

The Write Stuff: The importance of language for medical writers

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Abstract: *The Write Stuff (TWS)* is the journal of the European Medical Writers Association (EMWA). It is a vibrant, well-read journal that has been published continuously for over 17 years. The journal publishes a balance of feature articles, regular columns, items to entertain, and reports on the association's activities. This article describes the journal and explains its success in meeting the needs of its readers, in particular by publishing articles on English grammar and style and devoting a section of the journal to translation. The article further discusses why there should be a need among medical writers to learn more about English and about translation

Key words: *The Write Stuff*, medical writing, English, grammar, style, translation, journal.

The Write Stuff: la importancia del lenguaje para los redactores médicos.

Resumen: *The Write Stuff (TWS)*, revista oficial de la European Medical Writers Association (EMWA), es una publicación muy vital que cuenta con numerosos lectores y se mantiene activa ininterrumpidamente desde hace más de 17 años. En ella se ofrece una equilibrada combinación de artículos de fondo, columnas habituales y elementos de carácter lúdico, y se informa de las actividades de la asociación. El presente artículo describe la revista y su capacidad para atender satisfactoriamente las necesidades de sus lectores, que radica en gran medida en la publicación de artículos sobre gramática y estilo del inglés y la existencia de una sección dedicada a la traducción. Asimismo, se comenta por qué los redactores médicos deberían sentir la necesidad de ampliar sus conocimientos de inglés y de traducción.

Palabras clave: *The Write Stuff*, redacción médica, inglés, gramática, estilo, traducción, revista.

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Introduction

In writing this article about the journal of the European Medical Writers Association (EMWA), *The Write Stuff (TWS)*, we want to focus on the finding that three quarters of members questioned in EMWA's 2008 membership survey ranked the journal's articles on 'English grammar and style' as of greatest interest (Baldwin, 2008). First, the editor of *TWS*, Elise Langdon-Neuner, would like to introduce the journal with an outline of its history and aims, a brief description of its contents and readership, and a discussion of why there is a demand among medical writers for English grammar and style articles. Following on from this, Gabi Berghammer will discuss the rationale for the translation section which was added to the journal in 2008.

History and aims

TWS is a well established medical writing journal that acts as an organ for the medical writing community in Europe—and beyond. The journal was first published in 1993 as *The AMWA Journal Europe*, when EMWA was still a chapter of the American Medical Writers Association (AMWA). The first issue with the title *The Write Stuff* was published in 1998. The journal has developed from a newsletter that primarily published news about EMWA into a platform for thought-leader

articles on topics related to medical writing and a resource for information relevant to the practice of the medical writing profession. It aims to educate, inform and entertain medical writers while still acting as an avenue for EMWA members to keep abreast of EMWA's activities and upcoming events, which are mainly delivered through a regular President's report, EMWA conference reports and articles by the education officer and website manager.

Contents and format

Only a few research articles are published in *TWS*, not least because little research is conducted on medical writing topics. Two articles in the June 2010 issue considered the meagre research conducted to date on the value medical writers add to the production of articles for publication in biomedical journals or to clinical trial documents for regulatory purposes. Both articles called for more research in this area. Research that has been published in *TWS* relates to surveys of the membership on ghostwriting, freelance surveys, an analysis of job postings on the EMWA website, and research on adherence to the CONSORT guidelines in papers drafted by medical writers. A portion of the articles in each issue are peer reviewed, not only to maintain quality but also to encourage debate through the occasional publication of peer reviewers' commentaries on the articles.

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Every issue of *TWS* has a theme and issues are often guest edited by an expert in the field. About two thirds of the feature articles in each issue relate to the theme. Themes have ranged from the comma, learning/teaching medical writing, scientific writing, statistics, and authorship to clinical trials, time management, medical communications, and business. In addition, each issue includes articles on topics of general interest and sections dedicated to freelance members and medical translation. The journal also runs a number of regular columns. Some are general, such as those on English language, grammar and style, and abstracts of studies in medical linguistics. Others concentrate on information sources and cover book reviews, websites appraisals, the latest developments in regulatory affairs, and reports in biomedical journals that affect the medical writing profession, with an emphasis on publication ethics. Letters to the editor are also published. With so much to publish in the growing field of medical writing, it is hardly surprising that the number of journal pages per annum has almost tripled over the last 5 years from 90 in 2004 to 270 in 2009—without an increase in the subscription rates!

ahead of print. Subscription to the print version is available to non-members. Recently *TWS* was re-launched online as a fully searchable archive with a feature that allows readers to post comments on the articles. All EMWA members have free access to the complete archive comprising articles from 1998 until the present day. Non-members can browse the archive for articles of interest, and either purchase an individual article or an entire issue through the online payment system. Issues published 5 years ago and longer are freely accessible and downloadable.

