

Status of medical writers

Grey, yes — eminence, no way

"The Writer"

From the Teachings of Cheti, in the Egyptian Old Kingdom (2700–2225 B.C.)

A) *Trad.*

This is indeed the highest of all callings; none other on Earth is like unto it. A writer occupying any post in the employ of the state – he suffers no want. This remember: There is none without a master, except the writer; he himself is the master. If thou canst write, then this will be better for thee than any other calling. The Goddess of Birth, who has destined the writer for his calling, will surely bring him to the head of the council.

B) *Mod.*

It's a prime job; they don't come better. A writer in a big organisation is never short of cash. N.B. Everyone has a boss except the writer, who is her/his own boss. If you can write, then that'll do you better than any other job. If you had the luck to become a writer, then you'll make it all the way to the top.

(Recruiting material, in ancient Egypt, for the profession of scribe; for many centuries, this text was copied out and memorised in schools.)

Take a look at the text box above and see if there is anything you recognise.

If you are a medical writer, then there probably isn't.

So what has gone wrong?

Of course, the ability to write at all was less frequently encountered in the Egypt of antiquity than it is today, and it was certainly no easily acquired skill for people such as Hetep-Ni (see next page), who would have mastered both the hieroglyphic symbols seen on the pedestal of his statue and the hieratic characters illustrated next to him. We can deduce his lofty status from a large and a small detail of the statue: Hetep-Ni is sitting (not standing, as a labourer, a soldier or a tradesman would have done), and his right hand is positioned to hold a pen or graving tool. Thus, his descendents had a perpetual reminder of their illustrious ancestor's highly respected position in society.

Notwithstanding, Hetep-Ni was not a famous creative artist or a media personality. In fact, he was a fiscal officer, and the material he wrote would have been bureaucratic or regulatory in nature – recording, counting, compiling, summarising, reporting. Come to think of it: the sort of thing that you and I do.

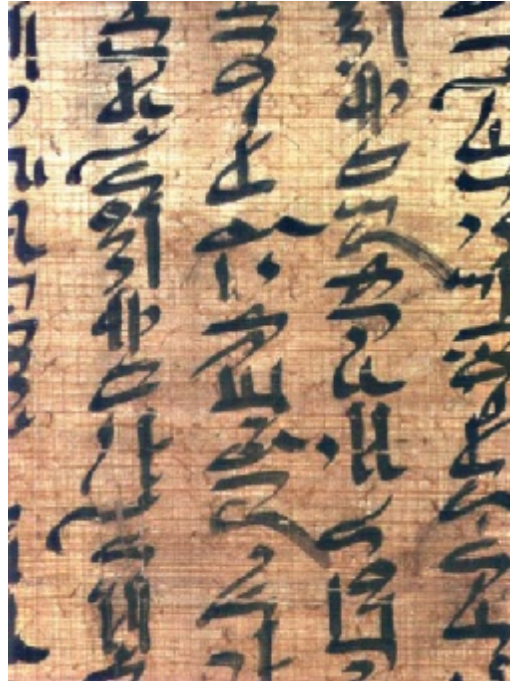
The Write Stuff

Status of medical writers

Please do not imagine for a moment that I would like to return in 5000 years to see my statue in some National Museum – specs on nose, fingers on mouse – and to read from the back of a post-card that I enjoyed top social rank as a medical writer. However, most of us, especially those working in large industrial organisations, will often feel that the pendulum has swung too far the other way from the days when Hetep-Ni and his colleagues were fêted as pillars of society. Today's reality is one in which the medically writing department, group, team or individual has a permanent fight on its hands – one for recognition on equal terms.



Hetep-Ni, fiscal officer in the Egyptian Old Kingdom (around 2200 B.C.)²



Hieratic script, from the "History of the Sinuhe" Egyptian Middle Kingdom (around 1880 B.C.)²

Equal with whom? Here are some generic quotations, and finally a verbatim one, that tell all:

"There's a new study, which we forgot to tell you about. We had a technical meeting to finalise the study design – we didn't think it was worth your coming, so we didn't invite you. Can you get the protocol finished by next week?"

"The total budget of three million for the entire programme seems about right. But what's this twelve thousand for medical writing – isn't that a bit excessive?"

"The XY department will be equipped with extra-sized, high-resolution monitors on account of the large amount of work they do on the computer. Their old monitors will be passed on to the writing department." [one might continue: "...who don't really use their computers a great deal."]

"The annual conference for middle management will take place on ... to review progress and to discuss strategies for the future. We set store on your opinions and look forward to your feedback. The following departments are required to send a senior delegate" [the list somehow fails to include medical writing].

"The job of medical writing is basically to re-format statistical tables."

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The negligent manner in which medical writers and their departments are regarded, and treated, in many organisations (there are of course honourable exceptions) is astounding, for two reasons.

First, the "qualificatory" hurdles are high. Many companies require medical writers to have a substantial doctorate, and those that do not demand this still require extensive relevant experience.

