



## **From the Editor's Desk**

by **Barry Drees**

Greetings fellow members,

When I started as editor of the EMWA journal, I took over Keith Veitch's editorial page with its title, *The Editor's Red Pencil*, despite the fact that I wasn't very thrilled about that name. I don't know, something about the red pencil just seemed so negative, as if the only thing we ever contribute to a document is the finding of other people's mistakes. It seemed to just contribute to the unfortunate stereotype that we occasionally have with some people that we are nothing more than the dreaded "glorified secretaries". I have since learned from long experience that, strange and pseudoscientific as it may sound, marking corrections in some other colour (as you might suspect from *TWS*, I prefer green) adds greatly to the acceptability of editorial comments. Thus I've decided to change the name of this column to reduce the negative connotations and at the same time highlight the other side of medical writing.

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***An extremely important, but frequently underestimated part of the profession of medical writing is what I call the diplomatic or interpersonal aspect of what we do.***

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I have always felt that an extremely important part of the profession of medical writing which is frequently overlooked is what I call the diplomatic or interpersonal aspect of what we do. Clearly any situation which involves correcting or commenting on the work of others is going to require sensitive interpersonal skills (check out the AMWA/EMWA "Author-editor Relationship" workshop if you don't believe that), especially when dealing with the fragile egos of scientists, clinicians, or biostatisticians. Just think of some of the following familiar situations and how careful one has to be in dealing with them:

- unreadable, incomprehensible text from a self-styled expert who tells you that you can use it "as it is";
- far too many data tables, each an impenetrable mess;
- requests for "write" access for the entire team
- authors who agree with you that text sections are final and then later suggest changes, usually with the remark, "don't you want it to be as good as it can be?"

I could go on for ever, but I'm sure that you can all think of your own favorite examples. I presented the examples above, among others, at a presentation entitled "Internal Relationships - What Drives Me Crazy! The Medical Writer's Perspective" (now if only I could figure out a way to make a living from that lecture!) at the recent DIA meeting, "Survival Strategies for Medical Writers" (advertised in the last issue of *TWS*). What makes these situations so annoying, however, is not that we have to correct them, but that we have to do it whilst keeping on good terms with the perpetrator.

## **The Write Stuff**

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But there is another way in which a medical writer needs diplomatic skills, and this comes from the unique position they have within any team as the producer of the end product. Although teamwork seems to be part of just about any activity these days, medical writers truly are unique within any team because they are the only member who is directly involved with and, even more important, dependent on, all the other members. Clinical study and submission teams seem to be getting bigger all the time and are often separated, not only by function, but increasingly in this global industry, geographically as well. Although some of the team members may be content to do their work or provide their comments in relative isolation; it is the medical writer who has to bring all these pieces together and thus must seek workable compromises when different groups or individuals don't agree. Thus medical writers often find themselves in the role of peacemaker between warring nations, and this role requires strong diplomatic or interpersonal skills (i.e. the ability to get people to do things they don't want to while feeling good about it).

It seems, however, that this aspect of the job of medical writing is finally getting the recognition it deserves. I was extremely pleased to hear that one of the principle themes at that DIA meeting, stressed repeatedly by almost all of the speakers, was that a successful medical writer needs to develop and utilize strong interpersonal skills. Now if we can only get the message through to corporate upper management that not only are we invaluable for our matchless writing and editing skills, but that we also employ the diplomatic skills of a Talleyrand (French diplomat who served for both Napoleon and the Royalists) on a daily basis.

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***Now if we can only get the message through to corporate upper management that not only are we invaluable for our matchless writing and editing skills, but that we also have brilliant diplomatic skills.***

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Finally, in a TWS programme note, I'd like to mention the start of what I think is going to be an exciting new series. I was recently asked a question about the format of an Investigator's Brochure by someone who took my workshop in Copenhagen. It occurred to me that due to the notoriously vague European Notice to Applicants, a lot of people might be curious about these kinds of issues. At the same time, within the membership of EMWA we happen to have some of the world's experts on these topics. Therefore, I have decided to start a new series where we will take such questions and pose them to EMWA members with a lot of experience in the area in question. Who knows, maybe we'll begin to get something of a consensus which even the European regulatory authorities might want to use. We will kick off this series in the next issue when we look at the medical writer's nightmare: the Investigator's Brochure. A member wrote asking whether it is permissible to use attractive graphics and complex visuals to make it more likely that the investigator might actually read the thing.

So, here's your chance. Let me know what regulatory document issues are particularly perplexing for you and we'll try to generate some priceless advice from those EMWA experts who've been there and done that - successfully.

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***The Journal of the European Medical Writers Association***