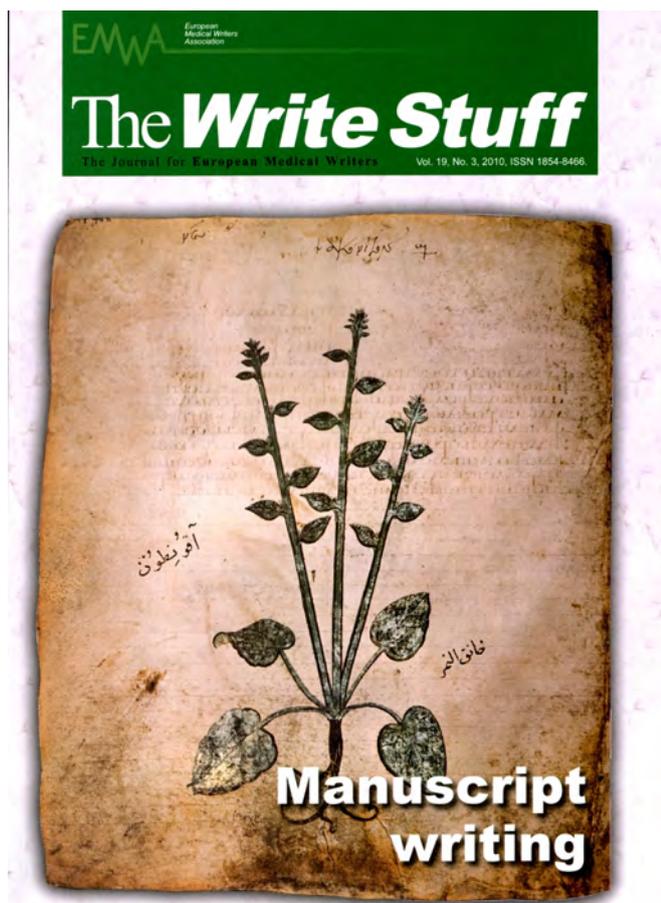
A key success: fitting the journal to its readers' needs

Most EMWA members are employed by the pharmaceutical industry and work either in-house or in companies that service the industry (clinical research organisations or medical communications companies). A modest number work in academia or are employed by biomedical journals or publishers. The percent of freelancers has increased from 16% in 1997 to 26% in 2008. Interestingly, in 2000, the figure was as high as 38%, a proportion that may reflect changes in company outsourcing policies.

The pharmaceutical industry's use of medical writers to prepare documents for publication has given rise to medical ghostwriting, whereby the industry has sponsored research and opinion articles with a view to covertly marketing their products and influencing clinicians' prescription behaviour. Because readers of articles in biomedical journals are sceptical of articles that they know have been sponsored by the industry, pharmaceutical companies have commissioned leading researchers in academia to be listed as the authors of the articles but failed to disclose the name of the medical writer and the name of the pharmaceutical company that sponsored the article. This unethical practice is condemned by EMWA, which has developed its own guidelines for the conduct of medical writers involved in writing papers for publication in biomedical journals (Jacobs, Wager, 2005). *TWS* also has an important role in educating and guiding medical writers on publication ethics as evidenced by a recent issue on authorship (June 2010, available at <http://www.emwa.org/JournalPDFs/J_V19_I1.pdf>), which was distributed free of charge to over 200 non-EMWA members.

In a survey of the membership in 2008, a heartening 64% of the respondents stated that they always and 35% that they sometimes read *TWS*. In answer to the question 'what made you decide to join EMWA?', the journal achieved a good position after the conferences, educational programme, and networking, with 17% of respondents giving *TWS* as their main reason for joining the association.

