

# Lingua Franca and Beyond

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## Welcome to Lingua Franca and Beyond



Writing is something that I have always loved. Actually, as a teenager I would have studied literature, but I changed my mind at the last year at school. I became a paediatrician instead for a few

years but then little by little, my career turned towards writing, precisely medical writing. However, I am not a native English speaker – I am Polish. My mother tongue does not even belong to the Germanic languages, and my language roots are completely different. This difference and my overall background made me think that I would never be able to write medical papers in English. Then life started to create a different scenario: I discovered EMWA, a bunch of open and friendly people. Laura Collada, who is EMWA's Public Relations Officer, convinced me to start as administrator of the EMWA discussion group on LinkedIn, and Phillip Leventhal, the Editor-in-Chief of *Medical Writing*, encouraged me to become editor of a new section for medical writers like me, who either write in English as a second language or who write in languages other than English.

I feel strongly that *Medical Writing* needs a section for non-native speakers. Interestingly, I had already been thinking quite a bit about what it means to be a non-native English-speaking medical writer. Does it only mean problems with expressing thoughts correctly or using funny language constructions that make people laugh? Yes, of course, being a medical writer is a lot about having a good command of English, which we, non-native English speakers, must work hard to attain.

While preparing to write this editorial, I Googled a bit for various combinations of 'non-native English-speaking', 'medical writing', 'scientific writing', and so on. Surprisingly, almost all hits related to grammar, vocabulary, punctuation – in summary, to linguistic problems. There were few blogs where people shared their experience in writing or advised how to improve English writing skills. I found no links about what it means to be non-native English-speaking medical writer.

Is it only about language? Definitely not. To me, overall, being a medical writer means understanding science and being able to structure often complicated research concepts in a comprehensible way. It also means being able to communicate with the authors and grasping their ideas. Lastly, while trying to answer my question, I realised that one of the main tasks of medical writers is to help researchers publish their results and communicate their key messages. Here, the difference between non-native and native English-speaking medical writers comes in. Very often, those researchers are non-native English speakers who write poorly in English and who therefore translate their texts, word by word, into English. Language *per se* is a cultural notion, reflecting mentality and the way of thinking, and therefore knowing the mentality and the way of thinking is often critical for understanding and 'translating' texts into proper English.

Eventually, I realised that being a non-native English medical writer has advantages, for example, having the same cultural and linguistic background as those whose texts are edited, and thus understanding much more easily what the authors intended to say. It does not mean, though, that we can manage to make it all happen on our own. We often work closely with our native English-speaking colleagues. Working internationally means working in teams.

So what about medical writers who don't write in English? Everything that I have written so far is about medical writing in English, but many articles are written in our native languages. This aspect must not be forgotten. I am sure that we will read more about our experiences in writing in other languages.

Although I don't know how this section will evolve, I know what I want this section to be: a forum for us, the non-native English-speaking medical writers, where we can tell each other about our work experiences, our thoughts, and our funny stories. I also want us to be able to share our experiences working with clients from different languages and cultures and our thoughts on the international medical writing community.

Finally, I am pleased to introduce the first article in this section. Rossella Ferrari from Milan, Italy shares with us her thoughts on cultural and linguistic differences that impact the way we write.

If you would like to share your experiences and knowledge with other non-native English-speaking medical writers, please contact me at [maria.koltowska-haggstrom@propermedicalwriting.com](mailto:maria.koltowska-haggstrom@propermedicalwriting.com). Everybody is welcome to help make this section interesting reading.

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## Medical writing for non-native English speakers: Burden and opportunity

The amount of information transmitted in a particular language makes it what we define as the ‘language of science’,<sup>1</sup> and the dominance of the English language (the *lingua franca*) in science has been long established.<sup>2–4</sup> However, if we consider the life science peer-reviewed journals, currently non-native English-speaking authors contributed about 50% of publications,<sup>5</sup> a trend that continues to increase.

The circumstances and opportunities of medical writing in English are mainly related to manuscript publication (original or review articles) but not only. Other tasks to complete include training manuals for international sales task forces, PowerPoint presentations, international meeting reports, and fact sheets.

For non-native English speakers (NNEs) involved in medical writing, the challenge consists not only of speaking a second language (English) but also adding a third language, that is, the biomedical language, which gives rise to further difficulties.<sup>6</sup>

As Italian is my native language, in this article I have tried to focus on several ‘aetiological factors’ that give rise to hurdles in medical writing in English; I present practical suggestions wherever I have found them in the literature together with some of my personal reflections. In this approach, some hints coming from scientific writing are suitable even for medical writing in English. I have also benefited from several contributions made by applied linguistic researchers, who have conducted studies in the use of English for academic purposes.

