The Vrite Stuff The Journal of the European Medical Writers Association

Spotlight on Ethics

Featuring:

- A Three-day Conference in One Day . . . Debbie Jordan and Diana Klein-Franke
- The Medical Translator's Dilemma: Shall I, Shan't I? Anne Bartz
- Ethics in Medical Writing Deborah Landry
- Pride and Pressure to Publish: The Baltimore
 Affair
 Karen Shashok
- The Fastest Pen in the West Adam Jacobs



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Spotlight on Ethics (Winter 2000) Vol. 9, No. 1

The Changing Face of EMWA

A comparison of the results of EMWA surveys past and present.

A Three-day Conference in One Day... The EMWA One-day Meeting at Henley-on-Thames

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Two views of the recent conference from a veteran EMWA member and a novice member attending her first conference. [INT]

The Medical Translator's Dilemma: Shall I, Shan't I? Anne Bartz

Some people come to medical writing not from the natural sciences, but rather from a linguistic background, as former translators. Find out about the other side of life as an EMWA member expands her horizon from medical translating to medical writing. [INT]

The Ethics of Medical Writing

Deborah Landry

David Sharp seems to think that we have no ethics. But whether the issues are plagiarism and "gift authorship" in the journals, industry ghosts writing for clinical experts and investigators, or whether freelance writers should be mentioned on academic publications, ethics is a topic which touches us all.

In the Bookstores . . .

Pride and Pressure to Publish: The Baltimore Affair Karen Shashok

A review of two books about the now infamous Baltimore/Imanishi-Kari data falsification scandal. This was an extremely high-profile and controversial science fraud case at Tufts University in Massachusetts where a postdoctoral fellow accused her laboratory head and a Nobel prize-wining collaborator of data fraud. It eventually went to the US Congress and the FBI before being rejected leaving bitter acrimony and ruined careers and reputations in its wake.

The Fastest Pen in the West

Adam Jacobs

Most medical writers, if asked how old their profession is, would probably say something between 10 and 20 years. In fact, medical writers have been around for much longer than most of us would have thought, as this recently discovered tale from the Wild West proves... [INT]

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[INT] - this symbol indicates that the article also has been or will be published at the EMWA internet site: http://www.emwa.org

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Journal Insights

The Write Stuff is the official publication of the European Medical Writers Association. It is issued quarterly and aims to provide EMWA members with relevant, informative and interesting articles and news addressing issues relating to the broad arena of medical writing. We are open to contributions from anyone whose ideas can complement these aims.

Articles or ideas should be submitted to the editor-in-chief:

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Instructions for Contributors:

- The Write Stuff typically publishes articles of 500 - 1500 words although longer pieces or those with tables or graphics will be considered.
- All articles are subject to editing and revision by the Editorial Board. Any changes will be discussd with the author before publication.
- Submissions should include the full address of the author, including the telephone/fax numbers and e-mail address. Suitable quotes for side boxes can be indicated or they can be selected by the Editorial Board.
- Material should be submitted electronically on computer disc or by email as an MS Word file using Arial font (or equivalent), 11-point, and single spacing.
- Published articles generally include a recent photograph of the author (portrait picture, CV-style).

Behind the press

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> Columnists: Adam Jacobs Liz Wager Karen Shashok



From the Editor's Desk

by Barry Drees

Greetings fellow members,

"I suspect that one day there will be more science writers than scientists. As businessmen and politicians catch on to the reality that science is the most valuable product / powerful tool (more important than advertising!) around, they will need ten explanations for every factlette that emerges from labs. How much has been written on the subject of LSD? You are the cutting edge of all humanity's noblest efforts. I salute you".

> Lawrence Kauvar Molecular Biologist and founder of Telik Inc. (formerly Terrapin). Current CEO of Trellis Bioinformatics Inc.

Most of you are probably aware of my views on the importance of medical writing to the future of civilisation, either from talking to me, reading this column, or from my article in Jane Mitchell's Newsletter, *Write Now*, "Can Medical Writing Save Western Civilisation? (see TWS 1999; 8 (3) 15-16). Naturally, cynics might think that of course I feel that way, given that I gave up a high-profile research job to become a medical writer. So I'm always looking to find further support for this view outside the profession and was therefore thrilled to see the quote above (personal communication). I guess the rest of the world is finally beginning to come to its senses and realise our value (so

all right, saluting is fine, but let's start talking salary!).

However, if my basic thesis is correct, i.e. the true interface between science and the public is not direct, but rather through science communicators, then it also provides an opportunity to facilitate I guess the rest of the world is finally beginning to come to its senses and realise our value.

ethical discourse. One frequently hears of the lack of any ethics in science, both from the public ("you can't trust those crazy scientists") and, perhaps somewhat surprisingly, from scientists themselves ("I'm not responsible for how my discoveries are used, I'm just here to seek knowledge and truth"). Unfortunately, it would appear that people in science just don't speak the same language as the rest of the population and have real difficulties communicating (the rare occurrence of truly gifted communicators in science, like Lewis Thomas, Carl Sagan, or Stephen Jay Gould, merely highlights the problem). If we scientific writers are to bridge this gap and really become the "cutting edge of all humanity's noblest efforts", to say nothing of saving Western Civilisation, then we have a responsibility to use our unique communication skills to create a real ethical dialogue between scientists and the public. If we can't bring more honest communication to this area, no one can.

From the Editor's Desk

I see the problem as analogous to writing a clinical study report or investigator's brochure. Last issue (TWS 1999; 8 (4): 3-4), I wrote about how the job of medical writer is so much more than just writing and editing, and that a very important part of what we do is to be an active and integrating part of the writing team. Because we are responsible for the final product, we need to bring the other contributors together, even if they seem to speak different languages (think of biometricians and clinicians, for just one of many examples). Thus, because we have extensive practical experience helping (if not forcing, sometimes!) communication between people with very different outlooks, i.e., the members of large writing teams, medical writers are ideally placed to encourage and foster an open discussion of ethics in science.

This leads me to our "Spotlight on Ethics" issue (I'll bet you knew that was coming!). I'm happy to be able to present two articles that deal with the issue of ethics in the life sciences. One describes ethical issues involved in medical writing itself, in terms of those two eternal problems, authorship and disclosure, while the other is a review of two books about the now infamous David Baltimore/Imanishi-Kari data falsification scandal. For those of you who never read the journals *Science* or *Nature*, this was an extremely high profile science fraud case at Tufts University in Massachusetts where a postdoctoral fellow accused her laboratory head and a Nobel prize-winning collaborator of data fraud. It eventually went to the US Congress and the FBI before being rejected.