The journal, which has been described as a lifeline to the medical writing world, is exceedingly buoyant but has high expectations to live up to. It is continually updated with new sections (the most recent was a new section 'For regulatory writers' introduced in the June 2010 issue and design elements such as a switch from staple to perfect binding, the gathering together of filler boxes into sections and an increase in illustrations with the autumn 2009 issue. Initiatives often come from the enthusiastic publisher, who



TWS is published in Slovenia quarterly in March, June, September and December in a print and online format. The print version appears in full colour on 100% recycled paper. EMWA members receive the journal as a benefit of membership and can gain access to each issue online about 3 weeks

also publishes the Slovenian version of *The Journal of the American Medical Association (JAMA)*. Another important source of suggestions is the annual editorial board meetings, which are open to all EMWA members and are held at the association's spring conferences. It should be mentioned at this point that the journal is edited on an entirely voluntary basis: neither the editorial board members nor the authors receive any remuneration. Authors retain copyright and may place PDFs of their articles on their own websites to demonstrate their skills. One author reported recently that as a result of her publishing an article in *TWS* she received several calls from head hunters.

Internationalism

There were 96 contributors to *TWS* in 2009 from EMWA members and non-members alike. Internationalism is a key attribute of the journal, which receives articles not only from all over Europe but also from the USA, South America, Australia, India, Iran, South Africa and Japan. Ties with Japan have recently been strengthened by a collaboration with *The Journal of Medical English Education* published by JASMEE (the Japanese Society for Medical English Education) which allows each journal to re-print articles published by the other journal. The journals, although targeted to different audiences, have mutual interests in promoting high-quality medical English.

The need for proficiency in English

The 2008 EMWA membership survey found that articles on 'English grammar and style' are the clear favourites (77%) among readers. Articles on regulatory topics (57%) came in second, with items classified as "entertaining but medical-writing related" a close third (56%). Is English grammar such a fascinating subject? The best seller *Eats, Shoots & Leaves: The Zero Tolerance Approach to Punctuation* by Lynne Truss indicates that English grammar can indeed be captivating if presented in a no-nonsense and wry style. But medical writers also have a special need. Although the average English word has only 5 letters and the language has few inflections and is virtually devoid of diacritical marks, medical prose is notoriously convoluted and dense. Medical writers, who are charged with compiling comprehensible and accurate documents for submission to regulatory authorities and biomedical journals tend to have degrees in science. Particularly if educated in the British system (currently about 30% of EMWA members are based in the UK), they would have specialised in science at the age of 16 and thereafter ceased to receive advanced English language teaching. Added to this, an increasing number—at least one third—of EMWA members are non-native speakers of English.

English has become the language of commerce, technology, science, pop songs, indeed just about everything on the planet. Companies that are not owned by English-speaking concerns are adopting English as their company's lingua franca. For example, IVECO, a subsidiary of Fiat based in Turin and financed by France, Germany and Italy, declared itself English-speaking as long ago as 1975. About half the world's population of approximately 4 billion people are estimated

to have knowledge of some kind of English. Both Mongolia and Chile have recently declared their intention to become bilingual in English. These are all facts drawn from Robert McCrum's book *Globish*, a term he uses for the English which he describes as a benign virus that has spread throughout the world. McCrum is enthused by this development whereby we can all do business and talk to each other, but unless English is one language the potential for miscommunication is great, with worrying consequences. To give a small illustration, at a recent hearing before the American congress relating to an oil catastrophe in the Gulf of Mexico, congressman Bruce Baley asked Tony Hayward, British CEO of BP, whether he thought BP had been "shaken down" by the Obama administration to come up with the \$20 billion compensation it had established. According to Jared Keller at the *Atlantic Wire*, it was clear from Hayward's answer that he had not understood the word "shakedown" (Keller, 2010), which means extortion of money, as by blackmail (www.thefreedictionary.com/shakedown). Another reporter wrote that BP had made a mistake by having too few Americans leading its communications strategy because "Britain and America may speak the same language, but they use it very differently".

