

# Time to make it shorter: Plain English in our context

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## Abstract

Plain English in medical and scientific writing is not one-size-fits-all, because audiences differ. Advice on writing plain English abounds. In 1946, George Orwell, best known as the author of *1984*, formulated a much quoted, compact set of rules for clear writing. The present article explores the relevance of his rules to medical writing, makes recommendations how to apply them, and adds further rules specific to our field of writing.

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## What is plain English?

Medical writers should always strive to write plain English, whatever the context. Plain English means that you use words that you expect your audience to understand and that you formulate sentences and paragraphs to make your text easy to understand. It also means that your text should be as concise as possible. Plain English is not a simple lowest-common-denominator language that you use all the time, nor is it all about using monosyllabic words, or writing in a way that can be understood by children.

According to plainlanguage.gov<sup>1</sup>, 'Plain language (also called Plain English) is communication your audience can understand the first time they read or hear it'. In other words, plain language means writing for your audience. Medical writers do not have as many different audiences as they may think. We produce four basic types of text in language terms: texts for regulatory purposes and medical communications texts, and within each of these, texts aimed at professional and lay readers. Scientific publications can be either regarded as medical communications documents or as a separate group, but they are subject to the same principles. Different styles of plain English are required for these groups.

## How to learn to write plain English

Few of us are natural writers, which means that writing plain English is something we have to learn with discipline and application. Moreover, the ability to write plain English has nothing to do with being a native speaker of English. In fact, I think that our non-native-speaking colleagues sometimes often have an easier time writing plain English: most people who use English as a second language are used to strict rules that have to be observed in their first language and are used to applying new rules to simplify their writing. Moreover, they have much less interference from colloquial English than native speakers.

Countless online and paper resources tell you how to write well, and most apply the same principles and have similar recommendations. Nowadays, these resources include manuals and style guides specifically for medical and scientific writing, which differ from other fields of writing and from creative writing in general.

## The history of 'plain language': Leclerc, Orwell, and Cutts

The need for clear written communication in the life sciences is not new: it was expressed by Georges Louis Leclerc, Comte de Buffon, an eminent French biologist, who wrote, in his *Discours sur le Style* in 1753 on admission to the Académie Française, '*Ceux qui écrivent comme ils parlent, quoiqu'ils parlent très bien, écrivent mal*'<sup>2</sup> (Those who write as they speak, even though they may speak well, write badly). In saying this, he was highlighting an important point: speech is different from writing and is often not plain at all. We rarely speak spontaneously using plain language or simple structures, and you cannot go back and edit speech. Thus, using plain English when writing is not achieved by emulating spoken English.

A more recent – and better known – attempt to help authors in writing clear English was George Orwell's six rules for writers, which 'one can rely on when instinct fails', published in 1946<sup>3</sup> (Box 1).

#### Box 1: George Orwell's six rules for writers

1. Never use a metaphor, simile, or other figure of speech which you are used to seeing in print.\*
2. Never use a long word where a short one will do.
3. If it is possible to cut a word out, always cut it out.
4. Never use the passive where you can use the active.
5. Never use a foreign phrase, a scientific word, or a jargon word if you can think of an everyday equivalent.
6. Break any of these rules sooner than say anything outright barbarous.

\* A simile is a figure of speech that directly compares two things using words or verbs of comparison, such as *like*, *as*, *so*, *than*, or verbs, such as *resemble*. A metaphor is a figure of speech that identifies one thing as being the same as a related other entity. A metaphor does not use any words or verbs of comparison.

*The Oxford Guide to Plain English*<sup>4</sup> by Martin Cutts – a superb resource for all writers – reproduces these rules in its introduction and comments: 'You'll find more about most of his [Orwell's] points as you read the book'. To help you write plain English, you could hardly do better than abide by Orwell's rules as far as sensible in the context of medical writing, and read *the Oxford Guide to Plain English* from cover to cover, keeping it by your side as a constant companion. Stephen Gilliver reviews the latest edition of *the Oxford Guide to Plain English* in this edition of *Medical Writing*.