I'm also excited to present a somewhat different *Vital Signs* in this issue. I have been asked a few questions about things that were briefly mentioned in past issues of TWS. Although I responded to the queries at the time, it occurred to me that other readers might have the same questions. Interestingly, these questions were not about medicine, but rather about historical and cultural allusions used to illustrate various points (Gordian knots and Talleyrand). I think that if we are serious about being an association for all European medical writers, with the mission to improve and broaden people's skills and knowledge, not just in technical or regulatory fields, but also as writers, then we should make every effort to explain and enlighten about the ways that we write.

I have broken with normal *Vital Signs* policy by keeping these inquiries anonymous. Mostly I don't want to embarrass the people who wrote in by giving their names. No one should ever be embarrassed of not knowing something (and I'll admit that I had to look up some details on the Encyclopaedia Britannica website for one answer), but I understand how it might appear and I fear that if I gave names, even if people agreed, it might dissuade others from writing in with their questions. Thus, my real aim with this (apart from showing off my general knowledge) is to encourage and beseech all of you to write in with any questions about anything you see appearing in TWS. I think this will give us all a chance to learn some things about written communication in English and hopefully improve our skills at the same time. This is, after all, the whole reason we're doing EMWA and TWS. We may even generate some interesting controversies! Remember, if you don't know something, chances are that someone else doesn't know it either and would be thankful for the response. It really is true, the only stupid guestion is the one that isn't asked.

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Message from the President

by Geoff Hall

In wishing every member of EMWA a happy and prosperous New Year, I think warmly of the many friendships forged through the Association over the past decade. Not surprisingly, I picture a few of the friends I have made as I write in an attempt to make the message as personal as possible.

But, all of a sudden, that's not so easy. Because this year, there are more members than ever before—over 300 for the first time—and so there may be hundreds that I don't know. Even more scary, there are EMWA members out there who don't know me or the other members of the Executive Committee too well either.

So for this short article, I thought I would introduce the jobs which the team undertake with, if you read on to the finish, a definite ulterior motive.

EMWA is a corporation, a limited company under English law and every member is a member of the company with voting rights. The members of the Executive Committee are the board of directors. The constitution tells us that there has be a minimum set of members of the EC of a president, vice-president (who is also president-elect), treasurer, education, public relations and membership officers. However, we can have additional EC members. Currently, the hard-working editors of the website and, of course, this magazine, *The Write Stuff* are co-opted members together with Kay Duggan-Walls, who is managing local arrangements for the conference in Dublin.

The constitution states that no one can stand for president unless they have held some sort of office at some time. As well as my long-standing, unofficial role as a

general interferer and uninvited advisor to most previous presidents, I was joint PR officer in the early days of the Association, and next year's president, Keith Veitch, was magazine editor.

It is surprising how many of the EC members first became involved in the work of running EMWA in their first or second years in membership. So come along new members, how It is surprising how many of the EC members first became involved in the work of running EMWA in their first or second years in membership.

about offering to stand for office. There is always room for people to be involved in the work and no objections to people becoming assistants to current officers to share the burden. Don't be shy. Get in touch with me, by e-mail preferably, and we can talk about how you can play your part.

While I was at the huge AMWA conference in Philadelphia last year, I was amazed that the business meeting was held in one of the smallest rooms and that the election of officers was en bloc as a slate suggested by the EC.

Message from the President

While we probably will always need to cajole people into accepting a job in order to fix the availability of candidates, I hope that behind the scenes fixing never replaces real democracy in EMWA. But democracy cannot work without participation. So get in touch with any EC member even if you just want to know more.

I hope to extend my circle of EMWA friends considerably at the annual conference in Dublin in May. I look forward to seeing you there.

Geoff Hall 58 Church Road Worcester Park Surrey, KT4 7RW, UK Tel: (+44) 181 715 1368 Fax: (+44) 181 715 1369 medwritehall@worldscope.co.uk

P.S. I hope everyone is impressed that I managed to write this first piece for the year 2000 without once mentioning the word millennium - Oh bother, now I've done it.

The Changing Face of EMWA

Results from the questionnaires: 1997 – 1999 compiled by B Drees

After the very disappointing response to the survey distributed at the Madrid conference in 1998, the EMWA Executive Committee decided to change the way the survey was conducted for the next year and mail it out with a copy of TWS. This not only had the advantage of reaching people at home or work where they might have a few free moments to fill the thing out (unlike the hectic pace of a conference), it would also offer the first opportunity to hear from the silent members who never or only rarely attend the yearly meeting. Much to my delight, it worked even better than we had hoped and we more than doubled the response of any earlier survey. So, it's time now to take a look again to get an idea of who we are and what we want from EMWA.

So, what do we see? The basic message is that despite highly variable sampling, in terms of numbers and kind of members, the profile has remained pretty consistent, and this despite a doubling in the total number of EMWA members. I am particularly pleased to see that the proportion of members attending their first meeting that year has remained at about one third and that the average number of meetings attended remains at about two. This shows that we have a real healthy proportion of new members at meetings and are in no danger of ending up with the always the same old crowd. One of the real attractions at our meetings is the delightful mix of new and familiar faces. On the other hand, a change that ought to be a call to action for EMWA members is the drop in people who say that EMWA provides social contacts, from 16 and 15% in 97 and 98 to a lowly 9% last year. What is happening? Are we taking ourselves so seriously? Let's all make a concerted attempt at Dublin or wherever to reach out to other members we perhaps haven't met yet.

One thing that has changed is the percentage of freelancers has hit an all-time high (27%). Does this reflect a true trend in the profession or merely the fact that freelancers

Changing Face of EMWA

do not attend EMWA meetings as frequently as people in industry (and thus constituted a higher percentage of the poll when the form was sent to all members)? At any rate, here is a summary of the results. More details and answers to any questions are available from the editor. You'll be getting another questionnaire with the next issue, featuring a new section designed to poll EMWA members about their favorite writing conventions. Stay tuned.