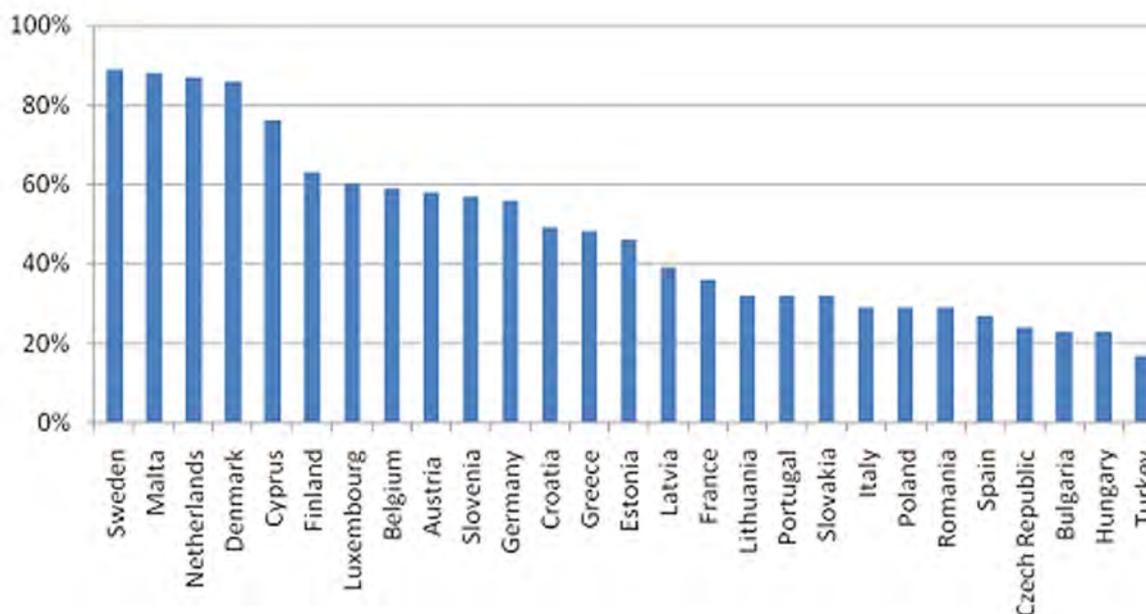
Add to British and American English the 16 other "Englishes" listed by Microsoft Word as spoken in India, Jamaica, Singapore and so on, and it is not hard to envisage that English has the potential to repeat Latin's fate and bloom into separate languages. A thorough grasp of the fundamentals of English and a high degree of skill in its written communication are therefore imperative for medical writers to be able to communicate science and medicine in an English that is understood throughout the world on behalf of what is probably the world's most global industry—pharmaceuticals.

Translation—the language of Europe?

With English being the lingua franca of medical research and other domains of science, one may ask why *TWS* considers it worthwhile to also feature a translation section. English may be the main means of communication among medical experts and scientists. However, there's millions of people throughout Europe on whose behalf medical and pharmaceutical research is being performed—the patients. Not only do they participate in clinical studies and must be adequately informed about the risks and benefits of the research they agree to be a part of, they are also at the centre of attention of the medical practitioner's daily efforts and, obviously, should be addressed in a language they understand.

Let's take a brief look at some of the statistics: Today, the European Union (EU) has 27 Member States and no fewer than 23 official languages,¹ not counting the many regional, minority, and non-indigenous languages. The most widely spoken mother tongue in Europe is German (18%), followed by English (13%), Italian (13%), and French (12%) (European Commission, 2006). According to a survey carried out in November and December 2005 on behalf of the European Commission among almost 27 700 citizens in the 25 EU countries as well as in Bulgaria, Romania, Croatia, and Turkey, only 38% of European citizens (excluding citizens from the

Figure 1. Proportion of people speaking English well enough to be able to have a conversation (EU, excluding the United Kingdom and Ireland and including the candidate countries Croatia and Turkey) (European Commission, 2006)



United Kingdom and Ireland) speak English well enough to be able to have a conversation, with this percentage varying considerably between European countries (Figure 1), (European Commission, 2006).

The figures make it clear that, despite English having acquired a special place as a language of international communication, the need for translation has not disappeared. Rather, it has increased. With the most recent enlargements to 27 Member States and the increase in the number of possible language combinations to 506 (23 official languages which can be translated into 22 others), translation requirements have increased tremendously.

Language diversity—luxury or core value?

It is easy to see how this language diversity is associated with a number of constraints, extra effort, and added costs. For example, in 2005 the Translation Department of the General Secretariat of the Council of the European Union translated into each of the old official and working languages some 5000 documents, or about 50 000 pages (Council of the European Union). So why has Europe not given in to the temptation of using one single language as its official means of communication?

