Medical Communications

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Editorial

Dear all,

A very warm welcome to the first issue of *Medical Writing* in 2015!

This whole issue is dedicated to a subject very close to my heart (as I'm sure you're all well aware of by now) – plain language. Naturally, *everyone* benefits from text that is clearly constructed and easy to understand. But if English is not your first language, *or* your general literacy level is not too high, *or* you're elderly and perhaps in the first stages of a neurodegenerative disease, *or* you're frightened by anything 'medical', *or* you've just been told some devastating news by a doctor, *or* one of many, many other reasons…….clear text and clear messaging are not just 'nice to have' – they are crucial, and can literally be the difference between life and death.

However, converting text into 'plain language' is not as simple as reducing the size of the words and shortening sentences – if this was the case, a talented IT bod would have created a programme a long time ago to do just that. It takes knowledge and experience to process the information in the first place and then produce it in a simpler form while keeping the messaging and tone intact. Enter the medical writer.

This issue's article is from just such a talented and experienced medical writer – Wendy Kingdom. In her article, Wendy gives us an insight into some of the problems medical writers encounter in this type of work, and she explains why the work is so important and why medical writers should be involved.

As Wendy concludes, this is a newly growing field – and one that I see expanding with the increasingly high profiles of patient advocacy groups clamouring for more and better information, along with the changes in legislation acknowledging this need. Medical writers are uniquely placed to provide the much-needed skill set to cope with the task. Perhaps we should take a leaf out of the advocacy groups' books and increase *our* profile, too!

Bestest,

Lisa

Writing for a public audience

Writing for a public audience is more difficult than it might at first appear. There are some common rules that can be used to make a start. For example, sentences should be short and clear. The author should use everyday words in place of complex words, and must either avoid or explain specialist language. As an example, to write a patient information leaflet for phenoxymethylpenicillin 250 mg tablets, the starting point will be the Summary of Product Characteristics (SmPC). The language used in an SmPC is expected to be technical so we might presume that all we have to do when writing a patient information leaflet is to follow the rules of simplifying the language. The wording in the SmPC might be:

Phenoxymethylpenicillin is indicated in the treatment of mild to moderately severe infections.

Straight away, we find ourselves with a question. Do we need to use the word phenoxymethylpenicillin or can we just refer to penicillin? Penicillin is an everyday word; phenoxymethylpenicillin is not. Furthermore, phenoxymethylpenicillin is a very long word and many people would not attempt to read it. We could lose our audience with the first word. However, if we use the word 'penicillin', we are no longer referring to the drug by its approved name, which can have legal implications. Therefore, we might have to use a very long word even if we do not want to. For the sake of simplicity, we will assume that we can refer to penicillin.

The term 'is indicated' is jargon and can be replaced with e.g. 'is used' or 'is prescribed'. The rest of the sentence uses simple, everyday words but the information itself is aimed at a prescriber. The patient does not need to be told that they have a mild to moderately severe infection; they already know why they went to see their doctor. Now we

have a second question. Do we need to include the information at all? The problem is that we all have our opinions but nobody has definitive answers to these questions.

Perhaps the sentence could be rewritten as:

Penicillin is an antibiotic that kills the bacteria that cause infections.

The rewritten sentence could pass a readability test but might lead to problems of inaccuracy or errors of omission. The pharmaceutical company's legal department could also be unhappy with how vague this wording is.

The text also needs to pass a 'so what?' test, i.e. the author needs to engage the reader in the text and explain what the information means to them. So, we might want to rephrase '…*that cause infections*' to '…*that caused your infection*'. Now we might be guilty of being over-familiar, possibly bordering on unprofessional, or of making a clinical judgement with no information on which to base it.

Recognising and avoiding jargon can be quite difficult, particularly when we normally spend our working hours communicating with people who have a similar technical knowledge to our own. It is important to be aware of the environment in which we work and to be able to adapt when appropriate. A wonderful example of failing to adapt occurred on national radio relatively recently. A surgeon was being interviewed about the marvels of weight loss surgery. After talking for a minute or two about patients whose type-2 diabetes resolved within a few days of surgery, he told us (i.e. the public) that we should not be referring to weight loss surgery but to bariatric metabolic surgery. Thus is born some jargon that can not only be guaranteed to befuddle the public but would challenge quite a few people who would pride themselves on having a reasonably extensive medical vocabulary.

This example also highlights another complexity in writing for the public. Assuming that the surgery is not intended to remove our bariatric metabolism, the term does not tell us what is going to be done to the patient. If we had to explain it to the public, we would need to know which of several surgical approaches to weight loss surgery are included. Only when we know what will be done to the patient, can we begin to explain it in lay terms.

A common challenge in describing side effects of drug therapy is decoding coded adverse event terms. 'Abdominal discomfort', 'chest discomfort', 'mood altered', and 'neurological symptoms' are a few examples of terms that might be presented to a writer who then has to find a way of explaining them to a lay audience. This is more or less impossible without additional information.

Consider also that while a term might be familiar to someone, that does not mean that the person will understand what it means, or, more importantly, what it means for them. For example, most people are likely to know that a biopsy means taking a sample of something from the body, probably out of a lump, and sending it away for tests. What people might not realise is that the procedure might involve having a large needle inserted, possibly into a sensitive part of the body, which might be very painful. It could also be embarrassing and distressing.

Conversely, some words are unlikely to be understood by the public but they might still be good words to use. For example, the word 'receptor' is often used in patient information, not because it is reasonable to expect a lay audience to have a grasp of receptor-mediated ion exchange channels, but because the word receptor is descriptive. Receptor is similar to receptacle and is evocative of a drug being received by something, which then triggers an effect. In most cases, the precise mechanism of action is not important and we can use the term receptor without worrying too much about precisely how it will be understood.

The necessity for communicating with lay audiences is increasing all of the time. Risk Management Plans now have to include a lay summary of safety concerns. The new European Union (EU) regulation on clinical trials (536/2014) requires a summary of the results of the clinical trial report to be written for lay persons. We can assume that a lay person summary of a clinical trial report is not expected to include everything that is in the technical summary but there is no guidance as yet on what can be left out. Do we have to explain mean ± standard deviation or 95% confidence intervals or will it be sufficient to state that one treatment was better than the other (or not)?

One last consideration in this brief discussion of writing for the public is that we cannot know what impact our words will have on our audience. We all have our opinions and beliefs, sometimes rational, sometimes not, but always important to us personally. People express opinions such as, 'Hospitals are dangerous places. I know of three people who went into hospital and they died', 'I don't like to take pills!', 'You take one thing and then you have to take something else for the side effects'. No matter how hard we try, we can never know how anyone

who reads what we have written will interpret it. We can only do our best to convey the correct message by keeping the language clear and direct.

Writing for the public is important. There is a vast amount of information, misinformation, and disinformation available on the internet. Medical writers need to contribute as much as they can, without losing the audience in technical terminology, or boring people with endless pages of information that is not directly relevant to them. This is a growing area that is likely to become a specialism for writers.

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