Category	97	98	99
Response Total number Rate (approx.)	41 50%	29 30%	93 40%
Satisfied with EMWA (answered "just right" of Membership Conferences Workshops		bargain") 93% 79% 93%	89% 75% 83%
Prior background Research Pharma. industry University Publishing Biometrics	50% 28% 13% 13% 3%	32% 48% 16% 3% 0%	37% 31% 9% 7% 0%
First heard of EMWA Colleagues AMWA Literature Other	54% 17% 10% 9%	63% 10% 17% 3%	62% 18% 4% 16%

Category	97	98	99
Membership Duration New member	2.9 yr 29%	3.8 yr 28%	3.0 yr 25%
EMWA provides (multiple answers por Education Networking Information Social contacts Freelance work Other	26% 26% 25% 16%	31% 26% 25% 15%	onses) 30% 24% 30% 9% 7% 3%
Previous meeting Average (no.) First meeting that year	attendand 2.2 23%	ce 2.3 33%	2.1 33%
EMWA website Visited No access Unaware	61% 15% 22%	69% 17% 10%	70% 17% 13%
Job status Industry Freelance Consulting Academic	84% 16% 0% 0%	73% 17% 7% 3%	63% 27% 8% 2%

Summary of the responses for each year (where meaningful)

Workshops, in order of most popular:

Most desired

Advanced Data Presentation Writing an Investigator's Brochure Ins-and-outs of ICH Regulatory Aspects of Drug Development Preparing a Dossier Introduction to Population Kinetics Proof Reading Business Aspects of a Freelance Career Improving Comprehension The Study Protocol Punctuation for Clarity and Style

Most completed (number)

Data Presentation I (36) Statistics for Medical Writers (33) Punctuation for Clarity and Style (25) Introduction to Pharmacokinetics (24) Project Management (22) Effective Paragraphing (19) Organizing the Biomedical Paper (17) Data vs. Information: the CER (13) Understanding Ethics Committees (11) The Author-Editor Relationship (11)

A Three-day Conference in one Day . . . The EMWA One-day Meeting at Henley-on-Thames

by Debbie Jordan and Diana Klein-Franke

The EMWA veteran, Debbie Jordan:

Having an additional meeting as well as the annual conference has often been discussed by EMWA members and committee alike, so I was delighted when at last the dream became reality with the first EMWA one-day meeting being held at Henley-on-Thames, UK on 13 December 1999.

Well, what can I say about it apart from - what a meeting it was! It seemed like the EMWA annual conference had been crammed into one day – with various workshops to choose from and lots of friends to meet up with and catch up on all the news (and gossip!). The meeting was very well attended with over 60 delegates participating, including delegates from Italy, Germany, Sweden, France, Belgium, The Netherlands, Ireland and Switzerland. It was great to see so many members from overseas attending, and it was also nice to meet some new people, since for some delegates this was their first EMWA meeting. There was of course also a large number of the 'regulars' whose faces have become familiar from many years of EMWA conferences.

Four workshops were offered – 'Writing the Final Report of a Clinical Trial' and 'Punctuation for Clarity and Style' ran in the morning and 'The Biomedical Paper' and 'Bibliographic Resources' ran in the afternoon. On behalf of all the delegates, I would like to say thank you to all the workshop leaders (Stephen de Looze, Alistair Reeves, Alison Rapley and Liz Wager) for four superb workshops – all up to the usual high standard we have come to expect from EMWA.

Despite the fact that the building was in the process of being renovated, the location was very pretty, being in one of the rowing clubs right next to the river Thames. Unfortunately, very heavy rain dissuaded many people from taking a leisurely stroll by the river over the lunch period (or was it the wonderful food that most of us eat far too much of that prevented us moving outside?).

Many thanks to those involved in the organisation of the meeting, in particular Julia



Cooper and Barbara Grossman who put together a great programme. Organising meetings such as this often goes unrewarded but without the hard work of the organisers such events would never run this smoothly. Also thanks to Phillipa Clow who managed to sort out the temperamental heating and the even more temperamental electricity supply that kept all the speakers on their toes as the power to the overhead projectors periodically disconnected itself.

A Three-day Conference in One Day

Finally, I'd like to say that I hope that this is the first of many one-day meetings and that I hope to see many of you again at the annual conference in Dublin in May 2000.

Debbie Jordan 15 Raven Road, Hook, Hants, RG27 9HH, UK mw@debbiejordan.freeserve.co.uk

The EMWA novice, Diana Klein-Franke:

Looking forward to my first EMWA meeting and full of anticipation, I arrived at Henley the evening before the meeting. I was met at the station by a gust of wind, complete darkness and the awful feeling of having landed in the middle of nowhere. Determined to overcome, fighting the wind, I struggled up a dark narrow street with not a soul in sight towards an office with a light. This office turned out to be a taxi office. My feeling of relief turned to despair upon hearing that the next available taxi which could take me to the Leander Club would be free in 3 hours time. Not to despair said the nice lady behind the desk, the club is only a 5 minute walk over the bridge and left at the first turn. Away I went, battling the wind with my luggage. Across the bridge, first left turn and I was met with a construction site...Yes, that was it – the Leander Club – under renovation.

The next morning was very pleasant. At breakfast I met Phillipa and found out that I wasn't the only one with a windy experience the night before. Stephen and Alistair, who had also come from Germany and were the two speakers for the morning workshops, had also been tossed about by the wind. Pamela, who had arrived from France, had insisted on having Phillipa bring her to the club. I found everybody extremely friendly and was made welcome at once by Phillipa. Stephen explained the ins and outs of the Core Curriculum programme, which I was not aware of before. I attended two workshops. I found the morning one given by Alistair very good, as apparently the other members did too. It was well attended. After a short lunch break, I attended Liz Wager's workshop which was also well attended and absolutely brilliant.

The organisation (by Phillipa) was excellent. The only criticisim that I can make is, why did the organisers choose Henley for a one-day meeting? Surely, somewhere more central like London would have been just as good and much easier to get to. There were many delegates from continental Europe who attended and we all flew in via Heathrow. The construction work and electrical problems also made life difficult for the speakers.

All in all, the one-day meeting was worth the effort and the super organisation and friendly smile from Phillipa made up for the travelling. I do hope that additional one-day meetings will be organised, but please – not in Henley. How about London? Or somewhere with an underground train station not too far away?

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- 8. So You Want To Write Better pharmaceutical Copy
- 9. Flawed Word Usage: Taxonomy and Correction
- 10. What is cost-effective? Pitfalls in economic evaluations
 - 11. The Study Protocol



The Medical Translator's Dilemma: Shall I, Shan't I?

by Anne Bartz

On the one hand . . .