### Applying Orwell's rules

Orwell's rules were not written with registration documentation about drugs and medical devices or medical communications in mind. Nor were they written by a writer who was bound by tight and often unrealistic deadlines, with a boss or client breathing down his neck not understanding why 'it is taking so much time'. Orwell's writing was also principally in the humanities and consisted largely of novels, essays, and journal contributions.

Let's take a look at Orwell's rules and see which can be applied to medical writing.

*Never use a metaphor, simile, or other figure of speech which you are used to seeing in print*

Orwell objected to the use of clichés and expected authors to be inventive and original. If you are involved solely in regulatory writing, however, you don't need to be inventive or original. Even if you tried, it would probably be counterproductive because regulatory texts are not literature. If you work in medical communications, in advertising for example, you can follow Orwell's advice, but keep it simple while being as original and inventive as you can. Dull advertising is dreadful. I used to work for a large German pharmaceutical company who developed an advertising campaign for a treatment for refractory epilepsy. The principal slogan was: *A ray of hope for your therapy-resistant patients*. *A ray of hope?* A cliché, and quite the opposite of attention-grabbing. Simple modification of this to *More than a ray of hope for your therapy-resistant patients* put this slogan into a different league.

*Never use a long word where a short one will do*

This could be adapted to read 'Never use a long word or phrase where a short word will do'. Plain writing means replacing long words and phrases with short ones. This means deleting text and eliminating polysyllabic words. For example, *notwithstanding* can be replaced with *despite*, *contralateral* with *other*, *perform* or *execute* with *do*, *therapeutic armamentarium* with *treatments available*, and *upon* with *on* – I have yet to find an instance in our field of writing where *upon* is better than *on*. This is also the case for the incorrect use of polysyllabic words, such as *symptomatology* (symptoms), *localisation* (site), *methodology* (methods), and *represents* (is). Using simpler words and phrases is rewarding for the reader and for you because it makes your writing easier to read. I could have said *render* instead of *make* in the last sentence, but *render* has two syllables, so why use it?

Replacing wordy phrases with single words is another way of simplifying and writing in plain English. Eliminating wordy phrases not only reduces the word count, but also simplifies sentence structure and places less stress on the reader.

Why not make the following replacements?

- Outside the normal range → abnormal
- Period of time → period
- In a regular fashion → regularly
- In consideration/view of the fact that → because
- Is indicative of → shows
- Were found to be → were

- To come to an agreement → agree
- Except in a small number of cases/in all but a few cases → almost always
- Is in need of → needs

*If it is possible to cut a word out, always cut it out*

This is my favourite of Orwell's rules. This includes deleting superfluous qualifiers, such as removing *advance* from *advance planning*, *absolutely* from *absolutely essential* or *investigative* from *investigative research*. It also includes deletion of entire phrases, such as *in conclusion/summary it can be said that*, the perennial *randomised clinical trials are required to confirm our results*, and *in order* followed by an infinitive, which can always be deleted.

Unfortunately, many terms with superfluous qualifiers have become fixed phrases, where the original single word has been devalued so much that many people feel that the superfluous qualifier is indispensable, such as *completely* resolved, *time* schedule, predict *in advance*, and even the syllable *pre* in *predefined*, *preprogrammed* and *preplanned*. Do your best to eliminate superfluous modifiers; it is not, however, worth fighting with an author who prefers to see *link* qualified by *together*, even though it is not needed.

### A word on rules 2 and 3

These rules are not natural and *take time to learn*. And learning them doesn't happen overnight – it is gradual. You have to work on texts for years before most of what these rules decree becomes instinctive as you write.

