

## ■ From the Guest Editor's desk:



# Medical communications writers: Dancing in the tunnel

by Ursula Schoenberg

Why are we doing a special issue on medical communications? For one thing, results of the last EMWA Member Satisfaction Survey indicated that there are a number of EMWA members and/or *TWS* readers interested in learning more about it. For another thing, it has been one of the ongoing ambitions of this journal to continually broaden its scope and explore the whole spectrum of work that medical writing professionals are involved in. So what exactly is 'medical communications', how does it compare to regulatory writing and what are the perspectives for medical writers working in this field?

The most succinct definition I found states that 'Medical communications refers to the written, audiovisual, or oral dissemination of medical information with a goal of informing audiences about health issues' [1]. The operative word in this definition is 'audiences' when delineating where a 'regulatory medical writer' stops and a 'medical communications medical writer' begins, though this line is necessarily blurred in the middle of the medical writing spectrum (Figure 1). In very general terms, the further left on the spectrum you are writing, the closer you are to research and drug development, the further right you are, the closer you are to a product's market.

Regulatory medical writers typically create formalised documents or manuscripts read by medical professionals and/or regulatory authorities, with some writing also done for patients. A medical writer working in medical communications may write for healthcare professionals, journalists, opinion leaders, the general public and/or specific patient groups. This diversity means the writer has to put on a more varied number of 'thinking caps' in order to find a writing tonality that engages each audience effectively.

The proximity to the market also means that medical communications writers are very aware of the need to balance medical accuracy and the 'key message' demands of marketing departments. But like his or her regulatory colleague, a solid knowledge of the medical or scientific background, the ability to structure content, and a clear and concise writing style adapted to the needs of the target audience are all a 'must' for a good medical communications writer. How to get into this area of writing, how to improve your writing once you have entered the field, and some of the guidelines and codes that established writers should adhere to can be gleaned from the books discussed in this issue's 'In the Bookstores' (page 243).

In the last couple of years, four key factors have dramatically changed (and are still changing) the face of medical

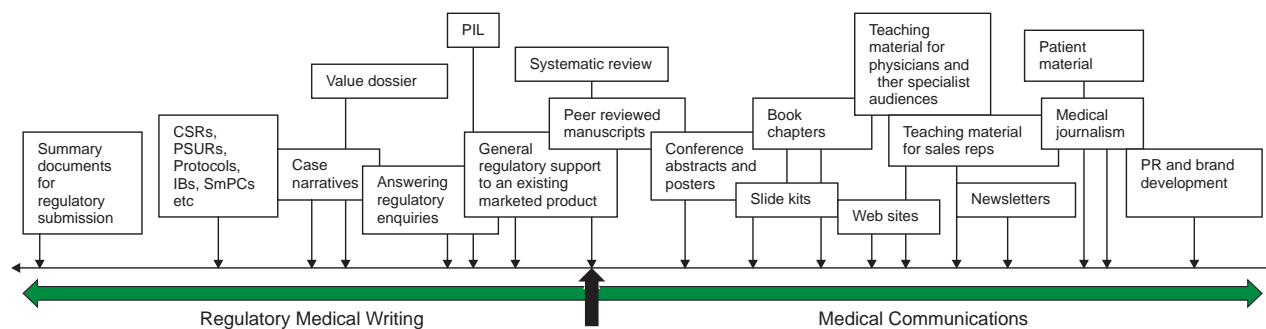
communications. They are globalisation, patient (and physician) empowerment, technology and cross-media opportunities. They have led to the current situation in medical communications being a bit like driving into a tunnel on a very bright day: At first you are virtually blinded by the darkness and experience a moment of panic because you feel like you are out of control. Then the outlines of shapes slowly emerge and you sigh with relief that there are some visible landmarks for you to navigate by. People working in medical communications are beginning to see some outlines, but they are far from relaxed about where they are headed.

The rising complexity engendered by these changes carries the risk of distracting medical communicators responsible for overarching communications strategies from key questions: What exactly do I want to say? Who do I want to communicate with? And: Is this channel the most effective way of reaching that audience? On the other hand, medical communications writers can get exciting new chances to expand their know-how and writing abilities.



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Figure 1: The medical writing spectrum



CSR, Clinical Study Report; PSURs, Periodic Safety Update Reports; IBs, Investigator Brochures; SmPCs, Summary of Product Characteristics; PIL, Patient Information Leaflet; PR, Public Relations

This figure is a modification of the Figure 1 originally published in McIntosh A. Broad-spectrum medical writer: Nature or nurture? *TWS* 2009;18 (1):7-8

They should, so to speak, be dancing in the tunnel at the wealth of new experiences on offer in this field. (If I get to guest edit, I won't miss the chance of wildly mixing my metaphors!) For each challenge being posed, there is a chance for growth to go with it.

