

# Lingua Franca and Beyond

## Communication, communication and even medical communication ...

What is it about? Let's start with the Wikipedia definition: "Communication (from Latin *communicāre*, meaning 'to share') is the purposeful activity of information exchange between two or more participants in order to convey or receive the intended meanings through a shared system of signs and semiotic rules."<sup>1</sup> So it is about *sharing information on purpose*, and in this light medical communication should be perceived as any medical information shared between any parties, as long as it is done on purpose. But is it really what we, medical writers, have in mind when talking about medical communication? To check it, I went back to the archive of *Medical Writing* and even *The Write Stuff* (*Medical Writing* ancestor) and searched for a definition or explanation. It didn't take me long to come across Ryan Woodrow's article in which he tries to answer a very simple question: "So what exactly does your job involve?" Ryan is a freelance medical communication consultant. His answer is simple and short: "I help pharmaceutical companies to communicate about their drugs to doctors", but then he elaborates:

"I understand that many EMWA members are from a background of clinical and regulatory writing, and that medical communications may be somewhat of a mystery. Well, *med comms* agencies traditionally support pharmaceutical and biotechnology companies in three key areas:

1. Publication planning, including the development of clinical publications and congress presentations in close conjunction with authors and in line with Good Publication Practice.
2. Thought-leader educational programmes, including the delivery of live scientific meetings such as advisory boards, satellite symposia and standalone meetings. This includes generating all the scientific content of the meeting (from slides to programme books).
3. Production of an extensive range of other educational materials for healthcare professionals including slide kits and monographs."<sup>2</sup>

Well, *med comm* agencies definitely focus their activities on the pharmaceutical industry, but medical communication is definitely much wider and covers, in my eyes, any communication relating to medicine and biomedicine. I would say

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that it is also about medical journalism, communication to non-medical audiences, including patients, caregivers and patient advocates; and don't forget the involvement of regulatory agencies. We heard and learnt about it a lot during the fantastic EMWA Symposium in May this year.

I am sure that many of us, working in medical communication and publishing, have our own stories to share, pinpointing the risky part of it. For me the most terrifying ones relate to the accuracy of information shared, quality of published articles and overall proofreading. I will never forget, when in the very last moment just before sending my thesis for printing, when I was tired and fed up of proofreading the whole thing endless times, all of a sudden I noticed *assessmnet* printed in capital letters on my title page... I was terrified, but fortunately the printed version had *assessment*. Let's read about David Bennett's story now. David has very many years of experience working in the medical communication business and now he is going back to his early days.

I would also like to welcome Elisabeth Heseltine, who shares her thoughts in response to articles on acronyms and abbreviations published in *Medical Writing* 24.4, in December 2015. Elisabeth is a freelance scientific editor, translator and reporter-writer with great international experience. I would like to take this opportunity to thank Elisabeth for her comments and also to remind all readers that your comments and opinions relating to articles published in this section are more than welcome.

### References:

1. Wikipedia. Communication [cited 2016 May 23] Available from: <https://en.wikipedia.org/wiki/Communication>.
2. Woodrow R. Freelance Medical Communications Consultant: "So what exactly does your job involve?" *The Write Stuff* 2011;20(1):17-9.

## More thoughts on acronyms and abbreviations

Acronyms and abbreviations have been defined as 'A code designed to keep out the uninitiated', i.e. 'If you don't understand this bunch of letters, you're not a member of the club.' This is counterproductive for communication, as it ostracizes readers outside the *club*. People looking for information in a domain outside their own have to look up strings of letters in a list of definitions (if there is one) back at the beginning of an article, thus constantly interrupting their reading.

Another crime committed by abbreviations and acronyms is that they remove the meaning from the phrase they represent. Perhaps the most egregious example is the now widespread use of FGM for *female genital mutilation*. Some years ago, the World Health Organization changed the term *female circumcision* to *female genital mutilation* expressly to include the word *mutilation*, to underscore the appalling nature of this practice. Reduction of the term to FGM removes that effect and again makes the term anodyne.

A further crime due to abbreviations and acronyms is that many medical terms have the same abbreviation or acronym, with consequences for patient safety.<sup>1-3</sup> The Joint Commission, an organisation that accredits health care institutions in the USA, has even issued a *don't use* list to avoid the multiple medical errors that have occurred due to misunderstanding an abbreviation or acronym. The Health Quality Council of Alberta has a website ([abbreviation.hqca.ca](http://abbreviation.hqca.ca)) with the slogan 'Writing it out can save a life. Let's stop the use of abbreviations in healthcare.'

