



**The Non-natives are Restless:  
A Call for Dialogue Between Native English-speaking  
and Non-native English-speaking Medical Writers**

by Hilde Joosen

When I was asked to write an article about my experiences as a non-native English-speaker doing medical writing in English, my first reaction was one of reservedness and doubt. Why would I, as a native Flemish-speaking Belgian, spend my scarce spare time writing an article — in English — for a highly critical target group, i.e. medical writers, of whom the majority are native English-speakers.

However, almost immediately, I recalled the relief and hope that I had felt when I first heard about the possibility that a new EMWA workshop was going to be organized: *Writing/editing for non-native speakers*. From several conversations at previous EMWA meetings, I also knew that I would certainly not be the only one interested in this somewhat delicate topic. So, here is my story about how I got started in medical writing and more importantly, how I have survived.

In January 1991, I started to work at Janssen as a data reviewer. Since my contract was only a temporary one, I kept looking for a permanent position. Due to reorganizations within our department, I began to write my first report a few months later; officially, I was still a data reviewer in the Clinical Biostatistics group. I started from the few relevant examples that were available in those days, and worked more or less on my own. At that time, most of the medical writing at Janssen had been done by my current boss. So, soon, I went to him and got my first on-the-job training. One could say that we were both in a unique position: while I was still part of another department, he could evaluate my skills as a potential medical writer and I could become familiar with the job and, perhaps, end up with a permanent position.

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My scientific background and experience as a data reviewer, especially my well-developed sense of both accuracy and quality and a quick understanding of the writing process amply outweighed the — minor and infrequent — comments that I received on language as a junior writer. One has to keep in mind though, that I started as a medical writer almost eight years ago in a Belgian pharmaceutical company with hardly any native English-speaking employees of any kind, let alone native English-speaking medical writers. Since the main part of my job was to write clinical research reports, I quickly got used to the technical and rather standardised language that is inherent in report writing.

Fortunately, I had a 'living dictionary' at hand as I shared an office with Leen Vanherle, former president of EMWA, who had studied at the University of London. Obviously, there was also a set of standard dictionaries at my disposal, such as The Collins English Dictionary, The Webster's New International Dictionary and Roget's Thesaurus, among others. What was very useful were the private lessons that I took from a Canadian editor-colleague. He edited texts that I had written and gave me advice on how to improve them. Unfortunately, this training was brief because he left shortly thereafter for another department. In line with these lessons, 'Dear Edie' used to be one of my favourite topics in the AMWA Journal.

What I have personally experienced over the years as the main challenges are the editing of texts (e.g. protocols or specific sections of a report) written by other non-native English-speaking colleagues like statisticians or clinicians; discussions with native English-speaking colleagues (e.g. team members on the other side of the ocean or fellow EMWA members at meetings); the writing of good, less standardised and less technical prose (this text seems like a good example to me); grasping the finer points of the English language; and, finally, convincing native English-speakers that as a non-native you're often more critical of what you write (you're inclined to weigh your words more carefully) and that the quality of your work is as good as (or sometimes even better than) that of some native English-speakers.

We medical writers are all expected to produce high-quality written scientific documents, usually in English. The diverse skills that are needed to achieve this include scientific knowledge, writing ability, meticulousness, flexibility, team spirit, time and project-management skills, word-processing competence, diplomacy, and, of course, linguistic skills. We all have a combination of these in different proportions, with our own strengths and weaknesses. What I am trying to say is that being a native English-speaker in itself is no guarantee for being an excellent medical writer, and being a non-native English-speaker does not imply that one is doomed to be a poor medical writer.

We all want to optimize our professional skills. Fortunately for us, the ever-increasing group of non-native English speaking medical writers in EMWA, the first steps have already been taken. Thanks to the Conference Organising Committee, the workshop *Writing/editing for non-native speakers* was offered for the first time in Copenhagen. And now thanks to the Editor of *The Write Stuff*, our enthusiastic ally in this dialogue, we now have our own series. As a next step, I would like to ask all of you — native as well as non-native speakers — to provide me with any *constructive* ideas, comments, suggestions or reactions regarding this topic. With our combined efforts, we can strive for one of the main aims of EMWA, i.e. to provide education by and for its members. Your contribution, no matter how small, could mean an important step forward. This concerns the profession of each one of us, so don't wait until tomorrow: write to me today!

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