

The changing face of medical writing in India

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Abstract

Economic liberalisation has led to an influx of clinical research and a boom in the medical writing industry in India. Medical writers in India at present contribute mostly to medical communications, health journalism, and academic medical writing. Regulatory writing is fast climbing up the ladder too. Continued medical education (CME) writing is almost non-existent since CME is not mandatory for physicians. Lack of adequate experience as professional medical writers translates into quality issues. Unless we match up to global quality standards, we may soon be facing competition from other Asian countries. However, experienced medical writers who have learnt the hard way are hopeful that, with rigorous training and accumulating experience, those who offer quality are here to stay.

Keywords: Medical writing in India, Medical writing in Asia, Outsourcing to India, Cost benefit, Quality issues in medical writing

Medical writing is probably as old as medicine itself. Who comes to mind when you think of the earliest examples of medical writers? Probably Galen, the Roman physician of Greek ethnicity who wrote an encyclopaedia of medicine in the second century AD, or Hippocrates, the father of western medicine, who wrote the *Hippocratic Corpus* as early as the third century BC!

Interestingly, Indians wrote about medicine much earlier. *Sushrutasamhitam*, which contains 184 chapters on surgery, was written around the sixth century BC. *Charakasamhitam*, believed to be the oldest medical scripture in India, contains 120 chapters on ancient Indian medicine. It was written around 3000 years ago.

Indian writers have been writing about health and medicine for a long time in many different languages and for other systems of medicine as

well, including homeopathy, Ayurveda, siddha, and unani (see Box 1). They have written books, web content, and journal articles about all these systems of medicine. However, only recently have they started writing for the global healthcare community, making them one of the new players in the global platform.

Box 1

Ayurveda, the oldest form of traditional Indian medicine, is widely practised even today. Ayurvedic *vaidyas* (physicians) prevent and treat diseases by ensuring a balance between the mind, body, and consciousness. Siddha, which originated in the southern Indian state of Tamil Nadu, is similar to Ayurveda. In this system, diseases are attributed to disturbance in the balance of seven elements: *saram* (plasma), *cheneer* (blood), *ooun* (muscle), *kolzuppu* (fatty tissue), *elumbu* (bone), *moolai* (brain), and *sukila* (semen). According to unani, which has a Greek origin, the human body is made of four humours: blood, phlegm, yellow bile, and black bile. In each of these three systems of medicine, disease can be treated through modifications of diet and lifestyle, massage, and use of drugs from herbs and mineral sources.

The medical writing boom in India

In the late 20th century, a boom in the information technology sector and economic liberalisation in the country brought India closer to the world. It offered a platform for drug research and development, as well as outsourcing. This increased the growth of the clinical research and medical writing industry in the country. In the late nineties, most people in India were unaware of terms such as 'clinical research' and 'medical writing'. However, going by the sheer number of mail queries we now receive each week, it seems that many youngsters in the

country are currently looking at one of these fields as a viable career option.

In the mid-1990s, physicians like us, who chose clinical research or medical writing over clinical practice, were believed to be anything but sane. People who trod these unfathomed paths often drew flak, even from family. Dr Bimal John, who founded a professional medical writing and health IT consulting firm in Bengaluru in 2006 after having worked as a freelance medical writer for three years, believes that ‘professionals who got into this stream early have managed to sustain themselves through very difficult times. They have played a strong role in changing the perceptions about medical writing and the contributions medical writers could make to the industry. Over the last decade, the industry has evolved and medical writers are now recognised as a vital part of the healthcare industry. Today, there are countless opportunities as well as established career paths for medical writers’.

There is now an increased need for better medical writing. ‘Medical writers have had to pull up their socks and do a better job than before’, says Dr Sanjay Pai, who sits on the editorial boards of the *National Medical Journal of India* and the *Indian Journal of Medical Ethics*. He is glad to notice that while the number of peer-reviewed journals published in India has increased, there has also been a simultaneous improvement in the standard of Indian journals, something he believes was deficient only a decade ago.

