



Communication tips for English-speaking medical writers in a German-language environment

by Diarmuid De Faoite

“English is the language of the most widely read and quoted medical journals.”

CHEST (2006) [1]

In common with many readers of *The Write Stuff*, I work in an English-language setting in a German-speaking environment. Most of my colleagues are German mother tongue speakers, yet most of our written work is produced in English. Our not-for-profit organisation conducts medical research and offers surgeons training in four major specialities—trauma, spinal, craniomaxillofacial, and veterinary sciences. Because we are active in over 100 different countries, there is a demand for our material to be released in English.

The role of the medical writer for non-English speakers is an important one. Studies have shown that while poor scientific content is the main reason why papers are rejected by publishers, a well-presented paper free of grammatical errors is subject to less revision [2, 3].

Living and working abroad inevitably presents barriers and obstacles of many kinds. I won't spend time on the usual cultural and language misunderstandings that take place. Online forums like ones on www.toytowngermany.com or www.englishforum.ch have countless discussion threads on these topics. Instead, this article will outline my cross-cultural experiences over a decade of working in Switzerland and Germany. The tips I give are not exclusively about medical communication, but also touch on language and differences in communication styles between native English speakers (and writers) and their German-speaking counterparts.

Tip 1: Learn German, a valuable aid in guessing what the German speaker has said or written in English which might otherwise be unclear to you

Not all of us are necessarily gifted linguists, but learning to speak and write good German can be an invaluable help in learning to cope with working as a writer in a German-speaking environment. This applies both to dealing with English-language texts written by a German-speaking author and to general communication in the workplace.

Knowledge of correct terminology can be a problem in any field, but English-speaking medical writers are lucky because the English language has similar roots to German and many medical words are either the same or quite similar. Here is a short list of German words whose meaning should be fairly obvious to English speakers:

Anästhesie, Orthopädie, Allergie, Dermatologie, Internist, Neurologie, Onkologie, Psychiater, Radiologie, Urologie.

The predilection for ‘scientific-sounding’ Latin or Greek expressions rather than the common Teutonic terms may also come to the aid of the writer.

The usual caveat to beware of false friends applies to this tip of course. One graphic example will suffice to illustrate this. *After* is the proper German medical term for anus...

The sagacious Homer Simpson once commented [4], “Boy, those Germans have a word for everything!” In fact, they usually have two or more words for everything which may perplex you depending upon whether the word used has a common ancestor to the word in English. For example, *Autopsie* is easy to understand, *Leichenobduktion* less so. Similarly, which one can you guess more easily: *Patella* or *Kniescheibe*, *Abszess* or *Eiterbeule*, *Diaphragma* or *Zwerchfell*? If you are momentarily stumped by a new word, it may well save time if you ask your work colleagues if there is another term for it.

Difficulties can also arise in the workplace when two German speakers use English as a *lingua franca* for the benefit of non-German speakers. A typical conversation by your colleagues might run like this:

“How can I get the patient’s fracture type? I need it until 4 o’clock.”

“I explain you, it stands at the start of the case form.”

This conversation would cause most native English speakers to scratch their head in puzzlement. However, if you understood German, you would still be able to follow the conversation by guessing where the mistranslations/common mistakes have occurred:

“How can I get the patient’s fracture type? I need it until 4 o’clock (typical mistake, translating *bis* as ‘until’ instead of ‘by’ in this case).”

“I (will) explain (to) you, it stands (German: *Es steht*—it is) at the start of the case form.”

Tip 2: Be aware of the different types of English you’ll come across

German speakers are quite focused (at times too much so!) on the differences between American English and British English. This is possibly a result of learning English formally and having had teachers from different backgrounds. This fixation is despite the fact that with the exception of >

German-Language environment communication tips

- > spelling, there is no essential difference between American English and British English in scientific writing.

Pre-empt any protracted discussions about which English to use by reading the submission guidelines for journals, conferences etc. Reinforce your choice by letting your client know what the preferred type of English for the target media is. In the absence of guidelines or when there is a free choice (like in the journal *Arthritis Research & Therapy*), it is important to choose one variant and use it consistently throughout.

A basic knowledge of the influence of English on German is helpful. There are now many words in the German

language which ‘sound English’ but do not mean anything or mean something else to English speakers. (This is probably not so surprising when one considers that in the year 2000, almost 30% of all slogans used in German advertising were in English [5].) For example, Germans give presentations with the help of a *Beamer* (a projector, not a BMW!) and they use a *Handy*, not a mobile/cell phone. This trend of inventing English-sounding terms can be seen in orthopaedics where the word ‘reduction’ (meaning the realignment of fractured bone) is often written by German speakers as *Reduktion*, even though the proper term is *Reposition*.

Note from the editor: The challenges facing editors of text written by non-native English speakers

Many of *TWS*'s readers are native English-speakers who work in countries where English is not the native tongue. Their work often involves editing or rewriting text written in English by scientists who are not native speakers of English. Almost 30% of EMWA members work in countries where German is the local language. Some of these members are native German-speakers who are translators and have excellent knowledge of English. But for the rest of us there is the problem of understanding the in some points different linguistic mindset behind the English written by a non-native speaker of the language and of knowing how to handle the author and his or her text.

