



III. The AMWA View: Medical Writing in the USA

by Robert Jacoby
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A report on the “state of the union” of any organization is necessarily skewed. The report reflects one person’s view, which may fluctuate from panoramic to myopic. I’ve been a member of the American Medical Writers Association since 1988, and my observations of the “state of the union” here are colored by my own professional life over the last 11 years, which has run a wide range of work positions and experiences, some from necessity, some from determination.

The American Medical Writers Association has approximately 4,300 members throughout North America, Europe, the Middle East, and the Pacific Rim. I’ve noted over the years that a job title can be misleading or tell an incomplete story, but for the sake of brevity, some of the “titles” of AMWA members include the following: administrators, audiovisual producers, college and university professors, health care professionals, journal editors, pharmaceutical writers/editors/managers, public relations specialists, publishers, reporters, researchers, scriptwriters, statisticians, and translators.

Employment opportunities are even more diverse and numerous. A few of the more established areas include biomedical journals, federal and state health organizations, health magazines, health maintenance organizations, medical associations, medical clinics, medical colleges and universities, medical consulting firms, medical device manufacturers, medical publishers, medical research laboratories, and the pharmaceutical industry. A growing opportunity in recent years has been medical communications companies, which began to proliferate at the same time the pharmaceutical industry was paring down their inside “creative” staff. Biotechnology companies and advertising agencies have also learned the value of having medical communicators on staff.

All of this is to say that the “state” is very healthy for those medical communicators who are willing and capable of practicing and developing a variety of skills. In the 1980s I worked at a publishing house, and of necessity the skills were focused: journal production, news reporting, and editing. “Project management” was a term not yet in vogue. When I accepted a position as Assistant Director of Communications (and, later, Director) for a medical clinic in the early 1990s, I became schooled in everything a communicator could accomplish for an organization: writing (research papers and reports for management); publications management; data analysis; strategic planning; special event planning and implementation; and marketing communications. Many of those skills sharpened the determination growing within myself to start my own medical communications business, which I incorporated in 1995. Another step from these accrued skills and experiences was taken in 1997 when I became Editor-in-Chief of the AMWA Journal.

For me, then, the 1990s was a decade of learning just how far the definition of “medical communicator” could be stretched. I believe a parallel experience occurred for many of our members, and those employers, requiring a wide range of skills in one person. Employers who needed a medical communicator wanted someone with pinpoint skills (writing and editing), but those same employers often recognized, and appreciated, the value of deep, general skills. The “information explosion” that everyone jabbered about in the 1980s finally occurred in the 1990s, to the dismay of many, as an information tsunami. Someone had to make sense of it all, and those medical communicators who could adapt and incorporate the requisite new skills thrived, either where they were or in the spawning healthcare business sectors.

And who wouldn't be quirky in our position? (It's never been easy balancing the towering egos with projects).

Membership in AMWA has been foundational to my professional and personal growth, as I'm sure it's been for many members. Professional education and development are the ostensible reasons for being a member of AMWA: opportunities exist for involvement at chapter meetings, regional conferences, and the Annual Conference. Because we are largely an association of volunteers, those who are involved tend to be enthusiastic about their involvement. Thus, the heart of our organization is our members, and it is the relationships developed over time with members that provide the most opportunity for learning and development. AMWA is an extended family, and families tend to take care of, nurture, and accept their own, quirks and all.

And who wouldn't be quirky in our position? (It's never been easy balancing the towering egos with projects.) On a daily basis we might interview world-renowned researchers; write research articles or prepare slide presentations; create marketing materials; meet with patients to discuss the subtleties of materials aimed at educating them about a surgical procedure or drug regimen; or manage projects through their long and sometimes laborious road to publication. The reward in medical communications is that our daily contribution can make all the difference in someone's life.

Medical communicators are a vital part in the health care delivery continuum. What new realms await AMWA in the next decade? The answer to that question is best decided by those closest to the work: ourselves. As professional communicators, we should know how best to achieve the stated purpose of a project we are managing. New challenges are really new opportunities to again stretch our own, and collective, definition of “medical communicator.” All the possibilities will remain open to us if we will remain open to the possibilities.

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