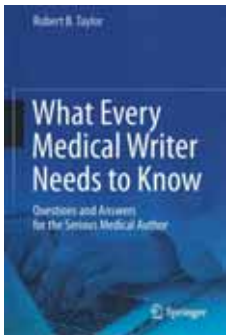


In the Bookstores



What Every Medical Writer Needs to Know: Questions and Answers for the Serious Medical Author

By Robert B. Taylor
Springer International Publishing, 2015.
ISBN 978-3-319-20263-1 (paperback)
31.99 GBP. 220 pages.

They say “*don’t judge a book by its cover*”, but the title

of this book lends itself to curiosity. In *What Every Medical Writer Needs to Know*, Dr Robert B. Taylor uses his 40 years of experience to present some of the fundamentals of medical writing: why we do it and how we do it, along with important problems and questions that many writers face daily, such as, How can you improve your writing? What are the rookie mistakes? What should you do if you cannot get published? What are the issues concerning copyright and plagiarism? What are the ethical issues surrounding your work? This book caters for writers from different fields of medical writing and at various stages of their careers; whether you are a physician, a professional medical writer, or a student looking to enter the field of medical writing, this book provides a range of practical information to help improve your writing and highlight potential pitfalls.

The book is divided into 10 chapters, with Chapter 1 providing a fascinating history of medical writing from Hippocrates to Sir William Osler, William Carlos Williams, and more recent medical writers such as Elisabeth Kübler-Ross. In addition, this chapter looks at how the process of medical writing has changed over the years, with primary responsibility for medical writing having shifted from physicians to professional medical writers in the contemporary setting. It also describes the typical personality traits of medical writers according to the Myers–Briggs Type Indicator (MBTI), as well as the strengths of the different personality types and the challenges they have to face. Readers may be particularly interested to see how their own personality type may influence their writing and how it compares to the personality types of other medical writers.

Chapter 2 is tailored towards new writers and looks at how to get started in the medical writing industry, including the value of a good mentor, the various types of writing opportunities (such as letters to the editor, research letters, case

reports, newsletters, and blogs), when in the day you should write, what to write, and the tools needed. It also includes an interesting insight into famous authors’ practices, some rather frank views on the challenges of freelance medical writing, and information on the associations that may help your career, namely the American Medical Writers Association and the European Medical Writers Association.

Chapter 3 goes further to look at the process of medical writing and tackles issues such as organisation of the text, punctuation, and how to make your writing easy to read. Noteworthy parts of this chapter cover how to multitask effectively depending on your MBTI type, how to manage references effectively using citation management systems such as *Endnote*, and the importance of considering the journal impact factor when selecting a target journal.

In Chapter 4, Dr Taylor delves into his decades of experience to share some of the pitfalls that writers may experience in their careers, and provides tips on how to avoid them. In particular this chapter highlights the importance of following journal guidelines, the importance of author sequence on the manuscript, and common errors (such as excessive use of adverbs, adjectives, and abbreviations, excessive paragraph length, deviation from the main topic, and presenting facts without citations), as well as focusing on how to manage complications arising from having multiple authors. This chapter also looks at how language has changed over the years and introduces the Gunning Fog Index, a measure of text readability that is used to improve an author’s writing. Although the Gunning Fog Index is not always appropriate for medical writing due to the fact that medicine has a broad and complex vocabulary, the principle that writing should be clear and not unnecessarily complex means it may be a useful tool for writers who work on lay summaries.

Topics covered in Chapter 4 are complemented nicely by Chapter 5, which looks at how to get your work into print; in particular it

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focuses on the peer-review process, open-access publications, and how to avoid “predatory publishers”, whose goal is to profit from a writer’s need to publish. This chapter also offers valuable advice on how to handle rejection from editors and how to improve your chances of publication. It further highlights the unfortunate bias in favour of particular institutions (such as elite universities) and the potential limitations of the peer-review process.

