appreciate them.

### What is the best way to say ‘No’ to clients?

If their timeline is not flexible I am honest about how busy I am and I recommend other freelance writers that I know personally. If they have come through another route I also direct whoever the enquirer is to the EMWA freelance list.

### Would you ever consider working for a company (again) as a fulltime employee? If yes, why?

“Never say never.” Some days the answer is yes, others no. Depends on which piece of work I’m working on and for whom. The one very good thing about being a freelance is you can have a great variety of tasks which I’m not sure I would get from an employer. However, the thought of a regular salary can also be very attractive sometimes...

### Alison McIntosh

AAG Medical Writing  
Loughborough, UK  
[www.aagmedicalwriting.co.uk](http://www.aagmedicalwriting.co.uk)  
[alison@aagmedicalwriting.co.uk](mailto:alison@aagmedicalwriting.co.uk)



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