Secondly, the medical writer's responsibility is enough to induce severe vertigo: work out, for example, how many man-hours of grind have gone into accruing the data for the Phase III clinical study that you are currently writing up, how many Euros have been invested in the development plan for the drug being tested, and how much profit will be made when the product finally succeeds on the market (I omit mentioning the converse – even scientists can be superstitious – but do the calculation for that as well). Work out what it will cost your company if the protocol that you are expected to dash off in a day or two (or a night or two) is flawed. Work out what delay will be caused, and its consequences, if the regulators discover discrepancies in the dossier that you are painstakingly assembling.

These two points, especially the latter, might make one expect medical writers to be the spoilt darlings of any corporation. Not so: enquiries among colleagues in various companies reveal a trend – admittedly not backed up by blinded controls or a rejected null hypothesis, but still clear enough – to the effect that medical writers are given less (in both senses: *fewer* and *smaller*) financial incentives to perform well, and are afforded poorer working facilities and less training support, than staff with comparable responsibility in other departments.

The reasons for the Cinderella existence often led by practitioners of medical writing remain, as far as I am concerned, a matter for speculation. Discussing this situation with colleagues, I have heard a number of explanations, none of which seem very convincing.

My favoured explanation, on balance, is the existence of a mindset – widespread amongst those who have never practised the trade – which combines (a) ignorance about what is actually involved in medical writing with (b) the assumption that "anyone can do it". If my guess is right, then there may be hope of engendering change by enlightenment. Training sessions for non-writing departments on topics such as "what do medical writers actually do?" have proved a useful initiative, and have been observed to dampen the frequency of ill-informed questions such as "If you can write a narrative in an hour, why do I have to wait a fortnight for a study report?". The way in which medical writers are viewed by their colleagues and chieftains is a matter in which, to turn a phrase on its head, familiarity breeds respect.

There are numerous competing explanations. One is the lack of political clout associated with very small departments that are staffed by (non-union) academics. Another, frequently heard, is that medical writing often attracts people with a personality structure such that they are committed to doing a good job first, sorting out their working parameters second, and maintaining their commercial profile a poor third. If either or both of these explanations hold, then of course it makes good business sense to exploit the fact to the hilt.

A further possible factor arises because one of a medical writer's main tasks is to generate the "final product" in a clinical study: the study report. This document often goes largely unnoticed. (Please read on before your eyebrows hit the ceiling!) Of course, a study report will be reviewed for correctness by those whose tasks occur further "upstream" in the clinical research process, and it will be used later by others; however, it is not an entity that most of the writer's colleagues' day-to-day work programme depends upon. They thus have little vested interest in the report's detailed content or the manner of its putting-together. I am not entirely convinced by this explanation; after all, the fate of many is bound up in other medically written documents, such as study protocols, while poorly prepared reports can do much to sour up the life of the regulatory officer who has an impending submission deadline. However, the idea may have some validity – especially in contract research organisations, where the largest observable chunk of a clinical development programme is often the clinical study report, and the sooner the "product" (*sic*) is out of the door, the sooner the invoice can be written.

One might even generalise from the point just made and assert that the better medical writing is done, the less conspicuous it is. This contention has been set out in more detail elsewhere³ and, if correct, certainly helps to explain the prevalence of the wrong assumption, referred to earlier, that "anyone can do it".

Finally, it is frequently observed that medical writing is not exactly a bouncy springboard for upwardly mobile careerists in clinical R&D. In consequence, it is argued, medical writing has disproportionately few advocates, with inside knowledge of the trade, in the upper echelons of many organisations.

This article is not based on the now out-dated premise that talking about your problems on the couch brings them automatically to an end. On the contrary, positive remedial action is called for to enhance – without losing touch with reality – the profile of medical writing throughout the clinical industry. There are no instant recipes. Medical writers and their managers must be willing to set out on the long march through the (that is, their own) institutions.

Notes

1. Solely in order to avoid any appearance of pillorying particular organisations with which the author is known to be or have been associated – some of which are exemplary exceptions to the tendency described in the article – the author's name is not published here. Any reader wishing to discuss this contribution with the author is invited to make contact through the editorial office, care of langdoe@baxter.com.
2. The pictures are reproduced by kind permission of the Egyptological Museum and Papyrus Collection, Berlin (bpk/Ägyptisches Museum und Papyrussammlung, SMB/Margarete Bussing, <http://www.smb.spk-berlin.de/smb/en/home>).
3. See the lucidly argued *The future of medical and technical writing*, by S. de Looze (Drug Information Journal 1999; 33: 711–715).

Email trauma

According to Richard Morrison (*The Times* 15.11.05) emails are regularly cited as being the biggest cause of stress in the workplace. We are worn down by their volume (count your blessings Bill Gates gets 4 million a day), compulsion to react to 'you've got mail', and colossal mental effort composing a brief, 'spontaneous', and witty response.