Chapter 6 discusses some of the major ethical issues surrounding medical writing, including the prevalence of gift and ghost authorship and the reasoning behind it. Despite screening with software such as CrossCheck, plagiarism remains an issue in medical writing today. This chapter offers valuable advice for readers regarding copyright and the avoidance of issues with plagiarism, stressing the importance of declaring conflicts of interest, seeking permission to use borrowed material (such as tables, graphs, and text), and accurately referencing sources when reproducing the work of others. This chapter is a particularly worthwhile read as it addresses some important concepts.

The focus on techniques to improve writing skills in the earlier chapters is complemented by real-life examples of classic and modern medical writing in the later chapters. Chapter 7 looks at some of the more noteworthy medical books and journal articles of the past as well as some of the more absurd published articles. Chapters 8 and 9 provide both a collection of interesting backstories from renowned writers and their opinions on medical writing. Chapter 10 concludes the book with a selection of interesting facts that do not fit into any of the preceding chapters. Notably, this chapter advises writers to exercise due diligence when approached by both well-known and especially unknown publishers with offers of work, and provides useful book and website references to those wishing to become medical writers.

Overall this book is well-structured, with each chapter flowing nicely into the next. With over

30 medical books and several hundred published articles to his name, Dr Taylor is highly practised in medical writing and uses both his own knowledge and that of renowned writers to highlight some of the pitfalls medical writers have experienced or may experience in their careers. My only criticism would be that the examples in this book are arguably tailored more towards

physicians rather than professional medical writers and are also more applicable to writers whose work focuses on manuscripts, literature reviews, book chapters, and books, rather than regulatory writing. I would recommend this book primarily to freelance writers and writers who specialise in medical communications, rather than regulatory writers, and would especially

recommend it to those wishing to become medical writers.

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Brexit and the European Medicines Agency

The British government has formally triggered Article 50, setting in motion Brexit and negotiations can begin in earnest. If before, politicians could gloss over the complexities, they are now obliged to start getting to grips with the details (where the devil often is if the popular saying is to be believed). With such a complex process, some unintended consequences will inevitably start to become apparent. One example is the future of the European Medicines Agency, currently located in Canary Wharf in London. During the referendum campaign, I don't recall any talk about what fate might befall this prestigious agency. Obviously, with the UK leaving the European Union, it seems untenable to keep the EMA headquarters in London, regardless of how "soft" Brexit finally turns out to be. In fact this seems one of the few aspects of Brexit where there is some agreement.

The loss of the EMA will have a big impact for London and the UK. In addition to the prestige of hosting such an important Agency, the revenue generated by the Agency is not negligible. Indeed, the EMA budget for 2017 is €322 million, much of which would be money spent in the UK. Currently, 900 permanent agency employees (who pay taxes and spend EU money in the UK) work in prime premises in central London. The decentralised nature of the Agency also means that many others need to travel to and stay in London on a regular basis, where they occupy hotel beds. Although this may be a relatively small amount compared with the famous €350 million a week the Brexit campaign claimed was being sent to the EU, at least the



EMA was a tangible economic benefit for the UK, but that is water under the bridge now...

Given the prestige and potential economic boost that hosting the EMA could bring, it is not surprising that a long queue of countries have formed, jostling for position to be the chosen one. Denmark, Ireland, Italy and Sweden have all formally launched their candidacies, while others such as Spain, Portugal and Croatia also seem to be in the running.

Those who make the decision will take into account a number of factors. Good travel connections and plenty of hotel beds will clearly be major considerations. Given that morale at the EMA is already said to be low as a result of Brexit, and the current uncertainty has hastened the exit of senior figures, the impact on current staff will need to be minimised to limit any further loss of expertise (I suppose that this is code for establishing the headquarters somewhere that

people would want to live). These practical considerations may, however, be surpassed by political calculations. Countries that already host a major European agency may be ruled out (despite the clear opportunity for synergy with the European Centre for Disease Prevention and Control in the case of Sweden, for example). It may also be politically expedient to host the EMA in an Eastern European country.

Whatever the decision, there is some pressure to make it quickly. As mentioned above, the EMA is already facing loss of staff and nobody wants to see this further exacerbated, with the potential negative impact on the quality of such a crucial Agency's work. Ultimately, this is a question of public health and should not become a game of political football.

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