



## Let's stop moaning about 'bad' medical writers—They are only producing what medical journals want

by Tim Albert

When I made the move from editing to training, I went with a mission. After a solid training in journalism, I had found it hard to accept the extraordinary ways that medical scientists insisted on writing. I felt that it was just a question of ignorance, and that, being bright people, they would transform their horrendous styles as soon as I had introduced them to the delights of writing short simple sentences, choosing short simple words, and cutting out flabby, meaningless phrases.

Of course it didn't happen like that. After only a few weeks it became clear that the medical scientists were just not interested. Whenever I started showing how what they had written could be expressed more simply, they looked at me in bewilderment. "Why would we want to do that?" they said. "We are not writing children's books. We are professional people writing science."

I adapted quickly, which is how I ended up running an effective writing course that spent less than an hour on style—and a lot more time looking at how effective writing could be defined, how writing projects could be measured, and how drafts could be written, tested and improved.

When it came to my course on getting papers published (dubbed internally the *ineffective* writing course), I ended up dealing with style in 10 minutes. "Look in the target journal" I said, "and follow what they do. If they write in a boring and pompous manner, then you should write in a boring and pompous manner."

Thus I abandoned the fight to persuade people to write their papers in good English. While others kept up a solid stream of articles bemoaning the fact that those writing for journals 'couldn't write', I kept a watching brief.

I wrote an article in simple English that was rejected by a prestigious journal, then accepted when I got cross and rewrote it in a pompous and prolix manner. In training sessions I saw countless drafts becoming increasingly dense as they went through the reviewing and editing processes. And I was asked to do a short and dirty piece of research looking at articles before and after technical editing: dense

styles were made less dense, not surprisingly, but simple styles were made more complicated.

All of which led one day to my epiphany: we were all looking in the wrong direction. The question we were all trying to answer was: *Why do people write so badly for scientific journals?* But journals didn't seem to be suffering, so perhaps we should have been taking a broader view—and asking whether this so-called 'bad writing' was actually benefiting medical journals.

In other words: *why do journals find 'bad writing' not just acceptable, but advantageous?*

One reason is that it makes them more international. The style is based on the vocabulary, and possibly the constructions, of the classical languages of southern Europe. So those with a grounding in Latin and Greek find *commence* and *terminate* easier to understand than *start* and *stop*. (Which is fine up to a point—but that point stops at central and north-

ern Europe, India, China, Russia and many other parts of the globe that are becoming increasingly important.)

***"Scientific publications... serve the needs of their authors above the needs of their readers"***

A second—and related—reason is that 'bad writing' makes journals exclusive. This makes the content more private, which in turn allows a relatively small—and stable—number of insiders to acquire status and power—and benefit from the vast amount of money poured into the world of medical publishing.

Bad writing also reduces risk. When only a few people understand the articles, then science becomes a more or less private activity, carried out by a small group (equipped with special skills, like reading articles from the bottom up!).

From the publishers' point of view, they can concentrate more on making profits than bothering about improving the quality of the writing. Thus 'bad language' saves them millions in technical editing costs (one journal I know spent about three times the amount of money on reviewing than they did on technical editing).

And the attitude has spread. Earnest organisations like COPE and WAME talk constantly of publishing etiquette (can you turn a thesis into an article? when is an author

***I abandoned the fight to persuade people to write their papers in good English***

***Why do journals find 'bad writing' advantageous?***

## Let's stop moaning about 'bad' medical writers



really a contributor?) and virtually nothing about how to improve the way journals actually communicate.

The key point is that the role of medical publishing has changed. In one of my favourite quotes, Shortland and

Gregory (*Communicating Science*, Longman, 1991, p51) sum it up beautifully: “Scientific publications have purposes other than the communication of ideas: they represent the productivity and therefore the ‘value’ of the research team; they establish hierarchies by the ordering of their author lines and by whom they chose to cite; and, most importantly of all, they stake their author’s claim to the new knowledge they contain. They serve the needs of their authors above the needs of their readers.”

Of course medical journals have made major contributions to our understanding of medicine that have benefited public health—and will continue to do so. But all this concern on poor language skills is a sideshow. The real cause for concern is not that authors write badly, but that our current medical publishing system doesn’t really require them to write better.

#### Tim Albert

*A recovering trainer, from a garden in Leatherhead, UK*  
tim@timalbert.co.uk

Tim Albert’s latest book is reviewed on page 130.

For more thoughts on medical writing see page 114.

## Check the subject in clauses connected by conjunctions

*In one of these studies, POP was examined in relation to sexual activity and concluded that sexual activity is independent of PFD.*

This sentence reads well until you reach the word *concluded*; you subconsciously search for a subject for this verb (because that is what you do even if you don’t realise you do). You have borne in mind that POP was the subject of the previous clause, and, as is frequently the case when two clauses are connected by *and*, the expectation is (unless it is followed by a comma, see below) that the subject of the first clause is also the subject of the second clause, and the subject is not usually repeated. But pelvic organ prolapse is certainly not doing any concluding here. And we have an inappropriate mix of the passive (*was examined*) and active (*concluded*) which further complicates reading. So you understand what the sentence is saying, but the author could have taken more care to avoid all that happening in the reader’s mind.

The problem here is that the author started the sentence with the prepositional phrase *In one of these studies...* which modifies the verb *examined* in the first clause (as an adverbial) and had this in mind as the subject of the second clause, which does not work here. So the sentence needs recasting, and the simplest way is to avoid the prepositional phrase: *One of these studies examined POP in relation to sexual activity and concluded that sexual activity is independent of PFD.* Now *One (of these studies) ...* is the subject of both clauses and the sentence reads more smoothly and does not throw up any questions in the reader’s mind.

If you absolutely insist on starting with *In one of these studies ...*, then it could be recast as follows: *In one of these studies, Smith et al examined POP in relation to sexual activity and concluded that sexual activity is independent of PFD.* The sentence could, of course, be reformulated with two different subjects, but these two possibilities show that the result is not as smooth as the solutions with the same subject: (i) *In one of these studies, POP was examined in relation to sexual activity and the conclusion was that sexual activity is independent of PFD;* (ii) *In one of these studies, POP was examined in relation to sexual activity and it was concluded that sexual activity is independent of PFD.* In the latter two sentences, I would prefer to put a comma before the *and* because this signals to the reader that the next clause has a new subject. This is a convention I always try to observe as a guide for the reader. Without the comma, as we see above, the assumption is often that the same subject applies to both clauses.

Whatever the solution, I am all for repeating the term *sexual activity* because it would not be clear whether an *it* referred back to *POP* or *sexual activity*.

PS: Of course, the simplest solution would be: *One of these studies concluded that sexual activity is independent of PFD*, but I assumed that the author wanted to retain the fact that POP was examined in relation to sexual activity.

#### Alistair Reeves

*a.reeves@ascribe.de*