I have worked with Austrian scientists for well over 10 years now. I admire these authors greatly for their high standard of English, which is far beyond my skills in German—but my work can be frustrating. I constantly encounter the same mistakes (often repeatedly from the same authors), which mainly relate to sentence structure, an aversion for parallel construction and compulsion at all costs to avoid using the same word twice. The last is a legacy from teaching in Austrian schools which discourages repetition of words. Diarmuid De Faoite mentions ‘back-to-front’ sentence structures in Tip 3. Alistair Reeves will deal with this topic in an article on sentence structure which will be published in the next issue of *TWS*.

Another challenge that I face is that my authors do not always accept my version of English. Why? Because they read articles in journals and text in the Internet—also written by authors whose native tongue is not English—that have the same syntax as their own writing. The disadvantage English has in achieving its status of the *lingua franca* of science is that it has ceased to ‘belong’ to the English native speaker. To what extent then should English be written to meet the expectations of readers for whom English is not their native language? Should we accept an English

language of science as a separate English language? One problem that I see with this is that it could leave a phrase written in English open to more different interpretations than if we stick to native English, i.e. precision and accuracy diminish. In a litigious age this could cause unexpected problems for authors.

An excellent analysis of English scientific text written by Japanese authors is set out in the article ‘Logic and Accuracy of Expression in English Writing’ written by Mark Petersen and published in the *Journal of English Medical Education* [August 2002, vol 3 (1)]. Interestingly, many of the examples given are similar to the type of text that might have been written by a native speaker of German, e.g. “A 6-month female infant was admitted to our out patient because of diagnosed arachnoid cyst of the posterior fossa by magnetic resonance imaging”. Mark Petersen’s article exemplifies the importance of consulting with authors, which you can also read about in the Translation section of this issue where Iain Patten and Greg Morley have written about the challenges of bilingual publication.

Another fascinating exercise in editing English text, written this time by a native-speaker of Dutch, is set out on page 252 of this issue in the Vital signs exchange between Neville Goodman and David Alexander together with his co-investigator Joy Burrough-Boenisch.

Diarmuid De Faoite’s personal account and tips is a good starting-point for opening up discussion about the problems facing editors of English text written by non-native speakers of English. I join with Diarmuid in inviting feedback on his article and any further tips for editors working with non-native English speakers.

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German-Language environment communication tips

An awareness of the potential influence of German should be borne in mind when reviewing a paper written in English by a German-speaking author. Literal translation of German expressions (scientific or general) into English is a not uncommon phenomenon, something particularly encountered with less-experienced authors.

The pervasiveness of English can also lead to people overestimating their ability in the language. In fact, if you wait long enough, you can have your mother tongue corrected by a German speaker!

Tip 3: Don't be afraid to completely rewrite a sentence

As anyone who speaks a second language can tell you, to really express yourself like natives you need to think like them. This different way of thinking naturally leads to differences in the ways people express themselves. Direct translations sound clunky to native speakers for this reason.

It is generally quite easy to recognise a text in English that has been written by a German speaker. A study by Busch-Lauer [6] found that the abstracts in German medical journals translated into English by the German-speaking authors “contained structural and linguistic inadequacies which may hamper the general readability for the scientific community.” In particular, sentence structure differs fundamentally between the two languages. Noun position in a German sentence is much less rigid than in English, making comprehension a little more difficult for English speakers used to the subject-verb-object structure. German sentences make much greater use of inversion, with the main subject and verb often coming at the end of a long sentence. Frequent use of the passive voice as compared to the active voice is also an area in which German differs from English. (I heartily recommend Mark Twain's *The Awful German Language* [7] for a fuller and funnier discourse on this.)

With a bit of practice, you can learn techniques to polish up the systematic mistakes made in English by speakers of a foreign language. For example, a sentence written by a German speaker can often be improved by simply moving the first part of the sentence to the end. I have spent a lot of time tinkering with sentences only to finally scratch them out and rewrite them completely. Oftentimes the sentences are not wrong as such or are good enough to convey the meaning, but no native speaker would express themselves in that way. I therefore strongly recommend that if a sentence can be improved by rewriting it, don't be afraid to do so.

Tip 4: Eliminate long sentences

Long and complex sentences are more common in German than they are in English [8]. (As you might expect, even among English mother tongue speakers there appears to be some difference in sentence length [2].) While long sentences in English may be elegantly written and contain cogent arguments, they are generally not ideal in the world of medical communications, not least because many practitioners in the field are from non-English speaking

backgrounds. In the study by Coates et al, German and French authors wrote sentences twice the length of the other nationalities (including American and British) in the study. This is perhaps not surprising given that long sentences are par for the course in German.

The same paper also notes that, “Shorter sentences in English denote a simple style and clearer science” [2]. Assuming that the piece is good science to begin with, simply breaking up long sentences can have a very positive effect on a paper's impact and readability.