I am fond of my profession. During my studies of applied linguistics at the University of Heidelberg from 1985 to 1989 I was urged from the very first day to specialise, no matter what. I was warned that universal translators always have a harder time of it. As I wanted to be a doctor when I finished school but did not get a place for medical studies at university, I chose medicine as my speciality for translation. I took four semesters under the guidance of a lecturer on the subjects of epidemiology and infectious diseases and was introduced gently to the wealth of medical literature. My lecturer, a doctor of English, was always open to our ideas and our way as language mediators - as we were and are still called - of conveying texts of a medical nature. Today, those initial translations, produced in teams, seem strange and the conditions positively heavenly. We spent hours steeped in text analysis and discussions on lexical and syntactic details, elaborated and restricted code, the art of transforming an article written for an expert into a brochure for potential patients - thanks to our translating and above all, linguistic talents. Our working material was selected according to its "pedagogic value", laying minor and major traps into which one could fall, or not as the case might be. Besides working out terminology, the main objective was to acquire the technique of medical translating and to recognise the limits of translation. This was our assignment at university.

In everyday working situations, other things are usually more important. It is true that I still work with texts that have generally been written by medical writers, as well as with text types and language registers. A summary of product characteristics is intended for a different readership than that of a package insert. Patient information leaflets on a drug study do not read the same as the introductory text to a clinical study protocol, and an operation report follows rules different from those for "intramuscular injection made simple" guidelines for patients. Like the medical writer, the translator must master this art of changing registers. Nevertheless, the main emphasis lies increasingly on facts that are to be conveyed cleanly, reliably and quickly. The question of style

frequently plays a subordinate role. Above all, the terminology must be correct and various external requirements satisfied.

A translation can only be as good as the original text allows. A typical occupational disease in translating is to read the original, frown, grumble a There is a quality in a good translation that you can never capture with the original.

bit and then finally get on with the job at hand. This is the behaviour of a literature critic who considers himself to be the better writer. One of the job forums on the Internet for translators in the American market is regularly headed with changing aphorisms.

The Medical Translator's Dilemma

One of these aphorisms is: "There is a quality in a good translation that you can never capture with the original." Is this just snobbery or is there a hint of truth in it, given that a good translation is not recognisable as being one and reads like an original itself?

In 1998, an entire book on the subject of "Translation and Medicine" appeared in the Scholarly Monograph *Series* of the American Translators Association (ATA) [1]. As was to be expected, a whole chapter is devoted to the question "Who Makes a Better Medical Translator: The Medically Knowledgeable Linguist or the Linguistically Knowledgeable Medical Professional? A Physician's Perspective" [2]. As diplomatic as ever when it comes to questions of style and content, the author comes to the following

A love of language, an ear for style, a willingness to pursue arcane terminology, and caring enough to get it exactly right are the keys to true success. conclusion: "Good medical translation can be done by both medical professionals and medically knowledgeable linguists; but in both cases (Woody Allen notwithstanding), a love of language, an ear for style, a willingness to pursue arcane terminology, and caring enough to get it exactly right are the keys to true success" [3].

When I tell friends who have absolutely nothing

whatsoever to do with medicine or translating about my work, I often hear comments such as "What, you're still on the yeast fungi?" or "Don't take this personally, but I would become a hypochondriac". Like the medical writer who works for pharmaceutical companies, medical translators must possess more than an above-average interest in the specialist field, a sound grasp of style and a love of detail and be prepared to do a great deal of hard work at the keyboard. With what is probably the majority of texts, they must also keep familiar with guidelines, recommendations and templates (e.g. "Compilation of QRD decisions on stylistic matters in Product Literature" or "Compilation of QRD decisions on the use of terms", QRD is the Working Group on Quality Review of Documents). In Brussels, consideration is being given to the legibility of texts for lay people, resulting in the production of 26 closely-printed pages entitled "Guideline on the readability of the label and package leaflet of medicinal products for human use", which are to be observed by both medical writers and medical translators. This is no longer merely stylistic support, but a catalogue of stylistic requirements.

On the other hand . . .

Last year in September, I took part in a "Foundation Course in Medical Writing" in London. I had enrolled in the course because clients and friends had repeatedly suggested and encouraged me to see medical writing as a future prospect for life after translating. On the first day, there was a two-part lecture entitled "Introduction to Regulatory Affairs". Introduction being very much the apt term, as this topic alone would provide sufficient material for an entire course. In order to satisfy the economy of language, the initial remarks were packed with abbreviations. In the course of this lecture, I heard the speaker say something to the effect of "Well, there we have it. Unfortunately, there still remains a lot to be translated." Fine, I thought, if you grew up in an English-speaking country. Without a doubt, a mastery of the English language would make some things easier and accelerate certain processes, but does this justify wiping out an entire profession or, including the interpreters, two?

The Medical Translator's Dilemma

The course itself was varied and stimulating, reaffirming what had crossed my mind many times after five years working as a freelance translator for pharmaceutical companies: why not write a text myself – admittedly, a somewhat romantic and naive thought. After countless translations of clinical study protocols, research reports, summaries of product characteristics, expert reports, publications, educational programmes for health care professionals and – last but not least – studying applied linguistics, I think I know what is involved when a medical writer sits down to write a text. Nevertheless, the translator can read up on medical topics, acquire know-how and use terminology correctly – in other words, deliver a translation of good or even excellent quality. But does this enable the translator to classify specialist literature or to write on sometimes complicated subjects, and possibly even in a foreign language?

I have great respect for people who have a natural science background and are capable of conveying their know-how in keeping with the given requirements. As far as I can remember, the Foundation Course was attended almost exclusively by natural scientists and medical professionals who had been sent on the course by their companies or employers. Of the discussions on typical texts to be written by medical writers, I recall the following: firstly, compared to composing a rounded, logical text, even taking all "stylistic requirements" into consideration, it is easier to reduce an existing text and thereby the work of another person to its component parts; secondly, style is also a matter of taste, and, as we know, there is no accounting for taste; and thirdly (incidentally, also often the subject of conversation with colleagues or people

who are in some form or other involved with language, and not without a certain degree of self-irony), who, besides ourselves, concern themselves so minutely with this subject?