Blaise Pascal is well known for saying '*Je n'ai fait celle-ci (a letter) plus longue que parce que je n'ai pas eu le loisir de la faire plus courte*',<sup>5</sup> which in essence means 'I would have written a shorter letter, but I did not have the time'. And this is the difference between Orwell's writing and ours. He had leisure and we rarely do. A first draft, even when written by an experienced writer, rarely fulfils Orwell's rules and is rarely in the plain English advocated by Martin Cutts in *the Oxford Guide to Plain English*. Even a second draft will not follow all the rules. Refining a text is laborious and time consuming. You must ensure you have this time when preparing a manuscript for publication, a patient information sheet, or a website, but you rarely have this luxury when writing a clinical study protocol or report, or a response to a request from the authorities. If you consistently train yourself, little by little, to observe these rules, however, they will become automatic. Realising that you are doing this spontaneously is satisfying because you know you are saving time and writing better at the same time.

*Never use the passive where you can use the active*

The passive voice is much maligned in style guides – but not in *the Oxford Guide to Plain English*. Most style guides have not, however, been written specifically for scientific texts. Many writers say they 'have been told' to make more use of the active voice when writing, as it is more direct and immediate. The source of this advice is often unclear and also often turns out to be that elusive 'native speaker' vaguely recalling a 'rule'. This may well be sound advice for a novel or a piece of scientific writing intended to have popular appeal. But in an objective piece of scientific and medical writing, the passive definitely has its place – and an important place too. For our context, therefore, I am not able to support Orwell's rule. Instead, a reasonable mix of active and passive voices is the best.

This is illustrated in Table 1, which gives the same text in all passive voice, all active voice, and a mixture of the two. The text is a typical Material and Methods section of an abstract. I have chosen this section because it is here and in the Results section that the passive voice is most appropriate.

The problem with the active voice is that you always need a subject, and in the context of medical writing this is often a person. The result is that the classic subject-active verb-object sentence

Table 1: Material and Methods text in the passive voice, active voice, and mixture of passive and active voices

*All passive*

Informed consent was obtained from each patient to analyse their findings. The French version of the Ureteral Stent Symptom Questionnaire (USSQ) was completed by 474 patients with unilateral inserted indwelling stents on the day of stent removal. Ten self-developed questions (SDQ) regarding type and quality of patient education on pain and urinary symptom were also answered. The questionnaires were applied after recovery from the procedure. Correlations between the influence on economic aspects and total scores, sub-scores, and single item scores were analysed.

*All active*

We obtained informed consent from each patient to analyse their findings. Four hundred and seventy-four patients with unilateral inserted indwelling stents completed the French version of the Ureteral Stent Symptom Questionnaire (USSQ) on the day of stent removal. They also answered 10 self-developed questions (SDQ) regarding type and quality of patient education on pain and urinary symptoms. A clinical research assistant applied the questionnaires after the patient had recovered from the procedure. The team statistician analysed the data for correlations between the influence on economic aspects and total scores, sub-scores, and single item scores.

*Mixed active and passive*

We obtained informed consent from each patient to analyse their findings. The French version of the Ureteral Stent Symptom Questionnaire (USSQ) was completed by 474 patients with unilateral inserted indwelling stents on the day of stent removal. They also answered 10 self-developed questions (SDQ) regarding type and quality of patient education on pain and urinary symptoms. The questionnaires were applied after recovery from the procedure. Correlations between the influence on economic aspects and total scores, sub-scores, and single item scores were analysed.

structure is used in too many successive sentences, leading to a wooden and sometimes rather staccato text that is not comfortable to read. Is it really important in the ‘all active’ text in Table 1 whether the clinical research assistant applied the questionnaires or that the team statistician did the analysis? Why not remove this unnecessary information and opt for the passive in both sentences, which automatically results in using the questionnaires and the correlations as the much more important grammatical subjects of the sentences. If the person who did something is important, and this is usually the exception, you can use the active voice or add ‘by ...’ as the agent in a passive sentence.

