

# Global perspectives on EDIB:

## Advancing equity, diversity, inclusion, and belonging in medical communications

Jeanette M. Towles

Synterex, Inc., Dedham, Massachusetts, USA

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### Correspondence to:

Jeanette M. Towles

[jtowles@synterex.com](mailto:jtowles@synterex.com)

### Introduction

*"If we are to achieve a richer culture, rich in contrasting values, we must recognize the whole gamut of human potentialities and so weave a less arbitrary social fabric, one in which each diverse human gift will find a fitting place."<sup>1</sup>*

Margaret Mead

The above sentiment by renowned anthropologist Margaret Mead resonates deeply within the realm of medical communications and medical writing (herein referred to as medical communications), where the ability to convey complex information across diverse audiences is not just a nice-to-have skill but a necessity that is foundational to the core of the job function. Medical communicators, tasked with facilitating communication through various media and capturing the collective experiences of patients, are uniquely positioned to understand and implement the principles of equity, diversity, inclusion, and belonging (EDIB). These concepts are not merely buzzwords but essential components in enhancing the collective experience of individuals within any healthcare- or life science-related setting; as such, they require diversity leadership and action planning at both macro and micro levels. In the context of medical communications, EDIB principles serve as a bridge, connecting the intricate world of medical science with the diverse tapestry of human experiences, making medical communicators the ideal custodians of these vital concepts.

### Abstract

The integration of equity, diversity, inclusion, and belonging (EDIB) principles within the field of medical communications is of paramount importance. EDIB principles, aligned with global guidelines on sustainability – encompassing labour practices, environmental stewardship, corporate social responsibility, and culture – are essential for enhancing the quality and reach of medical documentation. The adoption of EDIB practices has been found to positively impact medical research dissemination and public health outcomes by promoting diverse perspectives and inclusive knowledge transfer. These practices ensure that medical communications are more representative and impactful, reaching broader audiences and addressing diverse health needs.

The current state of EDIB in medical communications is characterised by varied perceptions and implementations across

different regions. Challenges such as data privacy concerns, employment contract constraints, and disparities in educational requirements and job descriptions continue to hamper uniform EDIB adoption.

To enhance EDIB, several actionable strategies have been suggested. These include fostering collaborative approaches, implementing educational initiatives, and advocating for policy reforms. Such efforts are deemed essential for creating a more inclusive and diverse environment, benefiting both the industry and the communities it serves.

The potential benefits of a more equitable and inclusive global medical communications community are substantial. Looking ahead, the continuous evolution of EDIB practices will be crucial in addressing emerging challenges and leveraging new opportunities to foster inclusivity in medical communications.

### Definition of equity, diversity, inclusion, and belonging

To fully grasp the significance of EDIB in medical communications, it is crucial to understand each component of the term, as follows (Figure 1):<sup>2</sup>

- **Equity:** Fair treatment for all while actively working to identify and eliminate inequities and barriers
- **Diversity:** The full spectrum of human differences, including but not limited to:
  - Age
  - Ethnicity
  - Gender
  - Physical and mental ability
  - Race
  - Sexual orientation
  - Religion
  - Education level
  - Personality traits
- **Inclusion:** When each person is visible, heard, and considered within an organisation