Tip 5: Build up a list of online help sites

There are many websites which may help you to a greater or lesser extent. The following is a non-exhaustive list of the websites I have found to be of most use in my work:

English ⇔ German dictionary

<http://www.leo.org/>:

includes forums where you can ask for help.

<http://www.dict.cc/>:

contains a ‘medicine’ category currently containing almost 20,000 English ⇔ German entries.

http://quickdic.org/index_e.html

<http://dictionary.reverso.net/>:

Collins dictionary (also has a specialised French ⇔ English medical dictionary).

<http://www.linguee.de/>:

as featured in the last issue of *The Write Stuff* (Translation section).

English ⇔ German medical dictionary

<http://www.englischwoerterbuch-medizin.de/>

<http://www.gesundheit.de/roche/>

Medical terms—German only

<http://users.ugent.be/~rvdstich/eugloss/DE/lijst.html/>:

also gives the everyday name of medical conditions/terms in German.

In addition, there are a number of books available which will suit the same purpose. Some of them are even available online for free such as the one below:

Medical terms—English only

<http://www.merck.com/mmpe/index.html>

Tip 6: Find creative ways to get a missing word in a translation

It can often be frustrating for medical writers to find a translation of an obscure or new medical term. Such words cannot be found in most standard dictionaries. At times even medical ones draw a blank. However, in my work in writing orthopaedic texts, I have often found the term I am looking for by going online and comparing the English and German catalogues of major orthopaedic device manufacturers.

Another trick is to enter the English word you need the translation for into the PubMed database (www.pubmed.gov). Use the ‘Limits’ function to select the options for ‘Abstracts’ and ‘German’. It is a condition of inclusion that only abstracts in English are listed on PubMed, regardless of the paper's actual language. >

German-Language environment communication tips

- > You can now trace backwards to find the word you need. Plug the name(s) of the author(s) into the Internet, go to the publication's website, look up the institutions mentioned or follow any leads using the information published in PubMed. You may well be able to locate the title, abstract or even the full paper in German and thereby the word or term you are looking for. While not foolproof, this is an avenue that can be explored when all others have been exhausted. (It will also work for a variety of other languages—see the languages available in the 'Limits' section of PubMed.)

I hope you have found this article useful and I would be very pleased to receive feedback and any further tips by e-mail in order to develop this topic further.

Vielen Dank!

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Concern over REACH legislation

The EU's REACH (Registration, Evaluation, Authorisation and restriction of Chemicals) legislation requires chemicals sold in Europe in quantities of more than one tonne per year to be registered by 2018. Each chemical needs to have a chemical-safety report. REACH is the world's most extensive attempt to improve the safe use of chemicals. A report produced by the Trans-Atlantic Think Tank for Toxicology indicates that the costs and numbers of animals required to complete the tests will exceed Europe's laboratory capacity and cause delays in testing. One problem is the requirement to test a chemical's effects on two generations of animals. The report calls for increased funding of new toxicology testing methods to find alternatives to animal experimentation.

Sources:

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Update on EMEA-FDA cooperation

A Transatlantic Administrative Simplification Action Plan was agreed between the FDA and EMEA in June 2008. The 2009 Implementation Report (dated 26 October 2009) can be found at

<http://www.fda.gov/InternationalPrograms/FDABeyondOurBordersForeignOffices/EuropeanUnion/EuropeanUnion/EuropeanCommission/ucm114338.htm>

Projects include:

- Collaborations on inspection in the US and in the EU
- 3rd country inspections, 18-month pilot programme began November 2008
- Combating counterfeit medicines
- Collaboration on biosimilars
- Collaboration on development of medicinal products for children and convergence in paediatric submissions
- Advanced therapy medicinal products
- Safety reporting from clinical trials
- Regulatory collaboration on the outputs of the Critical Path and Innovative Medicines Initiatives
- (e) CTD

Linda Tollefson, who is the director of the FDA's new office in Brussels, gave a plenary lecture at EMWA's conference in Ljubljana in May this year [see report in *TWS*;18(2):77]. On 26th October 2009 the FDA and EMEA issued a joint press release on the progress that has been made with the action plan. This included work towards a guideline for transatlantic convergence of paediatric submissions and a guideline on the development of safety update report (E2F), which is soon to be signed off.

Industry representatives from Europe and the US have been invited to compare formats on risk management (E2F, Volume 9A RMP guidance, and REMS) to identify opportunities for convergence.

Progress has also been made on the EMEA-FDA Parallel Scientific Advice Procedure in that the agencies released their 'General Principles' on 22 July 2009. With this procedure the agencies' goal is that EMEA and FDA assessors and sponsors discuss views during the development phase of new products to prevent duplication of work. The initiative focuses on oncology, vaccines, orphan drugs, drugs for children, nanotechnologies, advanced therapies, pharmacogenomics and blood products. Nevertheless paragraph 8 states that "the advice of each agency may still differ after the joint discussion". Revised General Principles were published in October 2009 on EMEA's and FDA's websites (see <http://www.fda.gov/InternationalPrograms/FDABeyondOurBordersForeignOffices/EuropeanUnion/EuropeanUnion/EuropeanCommission/ucm114345.htm>)