## Needs to meet

In terms of publication success, historically, the rate of acceptance of manuscripts originating from NNEs is lower than from native English speakers (NEs), however this depends on the specific medical area and varies over time. In 2002, an Italian survey was conducted of publications in the journal *Cardiovascular Research*.<sup>7</sup> A group of

American and British authors served as the control group for a sample of 120 articles that were analysed without the knowledge of the author’s nationality and cross-checking. Overall, the control group had almost the same acceptance rate (30.4%) and overall ‘error’ rate as the test group. No direct relationship between acceptance rate and number of language errors was detected even if the badly written articles clearly correlated with a high rejection rate.

The structure of manuscripts, cultural errors, grammar and style, and wording are often identified as the main key issues for NNEs.<sup>8</sup> Stylistic differences between American and British English add further difficulties for NNEs, particularly when a manuscript has to be submitted to a British or American journal. Besides, the definition of a ‘grammar error’ is not always simple as, for example, in the use of tense in the discussion section of original articles.<sup>7</sup>

To extract and disseminate all the relevant scientific information and evidence, including that coming from countries with NNEs who have published in their mother tongue, a bilingual online publication system has been proposed as a first step to overcome language barriers in global scientific communication. Establishing a bilingual society in each European country seems to be the best or the only solution to the problem, but, although theoretically acceptable, reaching this objective may be time-consuming.<sup>9</sup> Since not every medical writer is in the lucky position of having an English professional or colleague who can revise their manuscript, as long as a society becomes bilingual, most NNEs basically have to count on themselves for this task.

## Structure

The organisational strategy needed to publish a manuscript may be one of the major opportunities to improve writing in any native language. Correct structures are the undeniable condition for clear communication because they improve the readability of our texts. For example, a sentence usually starts by creating perspective and then moves on to convey new information in the ‘next stress position’ (at the end of the sentence): this is a rhetorical

English emphasis pattern. The proximity of subject and verb immediately states the essence of information; connector devices create a cohesive flow of information and coherence through paragraphs. This is some of the most fundamental advice to ensure correct text organisation.<sup>10–12</sup>

Organising the structure of a text – meaning the information flow with cohesion and clarity – compels us to provide a logical and sequential order to the ideas we intend to communicate.<sup>13</sup> Yet, as linguistic researchers state, the organisational capabilities and practices are quite different between cultural groups because of different patterns or approaching modalities of the ideas to be presented. This means that different writing structures are linked to different thought patterns: the English pattern is a straight line of sequence, from introduction through to conclusion, whereas the pattern is circular for Asians, underlying an indirect style of presentation of ideas, and the arrangement is a zigzag trajectory for Latin people (Romance style), with the intent of encompassing all the aspects of an issue.<sup>14</sup>

These spontaneous aptitudes of NNEs must be changed in the English pattern to adapt the manuscript for the academic audience. In effect, a more organised sequence of ideas allows not only better control of the logical links between arguments but also more concise text and relevant information to be transmitted.

### *Cultural errors*

A non-linear structure for scientific articles or discourses can provoke cultural errors, as linguistic researchers tell us. In the English linear structure, themes are presented by a succession of deductions in which one idea is directly linked to the next. Each paragraph begins with the general knowledge or the previous text, then introduces and develops new information, and ends when a new paragraph, with other information, is needed. The text structure should be planned by a hierarchy of importance to spell out the main idea and its subtopics or other ideas. The same key words and pattern of sentences are preferable and effective for showing similarities and differences in the manuscript sections (Introduction, Methods, Results and Discussion); indeed, limited key terms facilitate the readability for readers and reviewers.<sup>13</sup>

Usually, NNEs lack in subordinate sentences, which leads to an undifferentiated or non-hierarchical text structure. The management of defining and non-defining relative clauses may be different in English from other languages and it is often a source of concern for NNEs.

The use of a preposition in the continuum from possibility or probability to certainty, and from specificity to generality, is qualified by means of the modality system, which encompasses an array of devices coming from all the grammatical categories and the syntactical and organisational structure of sentences; this is often a critical area for NNEs. In the analysis of manuscripts prepared by NNEs, the incorrect use of *the* (the definite article), due to its modality function, constituted the most frequent mistake, followed by grammar (tense) and sentence structure errors.

Apart from lexical devices such as mitigators, the hedging use of passive voice is also common in the Italian language. Mitigators like 'hardly', 'to a certain extent', 'almost' are markers of politeness, essential to know and interiorise.

