

# President's Message

## From bench to the public: Open access

Dear EMWA friends and colleagues,

**A**t the 54th EMWA Conference in Riga in November, I couldn't help but notice the historic nature of the event. It was EMWA's last face-to-face autumn conference, keeping in line with our sustainability goals. (Going forward, EMWA will host one FTF conference a year, in the spring). The Riga conference was paired with the first Expert Seminar Series (ESS) to be offered at an autumn conference. Appropriately, the ESS was organised by EMWA's Sustainability-SIG (Special Interest Group). Also, for the first time, EMWA offered a mini-symposium at an autumn conference, the theme of which was plain language summaries (PLS).

The medical writing community has historically been involved in the production of materials with highly technical biomedical content; the consumers being scientific and medical professionals or regulatory agencies. However, there has been a steady shift in this practice in recent years with many medical writers creating content – jargon-free and easily understandable – for the general public. This is because of an increasing acceptance of the public as one of the key stakeholders in health management, and an educated and informed public is a crucial partner in the design and deployment of successful health policies. At EMWA, we have realised the importance of public education and the role medical writers play in making science understandable to the people. Our mini-symposium on PLS followed our symposium titled “Communicating with the Public: What has the COVID-19 Pandemic Taught Us?” held at the 53rd EMWA Conference in Berlin last spring. The panel at the mini-symposium comprised representatives from the pharmaceutical companies involved in publishing clinical research, publication professionals, and patient interest groups, thus giving a holistic overview on the importance of PLS. Particularly insightful was the information shared by the

patient advocates; it is vital to understand what and why exactly the public wishes to learn in order to draft an effective PLS, or for that matter, any content meant for consumption by the general public.

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This, however, is only half the job done when it comes to communicating science, regardless of who the end user is. Every piece of communication, no matter how effective it is in conveying the message, is limited by how accessible it is. Paywalls and subscription fees are neither new nor unheard of in scientific publishing. However, for long, these practices have been a hindrance to dissemination of research findings, especially to the scientific and medical community in the global south, due to non-affordability. This problem has been rightly recognised in the last 20 years or so and has led to the advent of “open access” publishing. Currently a number of top publishers have entire journals or certain articles within a journal available to interested consumers in the open access mode. “Pre-print” is a recently introduced concept where researchers can upload their manuscripts to pre-print servers for no fees and this allows for a wider circulation prior to peer review. Although these initiatives have curbed to some extent the problem with free accessibility to scientific information, there is more that can be done to allow 100% universal access. A few months ago, EMWA decided to make our journal *Medical Writing* fully open access, including all past issues. And once again, appropriately, the



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2022-23  
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doi: 10.56012/nmbz4964

theme of this issue of *Medical Writing* is – open access. Lastly, EMWA is also collaborating with other associations, notably Open Pharma, to promote open access publication of clinical trial results. I must add a caveat here; although open access sounds like the solution to promote unfettered sharing of scientific information, it is not without its limitations. The open access model has been co-opted by a number of predatory publishers who in turn have flooded the scientific literature universe with low-quality research that is poorly reviewed, if at all, and is at times even fraudulent. I cannot think of a better example than the hype built around the anthelmintic ivermectin against COVID-19 on the basis of “published clinical trials”. As egregious as the instance is, one look at the real-world scenario reiterates strongly the need for effective scientific communication with the general public.

On a parting note, I think it is important to note that we are amidst an infodemic. Irrespective of which digital platform we are on, there is a vast amount of medical misinformation around us. It is available to all. And it is available for free. To counter this we need to take accurate, vetted, and up-to-date scientific information from behind pay walls and make it accessible to all without any restrictions. Open access is the need of the hour.

I wish you a happy holiday season.

A view of Riga's Old Town neighbourhood from the conference venue. In the foreground is the Riga Nativity of Christ Orthodox Cathedral (Russian Orthodox). In the background can be seen the three iconic churches of Riga (from left to right) – St. Peter's Cathedral (Lutheran), Riga Cathedral (Lutheran), and the Cathedral of St. James (Roman Catholic).