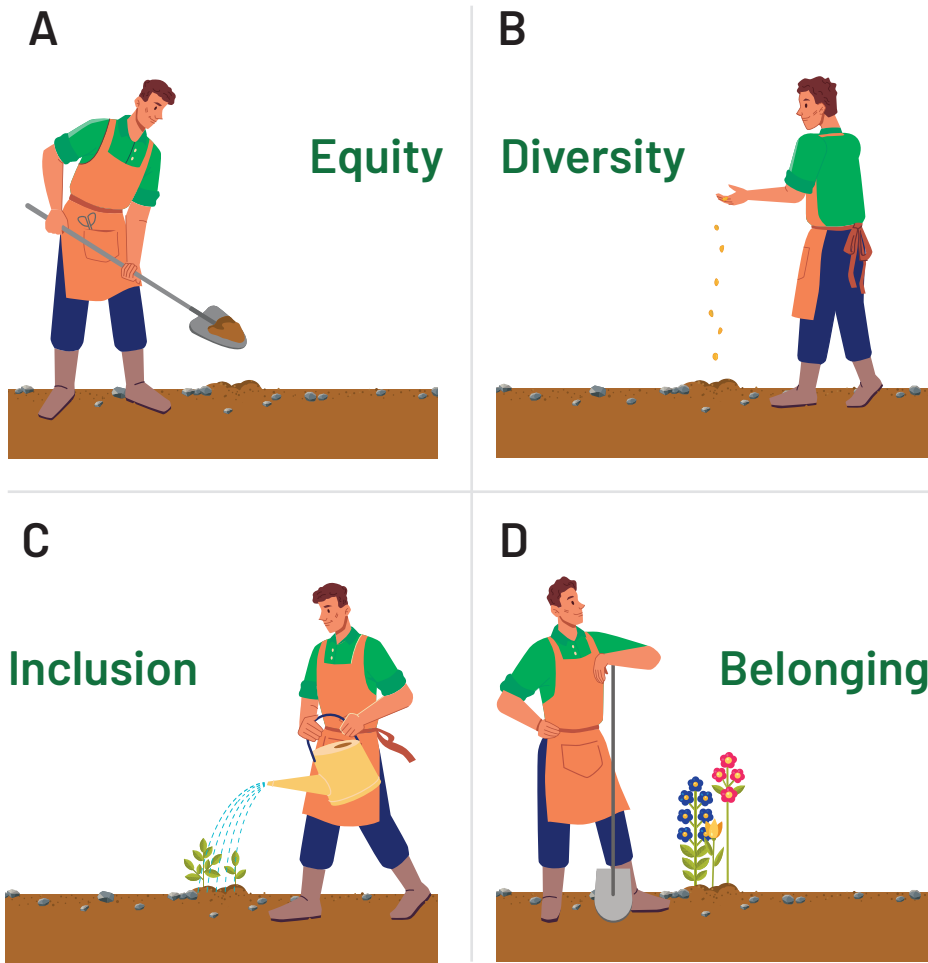
or community, going beyond mere representation

- **Belonging:** When all individuals are treated and feel like full members of the larger community, able to thrive in their environment

While diversity often focuses on proportionate representation across all dimensions of human difference, the combination of these four elements creates a comprehensive framework for fostering a truly inclusive and supportive environment in the field of medical communications and beyond.

### EDIB's connections with sustainability guidelines and initiatives

EDIB principles align closely with global sustainability initiatives. The United Nations (UN) approach to sustainability has evolved from three pillars (economic development, social equity, and



**Figure 1. Comparison of EDIB concepts via a garden metaphor.**

- A. Equity: The soil (providing fair ground for growth);  
 B. Diversity: Various types of plants;  
 C. Inclusion: The act of planting and tending to all plants;  
 D. Belonging: The flourishing garden as a whole.

environmental protection) to include culture as a fourth pillar, reflecting the complexities of human society.<sup>3,4</sup> This four-pillar model resonates strongly with the EDIB framework.

The UN's Sustainable Development Goals (SDGs), adopted in 2015 and with planned implementation by 2030, operationalise this approach.<sup>5</sup> Health plays a central role, particularly in SDG 3: "Ensure healthy lives and promote well-being for all at all ages." This goal, supported by 13 specific targets, emphasises equity and focuses on meeting the needs of disinvested populations.

As medical communicators, we can advance these global health goals by integrating EDIB principles in our work. Externally, we can facilitate clear, accessible communication between healthcare providers and patients. This could involve: developing strategies to bridge

gaps in understanding; enhancing informed consent processes; and creating materials that empower patients from all backgrounds to participate more fully in their healthcare decisions. Internally, we can foster EDIB within our professional community by amplifying diverse voices, advocating for equitable growth and leadership opportunities, and actively cultivating inclusive work environments where all medical communicators can thrive through targeted initiatives and policies (for example, by using bias-free language or by incorporating best practices for inclusive meetings).<sup>6</sup> By aligning our practices with these global objectives through thoughtful application of EDIB principles in every document we

produce, every message we craft, and every professional interaction we engage in, we can reflect and reinforce the core values of health equity, cultural sensitivity, and inclusive communication in both our work products and our workplaces.