Discourse markers such as connectors or conjuncts ensure the correct flow in an organised structure, providing integration and interconnection among concepts, but their use is minimal; for example, 'yet' and 'still' (two important signals) are nearly absent in manuscripts prepared by NNEs.<sup>13</sup> The classification of conjuncts and their use in different contexts may also lead us to reflect on their correct use in our native language.

### *Grammar and wording*

Grammar errors refer to the use of overly long and complex sentences, or unnecessary words, and the preferable use of verbs instead of corresponding nouns, positive statements compared with negative ones, the use of passive in place of active voice whenever possible, for example, in the Results section of original articles. In addition, false friends and other linguistic transfers are constant threats for NNEs during the writing process, particularly in translation tasks.

Other than grammar errors, limited vocabulary and register choices are among the most risky features of writing for NNEs. Wording in English is a challenge sometimes because of its richness of synonyms; nuances of definition or meaning are significant hurdles to overcome. Even Samuel Johnson, the author of the first *Dictionary of the English Language* in 1755, in his comments about some aspect of the language, identified the vast number of phrasal verbs as a remarkable problem for people who try to learn English.<sup>15</sup>

Three main categories of wording (lexical) errors have been recognised: (a) confusing words, (b) unnecessary words, and (c) inaccurate words.<sup>7</sup> In terms of jargon, specific for each discipline, the use of a small number of words has been proposed in

some linguistic studies to pinpoint recurrent key-words and lexical structures.<sup>16</sup>

In the difficult situation of quickly finding the most appropriate words in a discourse, patchwriting has to be pointed out as the wrong method. Patchwriting is a term that describes a writing process for academic purposes based on weaving original and borrowed texts, and it seems to be typical of some NNEs. Patchwriting should be regarded as different from plagiarism,<sup>17</sup> given the absence of clear intent to reproduce original ideas.<sup>18</sup> Paraphrasing or re-writing is challenging for NNEs, so patchwriting may be very tempting. Some NNEs found this habit suitable to meet cognitive needs, drafting their manuscripts not only for wording or lexical structure but also for English language style.<sup>16–19</sup> Moreover, patchwriting also seems to be caused by cultural values or lack of understanding as, for example, in Japanese universities.<sup>20</sup>

For a literature review, as an example, the text sources must be well understood, allowing for re-elaboration and integration, preserving the original meaning and avoiding any kind of plagiarism or patchwriting. Although for NNEs this fundamental process is more difficult and time-consuming than for NEs, the acquisition and re-elaboration of the text imply that the content becomes temporarily 'ours' so that we can convey it with our own expressions: rephrasing or summarising or both.

## Resources

During recent years, the market has boomed for dedicated short training courses or seminars; these ensure effective writing skills, which allow manuscripts to be successfully reviewed by editors and the manuscripts published. However, it is difficult to believe that this works.

In my opinion, continuous basic English language training is relevant for maintaining (or increasing) our linguistic platform. In addition, we can keep up-to-date through medical and scientific writing courses of high quality and effectiveness (if available), regular visits to selected websites and literature (e.g.: EMWA's *Medical Writing*, the *Journal of English for Academic Purposes*), and specialised books.

Given the high level of commitment required, the strength of our determination in carrying out this feat is also fundamental.

## Conclusions

Medical writing in the English language for NNEs is demanding, but I think it is worth making the effort

and taking all possible opportunities for improving our writing skills. Further, a good English level enables us to exchange experiences with colleagues from other countries and to take the opportunity to get up-to-date. Therefore, the most convenient solution is a 'to do list' based on a precise personal strategy, to choose and follow a precise training trajectory, and to capitalise on the burden of improving the structure of all our medical texts: a clear text structure reflects clear ideas.

In addition, linguistic and cultural diversity can provide a significant contribution to the medical writing community by offering different visions, always keeping in mind that language is a tool (or system) to clearly communicate and to give voice to scientific research data, evidence, and ideas that are worth communicating.

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## Medical Writing Jumble # 11

1. Re-arrange the jumbled letters to get a meaningful word related to medical writing.
2. Next, take the circled letters from each word and make two new words that will answer the riddle in the cartoon. Hint: The answer is probably a pun.
3. Use British English.

by Anuradha Alahari, PAREXEL International

Illustration: Mobinah Iqbal, PAREXEL International

PUTIN   

NUREI   

MORFIN   

GMEANA   



The CEO of the opioids manufacturing company was fond of saying, “No \_\_\_\_\_”.

Answer:

See page 58 for the answers.