There has been an upward move for regulatory writing as well. Dr Roopa Basrur, Director, Medical Writing Services India at PAREXEL International, believes that the outsourcing of pharmaceutical industry-driven medical writing has resulted in the creation of a new profession in India and the need for new talent. ‘The Indian medical writer has evolved to become a key player and member of the clinical study team in the drug development world’, she says, adding that ‘confidence and reliance on the work that we can do in India is on the rise as well’.

Continued medical education (CME) writing does not seem to have caught up, though. This is because CME is not mandatory across India. Some industry-driven CME is offered at conferences. Without it, we might have had none. The Medical Council of India (MCI) recommends 30 hours of CME every 5 years but does not make it a mandatory requirement. Since 1985, when the MCI planned its first CME, we have not come a long way where CME writing is concerned. The State Medical Councils in Maharashtra, Punjab, Kerala, Tamil Nadu, and

Gujarat now have mandatory CME systems which require doctors to get re-registered with the councils after they obtain a certain number of CME credits within a certain number of years. However, the CME systems have only been in place for the last couple of years and it will be another few years before the first doctor re-registers. Moreover, their accreditation systems are not uniform across State Medical Councils. Hopefully, in the coming years, as the need for CME is better recognised, the scope for CME writing will also increase.

Medical writing as a career in India

With a lot happening in the medical writing industry across the country, several institutes have started offering courses to create a pool of talented medical writers. Many students who take these courses go on to work as medical writers in various contract research organisations (CROs), medical communications agencies, and pharmaceutical companies. A few years ago, many writers would join the profession but then move on to the ‘next big thing’ after just a couple of years of writing. Medical writing as a full-time, long-term profession did not seem an attractive option for most.

Has the situation improved? Is medical writing a viable career option in India today? Dr Arun Bhatt, President of the CRO Clininvent and an honorary editor for *Perspectives in Clinical Research*, thinks it is too early to say. He feels medical writing in India, by and large, contributes to the non-regulatory variety and unless it moves up the ladder to include a lot of regulatory medical writing as well, the value of this field will not increase. Dr Pai, however, is more positive. He believes many Indian medical writers have been quite successful and are creating a space for themselves in the global arena.

According to the Confederation of Indian Industry, the Indian pharma industry showed a compound annual growth rate of over 15% during the period from 2005 to 2011.¹ It is likely to be among the top 10 global markets by value by the year 2020, if this trend continues. This staggering growth will bring with it a higher demand for quality knowledge-based solutions and information dissemination. There is also likely to be a burst in the bubble, with businesses seeking quality over cost advantages. This will eliminate providers who do not provide quality services. Both Dr Bhatt and Dr John believe that the growth of the medical writing industry over the next few years will depend largely on big pharma’s assessment of the quality of medical writing that comes from India.

Dr Basrur states that ‘as the pressure to reduce costs increases and the quality and experience of medical writing in India increases too, there is bound to be more activity in this region. Apart from outsourcing of global pharmaceutical work, there is also a need for medical writing for our own Indian pharmaceutical research and drug development – a wonderful and positive step forward’. The media too is changing and Dr Pai believes there are some good consumer healthcare magazines and daily newspapers out there, some of which would be interested in good medical reportage. Whether it is regulatory writing or medical journalism or medical communications, there seem to be bright prospects for the growth of medical writing in India.

India also has its own medical writers association, the All India Medical Writers Association (AIMWA), which currently has over 250 members. This shows the growing interest in the field. AIMWA provides a networking platform for medical writers and works towards catalysing, supporting, and strengthening the medical writing service in India, and helping it to meet global standards. It also promotes and facilitates training through medical writing workshops.

Challenges for medical writing in India

Companies such as Indegene, Bioquest, and Novartis hire several Indian medical writers each year and rigorously train and prepare them to meet the standards expected globally. Dr Anand Kiran, who manages scientific operations at Indegene, says that ‘identifying the best-fit talent in India, taking them through well constructed and executed training programs, and providing them the opportunities to learn and grow – through cost-effective, process-driven, scalable systems – are essential to being the preferred destination for off-shored medical writing’.