### Current state of EDIB in medical communications: A global perspective

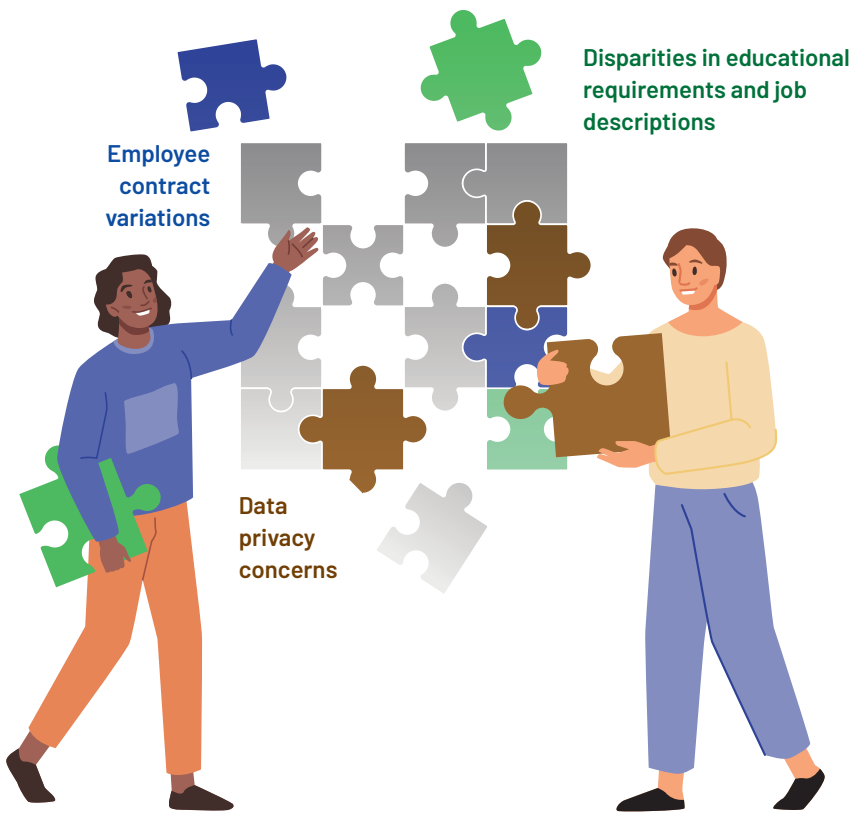
#### Regional variations in EDIB perceptions and implementations

The perception and implementation of EDIB principles vary across different global regions, reflecting diverse cultural, social, and economic contexts (Figure 2). In the European Union, for instance, there is a strong focus on gender equality in the workplace, with countries like Iceland implementing mandatory equal pay certification for companies.<sup>7</sup> The United Kingdom has taken a unique approach with the introduction of mandatory gender pay gap reporting for large companies, aiming to increase transparency and drive change.<sup>8</sup> In North America, Canada has been a leader in promoting multiculturalism, enshrining it in law, and implementing policies to support diverse communities.<sup>9</sup> The United States, meanwhile, had until recently placed a primary focus on racial equity, with many organisations implementing unconscious bias training and diverse hiring practices,<sup>10</sup> but with recent clapback against

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"woke" concepts in favour of merit-based ones, many companies have even chosen to curb their EDIB efforts altogether or remove the term "equity" from the construct due to the legal implications.<sup>11</sup> Japan has struggled with gender diversity in leadership roles, prompting the government to set targets for increasing the proportion of women in management positions.<sup>12,13</sup> South Africa's approach to diversity is deeply rooted in its post-apartheid history, with the Employment Equity Act mandating targets to

redress past imbalances in race but also in gender and disability status.<sup>14</sup> In India, caste-based discrimination remains a significant challenge, leading to the implementation of reservation policies in education and public sector employment.<sup>15</sup> Meanwhile, in the Middle East, countries like the United Arab Emirates have



**Figure 2. Puzzle pieces representing different major regional EDIB challenges (data privacy, employment contracts, and educational requirements), symbolising how different elements must come together to form a comprehensive global approach to EDIB, while also visualising the misalignments and gaps that exist.**

been working to increase workforce participation of people with disabilities, introducing policies to support their employment and integration.<sup>16</sup> These regional variations highlight the importance of contextualising EDIB efforts to address specific local challenges and priorities.

