

Veterinary Medical Writing

SECTION EDITOR



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Go, vets. Go!



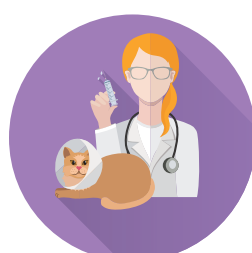
Like many medical writers, I started in another career first. For me, it was practising veterinary medicine in a clinic, then going into clinical research in humans, and then on to medical writing. Designing clinical trials, sample size calculations, and critically analysing literature became my passion along the way. But the more I learned, the more I realised that in veterinary medicine, we often base our treatment decisions on very limited information. Naturally, there is less money available for clinical studies in veterinary medicine compared to human medicine, so published studies often involve low subject numbers. Such small studies are

commonly not powered for clinical safety endpoints, are subject to bias, and could be seen as hypothesis-generating only.

Christmas and immunosuppressive medication

To give you a practical example: On Christmas Eve in 2017, our dog Estelle became ill and was diagnosed with autoimmune haemolytic anaemia. During my early years at the clinic, I treated this disease with dexamethasone and cyclosporine. Now, 20 years later, in a very modern and prestigious Munich clinic, our dog was initially treated with prednisolone, and – as this did not

bring the necessary treatment effect – with the very potent drug mycophenolate. Still, our dog deteriorated. A former colleague from my clinical days told me that I should not give up though; she had successfully treated dogs the clinic had given up on with azathioprine. So, which of the three therapies should be selected – the one I had good experience with in the past, the one my friend had good experience with, or the one the veterinary clinic was currently using? And soon the next question arose: Will our dog have a chance to survive at all? Despite all the supportive therapy, our dog was suffering tremendously, but on the other hand, she was only 6



years old, so we did not want to give up easily as long as there was a fair chance for survival.

What about evidence-based medicine?

I did what every medical writer would do – a literature search. But all I found were poor quality studies involving only a few dogs with insufficient length of follow-up (mostly only 30 days) and one meta-analysis about my dog's condition that included 380 dogs, though it did not refer to the different therapies.¹ My questions – which therapy is the best and what are the 1-year survival rates? – could not be answered from existing literature; it did not even give me a hint.

In Germany, veterinary medicine is one of the most demanding university degrees, and yet our treatment decisions are often based on personal experiences, beliefs, and limited data, rather than good quality evidence-based medicine. This should be unacceptable.

There are always options

In veterinary medicine, it would be utopian to ask for large-scale randomised controlled trials powered for clinical endpoints and registries with thousands of patients as it is done in human medicine; there would simply be no funding for it. Yet, as vets, we have learned to be creative and work with what we have. Indeed, there are several ways to improve research and the reliability of outcomes with little or no money, e.g.:

- Research Registration and Publication and Dissemination of Results as stated in the Declaration of Helsinki²
- Data sharing, as practised in human medicine^{3,4}
- Using data from practice management software. This option is already used for epizootic diseases, and there is one current pilot project with the University of Hannover (personal communication from VETERA).

But what was I to do as an individual that has been out of veterinary medicine for 20 years? I was thrilled when I learned about the webinar “Veterinary Medical Writing” by Sandra Goetsch-Schmidt and soon had the idea of

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forming an EMWA veterinary medicine special interest group (vet-SIG). As is so often the case with good ideas – somebody else had it first. Sandra had gathered some people with interests for workshops and Tiziana von Bruchhausen, the EMWA president at that time, had the idea to form a vet-SIG group. Tiziana was instrumental in putting the strings together, and finally, the first vet-SIG meeting was held in May this year in Vienna.

This issue is about trends in medical writing – I truly believe veterinary medical writing can become a new trend. And with the vet-SIG group headed by Cemile Jakupoglu and Karim Montasser, EMWA can be spearheading the field. There are a myriad potential topics the group can cover, for example:

- Enhancing the awareness of veterinary medical writing
- Enhancing the training and hence quality in veterinary medical writing
- Fostering clinical research in veterinary medicine

In conclusion, the vet-SIG can help students get into medical writing, can help medical writers to become good “veterinary medical writers”, and can therefore help practising veterinarians make informed decisions, ultimately helping animals receive better treatment.

These are giant tasks – so no pressure, just a huge thank you to the group for their willingness to make a difference.

So, let's go vets!

Acknowledgement

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References

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The author with her dog Estelle, who had to be put to sleep 8 weeks after disease onset.