I am fond of my profession. I see my work neither as pure creativity nor as pure reproduction, even though I concern myself What is important for the medical translator is fruitful co-operation within the much quoted network of medical writers, medical professionals and, of course, native speakers of English

with other people's thoughts. In my opinion, what is important for the medical translator is fruitful co-operation within the much quoted network of medical writers, medical professionals and, of course, native speakers of English. Due to the dominance of translations into English and my persistent flirting with the idea of medical writing, I will probably take the purely prophylactic step of being a medical professional/natural scientist and English native speaker in my next life.

References:

1) "Translation and Medicine" is, Volume X of Scholarly Monograph Series, American Translators Association, edited by Henry Fischbach, John Benjamins Publishing Company, Amsterdam/Philadelphia, 1998

2) ibid., Marla O'Neill, MD, pp. 69-80.

3) ibid., p. 80

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Ethics in Medical Writing

by Deborah Landry

We all speak of ethics in medicine. The ethics of a doctor helping with euthanasia or compassionate suicide is still highly controversial in our society. How do we decide about the right to remove organs from accident victims or anencephalic babies? Wealthy elderly patients can afford multiple heart transplants to extend their lives by one to two years at the very most, while at the same time we shut down inner-city hospitals because they do not make enough profit.

These and other questions are topical because they affect everybody. But what about ethics in medical writing? Is it plagiarism if the ghostwriter agrees to remain unacknowledged? This is the authorized use of the language and thoughts of another, while representing them as one's own original work. Some people feel that it does not matter whether the ghost agrees to the deal for it to be inappropriate.

What about the recent firing of the two medical journal editors (JAMA and N Engl J Med) for following their own convictions even when they were in conflict with their parent journals? Or potential ethical dilemmas when reporting medical results? For

example, should we be allowed to use the results of Nazi experiments obtained on concentration camp victims if they help advance medicine?

I was confronted with my own personal ethical question when I was requested to supply samples of my work to make an Should I manipulate a piece to make it impossible to recognize the product or the company involved to apply to get the next job?

offer. I have secrecy agreements with nearly all of my customers and, even when I do not, everything in my office is nomally treated with the utmost confidentiality. Discretion is part of the business. Should I manipulate a piece of work I had written to make it impossible to recognise the product or the company involved to get the next job? May I even do that? Would I want my subcontractor to take my work or the work of my clients and do the same? My answer to myself was a resounding no! And if I alter my piece to make it untraceable, does it even sound good or read well in the end? Ultimately, by making such changes, I might even be defeating my own purpose in trying to give somebody a good impression of my work. Too many changes and the whole process would eventually no longer make any sense. Sometimes you have to rely on your own gut feelings about what is appropriate.

Authorship has long been an extremely contentious subject and seems lately to be coming to a boil. Who really writes anything without any assistance? Does the proofreader get acknowledged? Where do we draw the line? What about the practice of listing as many as 15 authors or more on a publication? To me that is as ridiculous as the questionable practice of being forced to include the head of a department's name in the list of authors just because he or she is the boss. To be ethical about

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acknowledging true contributions shouldn't be a difficult task but it often is. I think we can and do recognize plagarism and nondisclosure when we see it, but since we don't see it most of the time, does it really matter?

Ghostwriters are bound by the code of silence and it is often in the contract to keep our mouths shut. But why should others not know? Does the purported author lose face or money if the public is aware of the contribution of a ghostwriter? Do their colleagues think less of them? If the science is excellent, would an editor reject a paper if a

Ghostwriters are bound by the code of silence, but why should others not know? ghostwriter was responsible for putting it all together? What are the moral consequences of the non-disclosure of the authors' actions?

I do not feel that celebrity authors who write their autobiographies are fooling anyone when they publish their life's story as if they had written it

themselves. The conjoiner "as told to," or a collaboration between a famous person and the true writer is a very common practice, but does it really make any difference? It is someone else's story, and the person who is actually *writing* it doesn't get much, if any, of the credit, and probably shouldn't. But at least they get mentioned. Thus it would appear that ethics in medical writing are situation dependent, but isn't that what ethics and professional morals are all about in the first place?

Do ghostwriters lack integrity because they take money and do not force the client to acknowledge them in some official way? Would it not be rather stupid or be taking too large a risk if they tried to insist that such disclosure become a stipulation in the contract? The consequence would be to sacrifice the money they could earn if the "ethical" demand was refused. Would a stipulation dictating that the medical writer must be mentioned suffice, or is just the suggestion that they should be mentioned enough? Perhaps the world of academics, writers, and publishers should finally admit that many people contribute to a written piece of work, be it a scientific publication, a speech or lecture, an autobiography or a great earth-shattering novel.

The solution may lie in finding a more equitable and realistic method of giving credit on a publication. One could structure the acknowledgements similar to the way nutritional facts are presented on food labels. The contributors would be listed in the order of the percentage of the author's contribution, although determining the relative percentages might be difficult. Another possibility that is frequently discussed and which would avoid such problems would be to present publication authorship like the credits on a movie or a record label, clearly identifying each role and the person who performed it. If such a system were to become an accepted norm, no one would have to hide anything that is common knowledge anyway, and we would eliminate the ethical problems surrounding the issue of nondisclosure.

Personally, I am glad that so many scientists cannot write well themselves or just do not have the time. However, we as medical writers, should begin to raise awareness about this matter. Further discussion is needed to clarify the ethics and proportionality of contributions to medical writing. So, to any of you who want to write a follow-up article, can I be a co-author?

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In the Bookstores . . . Pride and Pressure to Publish: The Baltimore Affair

by Karen Shashok

This article is based on an Opinion piece originally published as Shashok K. The Baltimore affair: a different view. International Microbiology 1999; 2: 275-278.

Daniel J. Kevles. The Baltimore Case. A Trial of Politics, Science, and Character. New York, London: W.W. Norton, 1998. ISBN 0 393 04103 4

Judy Sarasohn. Science on Trial. The Whistle-blower, the Accused, and the Nobel Laureate. New York: St. Martin's Press, 1993. ISBN 0 312 09247 4

These books recount the epic story of an uncooperative lab director with communication problems; a disenfranchised and disillusioned whistleblower with a mission; a world-renowned but obstinate scientist; a powerful congressman with a mandate to ensure that the taxpayer's money is used responsibly; a duo of unofficial but intellectually well-armed and ethically uncompromising investigators; confused university officials torn between concerns about fairness on one hand and possible damage to their institution's reputation on the other; government officials more preoccupied with in-fighting and advancing their own careers than with their investigative duties; aggressive and unscrupulous Washington lawyers; friends, enemies, colleagues, emotions, loyalties, moral obligations and self-interest. All

characters in this very human story were convinced that their motives were honorable; all were under pressure to protect their own reputations in the eyes of different peer communities and constituencies; and all made serious mistakes.