Globalisation offers opportunities to the medical writer (and translator, I may add) who is fluent in more than one language and has intimate knowledge of at least one national healthcare market. There is still a clear bias here in favour of the medical writer who has English as one of these languages, but even with more eclectic language combinations there are certainly niches that can be

exploited. Global communications campaigns may work very nicely on paper, but still need to be honed to individual markets. Versatile medical writers with an ear for tonalities and marketing savvy can be essential for making a national advertising campaign work, for example. Not that things are always easy or straightforward when working in an international environment, as Diarmuid De Faoite highlights in his article (page 234). Globalisation also has an impact on the way writing work is timed and exchanged across the globe: I recently spoke to an agency manager who sends her urgent writing and translations assignments to Australia for a just-in-time next morning delivery. ➤

## Medical communications in *TWS*

Although this is a special issue on medical communications, readers may not realise that *The Write Stuff* has already covered a variety of topics related to medical communications over the years. We have compiled a list for easy referencing:

### Inaccuracies: press releases, referencing, statistics, and the 'Dizzy Awards'

by Sara Hughes | Vol. 18, No. 3, 2009

### Broad-spectrum medical writer: Nature or nurture?

by Alison McIntosh | Vol. 18, No. 1, 2009

### Some thoughts on writing slide presentations: Avoiding 'death by Power Point'

by Richard Clark | Vol. 17, No. 2, 2008

### How to write web articles that charm readers and search engines

by Simon Hillier | Vol. 17, No. 1, 2008

### What makes science news?

by Cathy Holding | Vol. 16, No. 3, 2007

### Investigative medical writing: Marrying medical writing and journalism

by Catherine Mary | Vol. 16, No. 1, 2007

### Conference highlight reports for marketing purposes: A cross between medical writing and journalism

by Anita von den Oetelaar and Hélène van Moorsel | Vol. 16, No. 1, 2007

### Medical writers in drug development and marketing

by Keith Dawes and Katherin Kauper | Vol. 15, No. 1, 2006

### Welcome to the blogosphere

by Ursula Schoenberg | Vol. 15, No. 1, 2006

### A potpourri of links introducing the world of blogs

by Joelyn Flauaus | Vol. 15, No. 1, 2006

### Meeow! Marketing medicine in Germany

by Ursula Schoenberg | Vol. 14, No. 4, 2005

### Successful abstract writing: An essential skill for medical writers

by Keith Dawes and Munise Ohri | Vol. 18, No. 1, 2005

### Medical journalism – a career move?

by Jo Whelan | Vol. 14, No. 2, 2005

### Life in the Underworld

by Keith Dawes | Vol. 12, No. 3, 2003

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- > Empowerment of patients and physicians is a trend that is here to stay. In this issue, Ursula Kramer describes how medical education can be used to increase awareness for vaccinations in patients and doctors (page 215), and Juliet Roberts gives insights into how patient compliance can be improved (page 218). There is a widening gap between the need and right of patients to receive information about health issues and the exponentially growing body of detailed scientific and medical knowledge. A good medical writer or journalist is capable of transforming this complexity into something understandable, an excellent one may even make it enjoyable to read. Cathy Holding makes us take a minute to think about who actually fuels what is written and the way health issues are reported (page 230). In addition to patients, physicians themselves are also increasingly using the power of social networking to make informed decisions, as David Stevens explains (page 225).

Technology in the form of the Internet and its underlying computing and programming platforms is something that no one can ignore, especially writers of any description. Gone are the days when you just wrote your text, and that was it. A good medical communications writer called upon to write for the Internet needs to understand the underlying technological and/or design constraints and use them to their best advantage, as the article by Silke Wolter and Heike Wagner illustrates (page 227). It also makes sense to learn to use a content management system (e. g. TYPO 3 or Plone), which is not just fun, but also allows freelance medical communications writers direct access to clients' Inter- or Intranet platforms from the comfort and security of their own office.

Closely linked to the issue of technology in general is the issue of 'cross-media competency' in particular, i.e. the ability to use the various new media to their best advantage. With the decline of traditional publishing, this is one area where the pharmaceutical industry is definitely still very much 'in the tunnel' and trying to find its way between Twitter, blogs, YouTube, podcasts, video casts, social networking sites etc., as Ruth Bastuck touches on in her article (page 221). For a medical communications writer, this means actively broadening one's perspective about what 'writing' actually means. Writing is just thinking on paper, and every well-crafted piece of oral (podcast) or visual (video cast) information needs a good storybook to make it work. Someone has to write those, too. In this vastly expanding media galaxy, putting social media to conscientious use may even be a moral responsibility for medical writers, says Camilla Cooke (page 232).

Regardless of where you are on the medical writing spectrum, the opportunities to the left and right are there and exciting—so put on the music and go out and dance!

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**References:**

1. 'Medical Communications, Clinical Pharmacy Careers in', by Lara E. Storms, Cindy W. Hamilton; from 'The Encyclopedia of Clinical Pharmacy', by Joseph T. DiPiro, American College of Clinical Pharmacy, American Society of Health-System Pharmacists



We are delighted to announce that the venue for EMWA's 31<sup>st</sup> conference will be Nice, France. This is a great location by the Mediterranean for our 2-day autumn conference to be held from 11<sup>th</sup> to 13<sup>th</sup> November 2010. The photograph shown here is of the Radisson's terrace by the sea: [www.radissonblu.com/hotel-nice](http://www.radissonblu.com/hotel-nice).

Many workshops will be on offer covering a wide range of medical writing topics for those wishing to obtain credits towards their foundation or advanced EMWA professional development programme certificates, or simply to update their knowledge and skills.

In addition there will be a chance to meet old friends and make new ones at the welcome buffet on the Thursday evening and the conference dinner on the Friday evening. These social events are excellent opportunities for networking with other medical writers from Europe and beyond.

Further details will be posted on the website at [www.emwa.org](http://www.emwa.org).