While many countries have established clear EDIB goals and certification programmes, others have adopted a more flexible approach with less-defined endpoints. For instance, while the Netherlands has set goals around disability employment as part of their social initiatives, specific endpoints to measure these goals have not been established,<sup>17</sup> nor are there immediate plans for diverse business certifications.<sup>18</sup> Similarly, in Sweden, while there is a strong cultural emphasis on equality and inclusion, the approach to EDIB in the workplace is often less prescriptive. Swedish law prohibits discrimination, but many companies implement EDIB initiatives voluntarily without mandated quotas or certifications.<sup>19</sup> In Brazil, despite having laws

against racial discrimination, the implementation and measurement of EDIB programmes in the private sector vary across organisations.<sup>20</sup> These examples illustrate that while there is growing global awareness of the importance of EDIB, the approaches to its application can differ substantially, with some countries opting for more flexible, culturally adapted strategies rather than strictly defined programmes or certifications.

#### Global challenges in EDIB adoption in medical communications

While the importance of EDIB in medical communications is apparent given its connections with overall global health initiatives, several challenges hinder its uniform adoption and implementation:

1. **Data privacy concerns across borders:** The medical communications field often deals with sensitive health information, making data privacy a critical concern. Different countries have varying regulations regarding

data protection, which can complicate EDIB efforts. For instance, the European Union's General Data Protection Regulation (GDPR) imposes strict rules on data handling, including personal information related to diversity metrics.<sup>21</sup> In contrast, countries like the United States have a more sectoral (i.e., at the industry level) approach to data privacy.<sup>22</sup> These disparities can make it challenging for global medical communications teams to collect and analyse diversity data consistently, potentially hampering EDIB initiatives that rely on such information.

2. **Employment contract variations by country:** Employment contract variations by country pose significant challenges to implementing uniform EDIB policies in global medical communications teams. For instance, anti-discrimination clauses may vary widely; while the United Kingdom requires explicit protection against discrimination based on nine protected characteristics,<sup>23</sup> other countries may have more limited protections. Compensation structures can also differ, impacting pay equity efforts; for example, European countries prohibit asking about salary history,<sup>24</sup> while other countries do not. Flexible working arrangements, crucial for inclusivity, are legally mandated in some countries<sup>25</sup> but not others. Additionally, parental leave policies, which can significantly affect gender equity, vary greatly across nations.<sup>26</sup> These disparities can lead to inconsistencies in how medical writing organisations approach EDIB across their global operations, potentially resulting in uneven implementation of inclusive practices.

3. **International disparities in educational requirements and job descriptions:** The field of medical communications encompasses a wide range of roles, each with its own set of required qualifications. These requirements can vary substantially between countries, however, reflecting differences in educational systems and professional standards. For example, a survey among medical writers in India showed that over two-thirds were physicians and more than 90% had a life science background.<sup>27</sup> Conversely, in the United States and European Union, relevant degrees are described as ideal but not mandatory for medical communicators,<sup>28,29</sup> with need sometimes driven by specialty or specialisation,<sup>28</sup> and relevance is even extended to include language-related

degrees.<sup>29</sup> These disparities can inadvertently create barriers to entry for diverse candidates from different educational backgrounds or geographical regions, potentially limiting the global talent pool and hindering EDIB efforts in the profession. Furthermore, job descriptions and role expectations for medical communicators can differ across cultures and organisations. What constitutes an “entry-level” or “senior” position may vary, as can the specific tasks associated with medical communications roles.<sup>30</sup> These inconsistencies can make it challenging to implement standardised EDIB practices across international teams and may inadvertently perpetuate inequities in career progression and opportunities.

Addressing these challenges requires a nuanced, globally minded approach to EDIB in medical communications. It calls for careful navigation of international regulations, cultural sensitivities, and professional norms while striving to create a more inclusive and equitable field worldwide.