Probably the biggest challenge here is the lack of sufficient experience related to professional medical writing. The industry faces challenges similar to other outsourcing businesses. Medical writing involves various complexities, and as Dr Kiran puts it, many have learned the hard way that having the necessary talent pool alone does not always translate into high-quality, ‘first-time right’ documents. Dr Basrur adds that ‘while we have many appropriately qualified, English-speaking professionals in India, finding the right mix of skills remains a challenge’. She is hopeful that as the profession grows, these teething problems will diminish and capabilities in training will increase.

India is currently a low-cost destination. However, experienced medical writers in India are starting to ask for a fair price. Dr Basrur sees the rising cost of living in some of our larger cities as one of the future challenges. We have to wait and see how sustainable this will be in the long run.

If we ask for a price similar to our global counterparts, we will have to provide an equally good quality. Dr John feels customers are no longer going to offer contracts solely on the basis of price, but will also demand higher quality in the services and products. Vendors and professionals who cannot offer quality will be eliminated. Medical writers in India will have to take great care in this regard, or else professionals from the Philippines, China, and other Asian countries will take away any advantage that we have.

Does the cost-benefit translate into quality issues?

Companies outsource medical writing to India not solely because of the low cost but also, we believe, because of the quality they get at that cost. There are over 250 medical colleges in India offering MBBS degrees, which are fully recognised by the MCI.² In addition, there is no dearth of science graduates in the country. According to our survey in 2008, over two-thirds of the medical writers in India were physicians and more than 90% had a life science background.³

What is perhaps lacking is proficiency in English. While English is not our native language, it is an official language in India and the medium of instruction during school and university education for many. Compared to writers from countries that use English as a native language, Indian medical writers need to develop proficiency in the language. Drs Bhatt, Pai, Kiran, Basrur, and John, all of them agree on this. ‘But one also needs to bear in mind that the demand for medical writing in other languages is also increasing’, remarks Dr John. An average educated Indian can read and write in three to four different languages, English being one of them. India has 22 official languages and many regional dialects and one can choose to write in one or more of these languages. However, ‘irrespective of the language, the essence of success in this profession is a commitment to quality’, says Dr John. As the medical writing industry here matures, writers will gain experience in how to write better.

It is very difficult to make a one-on-one comparison between an Indian medical writer and one from a different part of the world, reflects Dr Basrur, who

in addition to being the President of AIMWA is also a member of EMWA. Most of the writers she knows in the West are highly experienced. She does not see too many people with that kind of decades-long experience in India. When comparing new medical writers, she does not find much difference. 'Our education system has traditionally not focused on research and working independently and this is where we have a steeper learning curve', she feels.

The future of medical writing in India

If we medical writers in India can deliver medical writing of global standards, we should not fear losing business to other low-cost destinations. Also, there is no reason why we should remain a low-cost destination for outsourced medical writing. By asking for low pay for quality medical writing, we may be gaining an unfair advantage and becoming a cause of concern for the worldwide medical writing fraternity. Several medical writers in the West have voiced concerns about losing their business to low-cost destinations such as India. We should ask to be paid well since we have the experience and skills to deliver good quality. After all, you get what you pay for. It is time for Indian medical writers to gain all the experience they can and hone their talents in order to be considered among the best in the world.

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Conflicts of interest and disclaimers

Dr Natasha Das is a freelance medical writer providing medical writing, editing, and training. She is the Founder Secretary of the All India Medical Writers Association. This is an unpaid position. She runs occasional (paid) courses and workshops on medical writing. She has also co-authored a book on becoming a medical writer in India. It is therefore possible that by publishing this article she may benefit financially by acquiring new customers, running extra courses, or selling more copies of her book.

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Dr Saurendra Das, MD, is the Executive Director of Excel Life Sciences. He was responsible for establishing two major site management organisations and one contract research organisation in India, and was in charge of the first two sites in India that were inspected by the US FDA. He has been involved in setting up new sites and training personnel for clinical trials. Dr Das is also an advisor to AIMWA.