You can also introduce desired emphasis by your choice of the active or passive voice. What you mention first in a sentence is usually – or should be – the most important piece of information. Thus, in the second sentence, if you want to stress that you had 474 patients, you would use the active formulation; and if you want to stress that you used the French version of the questionnaire, you use the passive formulation.

*Never use a foreign phrase, a scientific word, or a jargon word if you can think of an everyday equivalent*  
Disregard the reference to scientific words in this rule. We obviously have to use them when writing for an audience who can understand them, but they should be avoided when writing for patients.

Avoiding the use of foreign phrases also does not concern us, as I think Orwell was referring to the affected use of foreign phrases like *de trop*, *deplacé*, and *aficionado* where they are not needed, and not to foreign language terms in widespread use in medical English, such as *in vitro*, *de novo*, and *ex vivo*. These are now so firmly embedded in medical English, like *a la carte* and *resume* (US English for CV, no accent when written but when spoken) in everyday English that they can be regarded as English and do not need to be italicised. Other examples are *fiasco*, *angst*, and *grand mal*; and there are many more. The safest way to determine whether foreign terms are acceptable is to refer to the literature in your specialist area, but don’t be afraid to substitute a plain English term, especially for a fancy plural. For example, don’t let anyone tell you that addendums, forums, focuses, memorandums, or stomas are wrong and that *addenda*, *fora*, *foci*, *memoranda*, and *stomata* are correct.

So we are left with jargon, which includes many abbreviations, and must be avoided in regulatory and medical communication texts. Before the days of the Internet, I remember hunting around for

hours to see what had actually happened when, in a subject narrative, I read that a patient *coded*, and I finally had to ring a colleague in the USA to find out. Only the enlightened know that this means that the patient *went into asystole* or *suffered cardiac arrest*. The British love to talk about *bd dosage* and the Americans about *q12 h regimens*, both of which mean b.i.d. (*bis in die*). The careful writer, however, spurns such jargony abbreviations and writes what is clearly understandable, in this case *twice daily*. This also follows Orwell’s advice not to use a foreign phrase if an everyday equivalent will do. The dividing line between jargon and acceptable terminology is blurred, however, and some jargon eventually enters the realm of normal language: how many of us still insist on writing out *laboratory* because some unsuspecting reader may not understand *lab*? At some point, too, you will start to write *the patient failed therapy with [chemotherapeutic drug]* in an oncology report, because it starts to sound silly insisting on *the patient failed to respond to therapy with ...*

*Break any of these rules sooner than say anything outright barbarous*

There are no laws in language. There will always be cases where you have to deviate from a rule or give in after resisting change. This is because formulations that were previously regarded as incorrect eventually become acceptable because of abuse of spoken and written language. This will also partly be because you simply do not have time to refine your text until it is as simple as possible, and sometimes because it is just not worth it.

*Five rules to add to Orwell’s to contribute to plain English*

- *Don’t oversimplify to the point of condescension:* When preparing texts for patients, it is easy to slip into what is almost baby talk, such as using *tummy* instead of *stomach* or *abdomen*. This is something you must look out for and avoid.
- *Check your texts for overuse of punctuation, especially items that can irritate the reader, such as too many brackets or commas:* I often find I have overused round brackets when I don’t want to deemphasise information, as in ‘just give (an) example(s)’. In this case, remove the annoying brackets and write *such as*.
- *Ensure consistency of terminology in regulatory texts and journal articles:* Don’t confuse the reader by varying terminology to make a text ‘more interesting’.
- *Avoid making the reader backtrack:* Short sentences, careful use of *it* as a pronoun (is it

clear what 'it' refers back to?), avoid use of *respectively*, *former/latter*, and try not to have more than half a line between the subject of your sentence and the verb.

- *Avoid dummy subjects (there and it)*: Starting with dummy subjects always leads to a longer and more complex sentence. Don't say: *there was an improvement in the patient's condition*; instead: *the patient's condition improved*. But, as I said above, language knows no laws, and sometimes the best solution is to introduce the main idea in your sentence with a dummy subject.

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