### Benefits of a more equitable and inclusive global medical communications community

Embracing EDIB principles in the global medical communications community offers numerous advantages that extend far beyond the profession itself. Firstly, improved documentation quality across languages and cultures is a substantial benefit. When diverse perspectives are incorporated into the writing process, it leads to more comprehensive and culturally sensitive medical documents; this enhanced cultural competence results in clearer, more accessible information for patients and healthcare providers from various backgrounds.<sup>31</sup> Secondly, broader public health impacts in diverse global settings can be achieved through more inclusive medical communication. By ensuring that health information is tailored to and representative of diverse populations, we can improve health literacy, treatment adherence, and overall health outcomes across different communities.<sup>32</sup> Lastly, increased diversity among medical communicators and in the content they produce can help address historical biases in medical research and reporting. This can lead to more comprehensive coverage of health issues affecting minority populations, ultimately contributing to more equitable healthcare.<sup>33-35</sup> By fostering a more equitable and inclusive global medical communications community, we not

only improve the quality and reach of health information but also contribute to advancing global health equity.

### Strategies for enhancing EDIB in global medical communications

To advance EDIB in global medical communications, a multifaceted approach is essential. Fostering international collaborative approaches can be achieved through virtual teams and cross-border projects, which expose writers to diverse perspectives and working styles.<sup>36</sup> Implementing cross-cultural educational initiatives, such as cultural competency training and language exchange programmes, can enhance understanding and sensitivity among medical communicators.<sup>37</sup> Advocating for policy reforms on a global scale is crucial, with professional organisations playing a key role in coordinating leadership who can push for policy change across the industry.<sup>38</sup> Addressing region-specific EDIB challenges requires tailored strategies; for instance, in regions with limited access to medical education, mentorship programmes and targeted skill development initiatives can help diversify the talent pool. In this vein, the American Medical Writers Association (AMWA) is working on guidelines for an apprenticeship framework that will include job levelling recommendations as well as modular components for a suggested curriculum.<sup>39</sup> Also, AMWA has recently released an EDIB-related statement, emphasising its commitment to fostering a diverse, equitable, and inclusive environment within the medical communication profession.<sup>40</sup> Similarly, the European Medical Writers Association (EMWA) underlines their dedication to these principles in their code of behaviour.<sup>41</sup> The Drug Information Association (DIA) also demonstrates a commitment to EDIB through their dedicated initiatives and resources.<sup>42</sup> Finally, the potential for standardised global EDIB guidelines in medical communications is promising. While recognising regional differences, establishing a common framework for EDIB best practices can provide a roadmap for medical communications organisations worldwide. Such guidelines could cover areas such as inclusive language use, diverse representation in case studies, and equitable authorship practices. By implementing these strategies,

the global medical communications community can work toward a more inclusive future, ultimately improving health outcomes for diverse populations worldwide.

### Conclusion

The importance of EDIB in global medical communications cannot be overstated. As we have explored, EDIB principles are not merely idealistic concepts but essential components that enhance the quality, reach, and impact of medical information worldwide. From improving documentation quality across languages and cultures to broadening public health impacts in diverse global settings, the benefits of a more inclusive approach are clear and far-reaching.

As medical communicators, our pivotal position allows us to bridge the gap between complex medical information and diverse global audiences. By embracing EDIB principles, we can ensure that our work resonates with and benefits all communities, regardless of their background or geographical location. This is not just a professional responsibility but a moral

imperative that aligns with the broader goals of global health equity.

The anthropologist Margaret Mead once said, *“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”*<sup>43</sup> As a community of medical communicators, we embody this sentiment. While the challenges of implementing EDIB on a global scale are significant, they are not insurmountable.

Through collaborative efforts, cross-cultural initiatives, and a commitment to continuous learning and improvement, we can drive meaningful change.

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### Disclaimers

The opinions expressed in this article are the author’s own and not necessarily shared by her employer or EMWA.

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## Disclosures and conflicts of interest

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### Author information

**Jeanette Towles**, MA, RAC-Drugs, has been a medical writer at Synterex since 2016 and often leads workshops and discussions on medical writing for AMWA national and the local New England branch as well as through Synterex’s Fellowship Programme.