Written abbreviations were first used when the author had to chip words into stone or write with ink on scarce parchment, and continues today with text messaging on small cell phone screens. Although acronyms date back almost as far as abbreviations, their widespread use is a 20th Century linguistic phenomenon. Common examples include RADAR, LASER and AIDS. They have become such an accepted part of language that often capitalisation and punctuation have been dropped; many users do not

know what the initials originally indicated.

Abbreviations are also used orally in the clubs mentioned above, to communicate rapidly with colleagues, who use the same terms.

With the almost ubiquitous use of computers and word processing, there is no need to use abbreviations and acronyms. For the reasons listed above, they should be discouraged. The instructions to authors of nearly all scientific journals instruct authors to use abbreviations and acronyms sparingly. Useful rules of thumb are to use an abbreviation or acronym only if:

- it replaces a very long term, such as ethylenediaminetetraacetic acid (EDTA), and is used more than once;
- it is used more than 10 times in an article or publication; and
- it replaces more than one word (shortening diabetes to DB is not helpful).

Spelling out abbreviations and acronyms adds only a few words to a manuscript, especially if an attempt is made to cut out other verbiage. Abbreviations and acronyms do not help the reader to understand a text. They detract from communication.



## References

1. Davis NM. Medical abbreviations: 5500 conveniences at the expense of communication and safety. Huntingdon Valley, Pennsylvania: Neil M. Davis Associates; 1988.
2. Brunetti L, Santell JP, Hicks RW. The impact of abbreviations on patient safety. *Joint Commission Journal on Quality and Patient Safety* 2007;33:(9):576–83.
3. Kuhn IF. Abbreviations and acronyms in healthcare: when shorter isn't sweeter. *Pediatr Nurs* 2007;33(5):392–8.

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## Simpler times?

I have attained a near ripe age and worked in or around the medical publication industry all my working life – there is no incompatibility between the two. During this wonderful experience, publication technology has been transformed, but even when simpler methods to communicate science prevailed, I managed to conjure my fair share of mistakes and cause myself embarrassment with ease.

As the exit door on my career comes into clear view I sense that there is nothing to lose by revealing all. I begin by sharing one occasion to get the cathartic process underway.

But first, for younger readers (probably those still at school in the mid-1980s), I need to give a short history of print production in 'my day'. If you fall into this age category, you may find it hard to imagine the practical problems that pre-dated desktop publishing (is that a term even in use now?). There was a time when the design studio's major output was the 'boards'. 'Boards' refers to large white sheets of card, typically A2 in size. Onto these boards

were placed photographic prints (bromides) on which were printed the type. Bromides were cut and pasted into the precise position the text was designed to appear on the printed page. (Sadly, there were graphic artists who would do this all day long.) Over the board would be a semi-transparent sheet indicating the position of photographs or giving other guidance. Once approved, the stack of boards for a book or a chapter would be gratefully received by the printer. The next thing the publisher saw would be printed proofs, and the rest is no doubt familiar to all.

My first project in medical publishing was a great book (now in its 8th edition) – *Immunology* (Roitt *et al*). Completing the boards for the first chapter to be proofed was an exciting day early in my publishing career. For our company, it was a highly significant and ground-breaking book – so many of the high quality graphics that make modern science textbooks effective and pleasurable to read derive from *Immunology*. The upfront investment in the title was correspondingly high. As a consequence, our Director, the great science publishing innovator, Vitek Tracz, supervised every aspect of the project personally.

The day the first boards were due to be sent to the printer (needless to say we were squeezing the deadline), Vitek insisted on reviewing the final boards with me. What could go wrong? The studio colleagues had checked them, as had I several times – only a sufferer of obsessive-compulsive disorder could have been more thorough. Vitek slowly scrutinised each board, and as he carefully turned each one my relief grew to the point I could feel a satisfied smile forming. As Vitek studied the final board I felt like a sprinter about to chest the finishing tape, only for it to be dragged away from me, as my boss asked his first and only devastating question – 'and where is the final page'? The double-page spread before us sadly was not the end of the chapter. Panic is responsible for some of our most stupid acts. In my case, this drove me instinctively to turn the board over in search of the missing page. Whether it was meant by way of mentoring or an expression of his disappointment in me, the only comment Vitek could muster was: 'it doesn't work like that'.

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