

President's Message

Medical writing: Diversity and inclusion across borders

Dear EMWA Colleagues,

Many of our members were present at the Autumn virtual conference's opening session on Thursday November 7 as we witnessed medical writing around the world firsthand. We had local hubs across 10 countries with a rich agenda of local discussion, training, and networking. Our Spanish-speaking hubs, divided by an ocean yet united in language, even requested to join each other for the networking session! November 8 followed this theme and included two seminars on the essentials of medical translation – highlighting the need for scientific communication across the globe. Our conference also wrapped up with two appropriately themed educational workshops: inclusive language and cross-cultural communication.

As professionals we are well aware that

medical writing is a crucial component of healthcare dissemination, from pharmaceuticals through medical devices and original laboratory research. Good communication serves as the bridge between complex scientific information and its intended audience, whether we are in academia writing about our own research or whether we are working for a global pharmaceutical company with a portfolio of products in clinical development.

In this issue entitled "Medical Writing Around the World", we take a wide-ranging tour around the challenges of working across the globe: team cohesion and understanding, managing time zones, discerning cultural norms, and customs regarding communication. But more importantly, we outline the numerous opportunities that arise for the medical writer to use their knowledge and the power of words to



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continue to effectively contribute critical written communication that leads to a better understanding and eventually to bringing healthcare innovations to patients. We look at the dynamics of leading a team of medical writers in a global setting, through to the inequalities in research still present today, how to advance diversity and inclusion in medical communities, and empower clinical research in low and middle-income countries.

Interestingly, I recently attended a scientific event on gender medicine: the differences between males and females in terms of disease symptoms, access to healthcare, time to diagnosis, and required treatment. Yet we still fill our Phase 1 studies with young healthy males, clinical studies further down the line often have a majority of male participants, analyses by gender are not commonplace, and final treatment regimens may not even be adapted to weight. If we still cannot manage gender equality in clinical research, we have a long way to go to ensuring ethical diversity and inclusion. As we become aware of medical writing around the world, let us not forget that we must also promote diverse and inclusive clinical research, as far as we can in our role.

While "globalisation" is often used as a pejorative term, we should remember that as medical writers our proficiency in language, coupled with our understanding of regulatory and healthcare systems, therapeutic areas, and patient populations, affords us a unique position to be a positive force in producing content that is true to science and research ethics, but for which the terminology, context, and implications are adapted to be culturally appropriate to each audience.

May EMWA continue to promote this healthy diversity and inclusion that we see in our profession and membership across the globe, which is (not by coincidence) part of our association's strategic plan through to 2027.