Both books attempt to trace the full story about the Baltimore affair (also known as the Imanishi-Kari affair) and place the events into It appears that Kevle's mission was not to discover the truth about the article that caused the controversy, but to rehabilitate Baltimore and present him as a martyr.

perspective for those who require a more cool-headed view than what was provided from contemporaneous reports of the controversy. And fortunately, each book concludes with a well-constructed index that makes it easy to locate specific information. One book (Kevles) has been reviewed in prominent journals [1-3], whereas the other has received much less attention.

Daniel J. Kevles, a historian of science at the California Institute of Technology (Caltech), has produced a book that has been cited as the definitive study, and as conclusive evidence of the dangers of government interference in the ethical oversight of the research process [4]. His seventeen-chapter study is accompanied by a glossary of technical terms and of source abbreviations, copious endnotes, and an essay on sources. He goes into great detail on the errors made by the Office of Science Integrity (OSI) (now the Office of Research Integrity, ORI) and the Secret Service in their analyses of the evidence against Imanishi-Kari, and attacks congessman John Dingell and his staff for being overly concerned with teaching arrogant scientists that they are

The Baltimore Affair

obliged to use public money with utmost responsibility. However, he also shows that the initial investigations carried out at the coauthors' and whistleblower's universities were marred by disinterest, lack of experience, and institutional rivalry between competing centers.

Kevles's book is filled with references that reflect his careful historiographic methods of investigation. However, many references are to his own notes on telephone conversations held with the persons involved in the case. This raises the possibility that some unconscious recall bias may have influenced both their account of past events and his reporting of these interviews. Moreover, as he admits in the preface (p. 12), he "eventually became persuaded that Imanishi-Kari was innocent of the charges against her", his conviction being reinforced by her much-delayed official exculpation, and by Baltimore's re-entry into public life as President of Caltech, where the author has been a member of the faculty for more than thirty years. So it appears the author had a mission in writing this book. That mission was not to discover the truth about the original publication in *Cell* [5] that caused the controversy, but to rehabilitate Baltimore and present him as a martyr to politically-motivated, incompetent government meddling in the subtleties of scientific research. The writing is consistently slanted in favour of

Sarasohn notes that "Many scientists had not bothered to, or did not want to, look at the actual paper and allegations in dispute . . .". Baltimore, and against whistleblower O'Toole, congressman Dingell, unofficial fraudbusters Stewart and Feder, and indeed all other players perceived by the author to be determined to bring his hero down.

Kevles thus combines his skills as a historian with a well-stocked arsenal of rhetorical devices

to lead the reader to the conclusion that Baltimore was treated unfairly by his professional adversaries, the lay press, and the US government. And he succeeded in convincing at least one book reviewer and journal editor that his view of the story is the only one worth believing: Steele's book review in *Nature Medicine* reflects the triumphant tone with which the scientific community celebrated Imanishi-Kari's official exculpation as proof that the government has no business trying to regulate the ethical conduct of research [2].

Judy Sarasohn, a Washington journalist, states in her acknowledgements (p. ix) that she set out to write "a story of human frailties and strengths for a broad audience", rather than to try to attempt to judge who was right and who was wrong. She notes that "Many scientists had not bothered to, or did not want to, look at the actual paper and allegations in dispute, and their feelings about the controversy were so raw that they did not believe other scientists could be objective". This is a key point: the controversy became so heated that legitimate questions about the data in the paper were almost forgotten in the battle to save Baltimore's reputation, and to keep the government out of the laboratories. But much of her information is based on personal interviews with the players, so again, readers need to be cautious. Perhaps the main difference in comparison with Kevles is that Sarasohn points out how Baltimore's position regarding the flawed data in the paper, Imanishi-Kari's role in producing them, and O'Toole's motives in denouncing them, changed radically as the investigation proceeded. Sarasohn divides her analysis into nineteen chapters, followed by detailed notes on sources.

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Both books do an excellent job of presenting the immunological findings initially reported (then retracted, then unretracted) in the original *Cell* article, and of providing possible interpretations of their significance. Regardless of whether readers prefer the dense documentary tone used by Kevles or Sarasohn's true-to-life scientific drama style, all will appreciate both authors' careful dissection of the facts about the original data. Neither author disguises the fact that the dispute between coauthors and the

whistleblower went beyond mere differences in interpretation, and eventually turned on serious (and entirely justified) doubts as to the accuracy of some of the data. In fact, the appeals panel of the US Department of Health and Human Services (DHHS), in its final decision, noted that "The *Cell* paper as a whole is rife with errors of all sorts... [including] some which, despite all these years and layers of review, have never been previously pointed out or corrected" [6]. One can't help but

What role can and should EMWA members play to guarantee that material that comes into their hands complies with current guidelines for the ethical performance of research?

wonder why these errors were not detected by the journal's peer reviewers. The moral of this long and troublesome story for researchers is "Keep accurate lab notebooks, and discuss the data with all coauthors and colleagues whose unpublished observations are cited, before submitting the manuscript". If Imanishi-Kari had followed the first piece of advice, and if Baltimore had been more conscientious in following the second, the whole affair would probably not have happened.

What about the problem that triggered the controversy in the first place? Should those data have been published? How did a paper with misinterpretation of the data, serious errors, and internal inconsistencies get into print in a prestigious journal? On the basis of the information Kevles and Sarasohn have given us, it is wrong to conclude that the allegations O'Toole brought against her superiors were "spurious", as remarked in a Commentary published in July 1999 in the *Lancet* [4]. What role can and should EMWA members play, in their various cultural and professional settings, to guarantee that material that comes into their hands complies with current guidelines for the ethical performance of research? As government and transnational agencies throughout the world continue to struggle to reach an acceptable definition of misconduct [7], those of us who do not produce data but are nonetheless responsible for their dissemination are sometimes caught in a dilemma. Policies that guide institutional approval for the publication of information need to be developed with input not only from the creators of new knowledge, but also from those who place this knowledge in the form in which it will ultimately be consumed.