Throughout history, many have seen language as being the product of the historical experience of its speakers and the basis of cultural identity. Wilhelm von Humboldt (1767–1857) stated that absolutely “nothing is as important for a nation’s culture as its language”. For Edward Sapir (1884–1939), language was “an anonymous, collective and unconscious art; the result of the creativity of thousands of generations”, and

professor Marianne Mithun from the University of California, Santa Barbara, after years of studying the languages of North American Indians, has described language as representing “the most creative, pervasive aspect of culture, the most intimate side of the mind” (Mithun, 1998).

Modern Europe has adopted this line of thinking, making the respect for linguistic diversity a core value also rooted in the EU Charter of Fundamental Rights. This respect for diversity is the very foundation Europe was built on against the backdrop of war, totalitarianism, and racism. The commitment to multilingualism has two essential benefits: First, it keeps European languages, particularly the smaller ones, from being weakened or disappearing from the map altogether. Second, it helps English “retain and consolidate the eminent place it holds as a language of culture rather than being straight jacketed in the role of instrument of global communication” (Maalouf, 2008).

Medical translation—a matter of safety

Europe’s commitment to multilingualism has made translation a daily reality. Particularly in areas as sensitive as medicine, translation may be more than a matter of cultural identity: In medicine, high-quality translation is also a matter of safety. For example, the European medical device directives state that each device must be accompanied by the information needed to use it safely, and that member states may require this information to be provided in their national language(s). Thus, member states may decide to prescribe different standards depending on the end-user of the device, with translation requirements potentially eased if the device is

intended for professional use only, and tightened for devices intended for consumer use.

In the field of medicinal products, requirements are much stricter. Here, both the summaries of product characteristics (SPCs) and package inserts for products brought to market throughout the European Economic Area (EEA, consisting of the 27 EU Member States and three of the four EFTA countries Iceland, Liechtenstein, and Norway) must be translated into each of the 25 official languages of the EEA.

Translation requirements can be equally demanding during the clinical development of a medicine. Thus, any document involving direct communication with patients must be written in—or translated into—a language patients will understand. In some countries, even much of the study documentation addressed to the investigators, such as the clinical study protocol, has to be translated into the official language of the country in which the study is performed (Shashok, 2008; Clark, 2008; Villegas, 2008; Minsky, 2008; Gómez, 2008; Fernández, 2008; Wager, 2008; Díaz, 2008). Conversely, study-specific documents written in the native language, such as essential correspondence with ethics committees, investigators, insurance companies, or national authorities, must be translated into English to be accessible to health authorities throughout Europe and beyond as part of the trial master file.

Finally, manuscripts intended for publication in international biomedical journals will in most cases have to be submitted in English, so authors who are non-native speakers of English must either have an excellent command of English or call on the services of translators or editors.

From the instructions for use of medical devices and SPCs to ethics committee opinions and biomedical manuscripts—all of these documents place high demands on translators. Even the slightest error or misunderstanding can become a matter of life and death for patients, a source of confusion for physicians, a cause of delayed marketing authorisation for pharmaceutical companies, or a source of ill reputation for publishing scientists. This may explain why a number of medical translators have found their way into EMWA or are subscribing to *The Write Stuff*. EMWA provides a wealth of background information, hands-on exercises, and open discussion on anything medical writers may ever be asked to write—or translators may ever be asked to translate.

The TWS translation section, then, pursues a two-fold purpose. First, it is meant as a platform for medical translators to share ideas, present challenges they've come across, and discuss ways to resolve them. Second, the translation section also seeks to be a source of information for those who may one day have to commission a translation. As has been aptly noted, the belief in “the sweet ideology of a ‘tout communicationell’ [sic], the idea of some sort of ubiquitous communication” (Lefranc, 2010) is still fairly widespread. In other words, it is not easy for non-translators to envisage what translation actually involves. Hopefully, the texts presented in TWS will raise awareness of translators not translating words but meaning, help clients decide what skills to look for in a translator, and show that translation is not merely one more legal necessity to be fulfilled, but a worthwhile

effort that enables communication where none would have been possible.

Note

1. Bulgarian, Czech, Danish, Dutch, Estonian, English, Finnish, French, German, Greek, Hungarian, Italian, Latvian, Lithuanian, Maltese, Polish, Portuguese, Romanian, Slovak, Slovene, Spanish, and Swedish.

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