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Related websites

www.chem.vt.edu/ethics/vinny/ethxonline. On-Line Science Ethics Resources, with links to just about everything pertaining to scientific ethics in the USA up to July 1997, when the site was last updated.

http://ori.dhhs.gov. This Department of Health and Human Services site contains the text of the reformed procedures for investigating allegations of research misconduct. Note that the Office of Research Integrity will no longer be responsible for investigating allegations of misconduct, but will provide "oversight and onsite technical assistance." Investigations are now to be carried out by the Inspector-General of the DHHS [8].

www.hms.harvard.edu/dms/cos/guenin.html Commentary by Louis M. Guenin on the new definition of research misconduct proposed by the White House Office of Science and Technology Policy.

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8. Kaiser J. Shalala takes watchdog office out of the hunt. Science 1999; 286: 883

For More Information . . .

Readers wishing more information on the subject of ethics in science research would do well to check out:

The Online Ethics Center for Engineering and Science www.onlineethics.org

There is not too much of a purely writing nature, but there are discussions of plagiarism, authorship, and conflict of interest.

WWW. yourdiabetesworld.com

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The Fastest Pen in The West

by Adam Jacobs

Most medical writers, if asked how old their profession is, would probably say something between 10 and 20 years. In fact, medical writers have been around for much longer than most of us would have thought, as this recently discovered tale from the Wild West proves...

'Twas a moonlit night in a frontier town,

- Where a man sat in the bar-room with a solemn frown.
- He came in every evening, 'bout seven o'clock,
- And all the folks there just called him 'The Doc'.
- Now the Doc was a medical man, as you've guessed;

The folks in the town said he was the best. If ever any of them got taken sick,

- The Doc got them back on their feet mighty quick.
- But tonight he was troubled, as all folks could tell:

The look on his face showed all was not well. His friends could see clearly, he looked kinda sad,

Then one of them said: 'Tell us, Doc, what's so bad?'

Well folks,' he said, 'it's like this, you see, Tomorrow the Quinton gang's coming for me. I guess you all know how that bunch of louts Are bad news for medical men hereabouts, And it's no secret that the plain fact is

They want to bust in and take over my practice.

- They've taken twelve others this month, I've heard tell,
- And they turn real nasty if you don't want to sell.'
- 'But Doc,' someone said, 'It's well known round here
- You're a mighty fine shot; you've got nothing to fear!

If you stand and fight, like I know you can do, Those Quinton boys will be no match for you.' 'That's true', said the Doc, 'I sure can't deny, That folks who cross me generally die.

But I just don't have time to go out fighting. 'Cos I'm laden down with piles of writing. There's patients' notes I've got to do, And then there's my study report too: A randomised investigation Of treating pain and inflammation At gunshot wounds, where the bullet went in, By cleaning with either whisky or gin. It's taken three years to get all the data; I just can't put it off till later.' Just then the saloon doors flew open wide, And a tall, handsome stranger walked inside. His clothes were new, and his face was clean; He looked mighty strong, and kinda mean. The room fell silent then and there, And everyone just turned to stare As this man, who'd ridden here from afar, Slowly but surely walked up to the bar. 'Whisky' he said, 'and make sure it's the best.' 'Sure will', said the barman, 'you just sit there and rest.'

- As he poured out the drink, he ventured to say:
- 'You're new in town, aren't you, just rode in today?'
- 'That's right' said the stranger 'and it's been a long ride:
- Five days on the trail, five nights camped outside.



The Fastest Pen in the West

And I rode all the way at a heck of a pace 'Cos I'm looking for work; I've heard here's a

good place.'

'There's plenty of work in this town, that's for sure,

But what kind of work are you looking for? Do you work with cattle, or are you a gun-

fighter?' 'No sir', said the stranger, 'I'm a medical

writer. In fact', said he, 'I'm one of the best:

They call me The Fastest Pen In The West.' Now the Doc had been sitting not so far away, And he'd heard every word that the stranger

did say.

He knew this could be a way out of his trouble,

But he'd have to act fast, right now, on the double.

'Howdy, stranger' said the Doc, as he got to his feet,

'You look like a man I'm sure glad to meet. I'll buy you a whisky, if you agree.

Set 'em up, barman; leave the bottle with me!' 'That's mighty kind', said the stranger, 'don't mind if I do.

Be a pleasure taking a drink with you. If the whisky's on you, then I'll listen all day, To whatever it is you've got to say.' 'Well', said the Doc, 'now here's my position:

I've got a business proposition.

It just so happens that I have a need For a medical writer with a turn of speed. I've got piles of reports that all need writing, So I can have time to go out gun-fighting.' 'Well sure', said the stranger 'here's an end to

your sorrow:

I'll start your reports at sun-up tomorrow. I don't think they'll be any trouble to me, That is, if you can afford my fee.' 'Sure can,' said the Doc, 'here's this for a start: When you've finished the job I'll pay the next part.

It's a fair enough price, or so I've been told.' Then he handed the stranger a small bag of gold.

'Well, that'll do nicelý', the stranger replied, "It's good to get paid before the ink's dried. There's some folks I've dealt with, I don't mind saving.

Who take several months to get round to paying.

And then, there's even some folks who Have the nerve to take off bank charges, too.' So the very next morning, he got down to work.

With both pens blazing; he sure didn't shirk, While the Doc, with a couple of good men and true.

Set out to do what that man had to do.

Well, the Quinton boys came riding by soon enough,

But the Doc was ready, and he sure was tough.

Once he'd finished with those evil men,

They never bothered him ever again.

By sun-down, the Doc was out of his danger,

And he went along to see the stranger.

When he got there, the sight that met his eye

Was a stack of paper, 'bout six feet high.

'Well', said the Doc, 'I'm mighty impressed: You sure must be The Fastest Pen In The

- West. I'll pay you the rest of your fee right away,
- But have you considered how long you might stay?

A talent like yours ain't often seen twice:

- You could work here full-time, you just name your price.'
- 'Well Doc, your offer sure is mighty fine,

But I'm afraid that I'm going to have to decline.

Though it's been kinda fun working with you, There's other folks out there who need me, too.

So I'll say goodbye now my work here is done.'

And he rode away into the setting sun.



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Vital Signs: Correspondence from our readers

In the last two TWS issues (Article descriptions, Vol. 8, nos. 3 and 4) there were mentions of the Gordian knot. What exactly is a Gordian knot (it sounds impressive)?

The Gordian knot, for those of you not up on your ancient history, was basically just a great big knot in a rope at the time of Alexander the Great. It supposedly represented a classical problem of mathematical topology and it was set up and maintained by Gordius. King of Gordium in Phrygia in Asia Minor (modern Turkey, but part of the Persian Empire in those days). Some oracle had declared that whoever could figure out how to unravel it would be the future ruler of all of Asia. Many conquerors and wise men had examined it without success until Alex came along and being the kind of guy who appreciated a dramatic and symbolic gesture as well as not being one to dally upon the finer points of brainteasers, he drew his sword and, in a single mighty blow, sliced it into two pieces. Thus he both unraveled it and demonstrated that the Gods had indeed chosen him to rule over all of Asia, which he subsequently pretty much did (well, OK, he didn't manage China or Japan, but he did a lot better than anybody else, then or since). Although some folks (like me) think that his solution was brilliant (assuming the whole story wasn't just made up), serious mathematicians liken his solution to doping in the Olympics, i.e. not quite cricket. I have seen occasional papers in the math puzzler literature reconstructing the knot (purportedly based on ancient descriptions but probably with a lot of assumptions) and giving the true mathematical answers. Frankly, I'll take Alex's method any day, since none of those mathematicians could conquer their own backyards, let alone Asia. The Gordian knot is now used as a metaphor for difficult and complex problems.

In the last TWS issue (*From the Editor's Desk*, Vol. 8, no. 4) there was mention of a Talleyrand, who was apparently some French foreign minister. Who was he and why is he so famous for his interpersonal skills?

Charles-Maurice de Talleyrand (1754-1838) is often considered to represent the pinnacle of diplomatic achievement (in modern parlance, the Michael Jordan of diplomats) since he managed to serve as a foreign minister for the revolutionary French government, Napoleon, and the restored Royalists. How he managed to hang on to his head, when so many of his colleagues and associates were losing theirs, let alone his job in such a sensitive position during so many radical changes in ruling party has inspired awe and disbelief ever since. Many credit his unusual survival skills to his immense charm, a shrewd and calculating mind, and rigid respect for diplomatic protocol, while others credit an almost preternatural ability to detect which way the wind was blowing combined with a total lack of any moral conviction, i.e. he changed sides at the drop of a hat. Love him or hate him, there's no denying his skill in a tricky job.

The Editor

Meetings of Interest

The following list is presented as a service to EMWA members and is not meant to be complete. EMWA does not endorse these meetings in any way. Those having the **[EMWA]** symbol include presentations from EMWA members. If you would like to have something listed here to share with other members, please contact Barry Drees (details on back cover).

Date	Meeting/Sponsor	Location
Mar 19-23	AMWA Asilomar Conference Northern California and Pacific Southwest Chapters Judith H. Windt Pacific Grove, CA USA judy_windt@compuserve.com	Monterey, CA, USA
Apr 4 Oct 3 [EMWA]	Effective Writing Tim Albert Training Paper Mews Court, Dorking, Surrey, RH4 9AU, UK Tel: (+44) 1306 877993; www.timalbert.co.uk	London, UK
Apr 3-4	Effective Communication Skills Rostrum Personal Development Mildmay House, St Edwards Court, London Rd, Romford, Essex, RM7 9QD, UK Tel: (+44) 1708 776 016 or (+44) 1708 735 000	London, UK
Apr 7 Oct 6 [EMWA]	Writing a Scientific Paper Tim Albert Training Paper Mews Court, Dorking, Surrey, RH4 9AU, UK Tel: (+44) 1306 877993; www.timalbert.co.uk	London, UK
May 2-3 [EMWA]	Effective Medical Writing Rostrum Personal Development Mildmay House, St Edwards Court, London Rd, Romford, Essex, RM7 9QD, UK Tel: (+44) 1708 776 016 or (+44) 1708 735 000	London, UK
May 4-5	Leadership & Management Skills Rostrum Personal Development Mildmay House, St Edwards Court, London Rd, Romford, Essex, RM7 9QD, UK Tel: (+44) 1708 776 016 or (+44) 1708 735 000	London, UK
May 4-5	Beyond Electronic Document Management Drug Information Association Postfach 4012, Basel, Switzerland	Edinburgh, UK
May 8-10	Effective Pharmaceutical Project Management Rostrum Personal Development Mildmay House, St Edwards Court, London Rd, Romford, Essex, RM7 9QD, UK Tel: (+44) 1708 776 016 or (+44) 1708 735 000	London, UK
May 15 [EMWA]	Integrierte Studienberichte nach ICH (German) Kendle Munich Stefan-Georg-Ring 6, D-81929 München, Germany Tel: (+49) 89 993913 0; Fax: (+49) 89 993913 160; info.muc@kendle	Munich, Germany

Coming Next Issue . . . (Spring 2000)

The Education Issue!

Announcing the start of the EMWA educational program which will allow EMWA members to obtain EMWA certification. Full details to be presented by the EMWA Education Secretary, Julia Cooper.

ICH E3 "Structure and Content of Clinical Study Reports": Guideline or Template?

Stephen de Looze

We've all struggled with this question ourselves or with clients who complain "...but it's not according to ICH". Now we can learn from an EMWA member who was on the EFPIA committee that drew up the draft guidelines about the <u>real</u> intent of ICH E3.

P NEW FEATURE!

Regulatory Questions and Answers: the Investigator's Brochure *Douglas Fiebig*

As the first offering in our new series, we look at the seemingly irreconcilable goals of making an Investigator's Brochure attractive enough to get the investigators to read it while still keeping it simple enough for the next update and getting it finished on time.

Sev Feature!

Member Profiles

Julia Forjanic Klapproth

This new series will put you, the members, in the spotlight to find out who EMWA really is. Stay tuned for revelations on the motivations, interests, aspirations and tips of the trade gleaned from a fantastic resource base... ourselves!

P NEW FEATURE!

The Physical Side: Are You Indisposed as a Medical Writer? Diana Klein-Franke

We all know now that medical writing is the most wonderful profession in the entire universe. Let's face it though, the downside is that you have to sit at a PC for long hours every day. With an eye towards the mission of EMWA and TWS to improve the life and work of medical writers everywhere, we offer this advice from an EMWA member who recently edited a book on posture and back problems for a client.

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