



From academia to medical writing—And staying there

by Raquel Billiones

I was a die-hard academic. I ate, slept, and breathed research. I spent 12 years in several universities to obtain 3 degrees in life sciences. What else could I be? Until I was faced with the realities of working in a German university: the politics, the chronic shortage of funds, the tough competition, and the limitations that motherhood brings. Three years after baby delivery and 3 rejected research proposals later, I realized that academic life after postdoc, if there is any, is uncertain at best. So I went for a career change and had a lucky break. On my second try, I landed a medical writing job at Accovion, a CRO based close to Frankfurt. It was a case of a “Where-have-you-been-all-my-life?” encounter. After all, writing was always the part of research I liked the best. Part-time, flexitime, home office—the job just fitted me and my family’s needs perfectly.

However, this career change also meant a loss of status. Among my friends and acquaintances in academia, I was one of those who didn’t make the grade, a postdoc who didn’t finish the ‘Habilitation’ (and get the illustrious title of ‘Privatdozentin’), the prerequisite to a German professorship. I was one of the failures. There were also those who thought I gave up too easily, didn’t try hard enough and therefore didn’t help much to augment women’s weak position in the scientific world. There were others who thought that if I had to join the industry, I should at least have done it big style, like those pharmaceutical reps in their three-piece suits and leased BMWs.

This loss of status was also evident among my nonacademic friends and family. Academia commands great respect among the general population and I was the ‘woman of science’ among them. Now I was simply another office drudge. Suddenly, I was inundated with emails about academic job openings here and there which I had absolutely no interest in or qualifications for. Besides, who would hire a part-time field researcher with 2 little kids?

It didn’t help much that nobody knows what a medical writer is or does. Job titles with the word ‘medical’ attached bring visions of white-coated personnel working in a doctor’s practice or at a hospital. “Can you possibly explain what exactly you do?” and “What’s that in German?” were the most common questions I encountered. Unfortunately, my entry into medical writing sort of coincided with that disastrous TGN1412 trial in London in March 2006. Therefore, explaining medical writing in relation to clinical trials was not really the best strategy at that time. “The problem is,” my German husband told me, “the

job title ‘medical writer’ is a misnomer. In German, I would translate it as ‘Pharma-Fachautorin.’” Indeed, I’d heard of the terms ‘pharmaceutical writer’ and ‘pharmaceutical journalist’ before. However, there I was, stuck with a job title nobody understood.

It didn’t matter. I loved my new job. I loved writing. I loved the luxury of having a real office, a computer that actually worked, business cards, and free coffee. The money was not that bad, either. Besides, Accovion was the best training ground for rookie medical writers, with the opportunity to learn from highly experienced colleagues who are the pioneers of medical writing in Germany. In other words, I was very happy where I was.

Now, somebody once told me that medical writing is a great field to freelance in, but first you have to enjoy the office environment and get some industry experience for many, many years before going on your own. Well, I intended just to do that. However, it was one of those ironies of life when you had to leave just when you’d got there. Seven months after I started medical writing, I had to give up my dream job to follow my husband to Switzerland. And, due to the limitations of the Swiss child-care system, the trailing spouse became a reluctant freelance medical writer. So there I was, a somewhat green-behind-the-ears medical writer launching her own business. It wasn’t easy. And now I had two terms to explain: medical writing and freelancing. Aside from CSRs and CTDs, I also had to deal with new abbreviations such as SMEs and SoHos¹. Now, who could possibly believe that working from home was a real job that brings in money? Surely freelancing was just an excuse for parking the kids at a daycare while I lazed around all day? Who could possibly understand such a set-up in a not-so-emancipated country like Switzerland? I thanked my lucky stars that I have such a supportive and business-oriented husband who understood the challenges facing start-ups. What’s more, I was supposedly his best tax-saving model.

Once again, well-meaning emails with job-searching advice poured in. In addition, I got a lot of smug “We-told-you-so” comments from my friends in academia. My nonacademic friends and relatives were even more disappointed this time. “You’ve got a PhD. Surely you can find a job easily.” Dream on. I remembered what one job interviewer once told a 30-year-old, no-job-experience PhD graduate: “You’re overeducated and underexperienced.” Not to mention overaged. That’s how I felt. And the idea of

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¹ SME = micro small and medium-sized enterprise, SoHo = small office, home office

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going back to the lab didn't appeal to me anymore. Anyway, I loved medical writing and I couldn't imagine doing anything else.

During the Brussels 2006 EMWA meeting, I visited a friend who was also a former academic and is now working as a clinical trial monitor for a cancer research institute in the EU capital. Surely, she would understand what I was doing. I was also wrong there. She didn't know what a medical writer was either, and tried hard to convince me that monitoring was actually the way to go. "And who writes your protocols?" "We (the monitors) do." Another eye opener for me. Medical writers are not (yet) standard throughout the industry.

Then it was time to visit my home country, the Philippines. I was armed and ready to present my case before my former academic colleagues there. "Medical writing? Oh, yes, I know what that is." I beamed. "That's big business here nowadays." Now, this was really good news. "We call it medical transcription here." So much for the pitch. It

seemed that some entrepreneurial souls discovered the Filipinos' Hollywood-trained ears and were making big bucks with a generation brought up on a weekly dose of E.R. and Grey's Anatomy. At least, I tried to comfort myself, nobody has yet outsourced medical writing to this country. Now, if somebody discovered all those engineers, lawyers, and English majors training to become nurses in order to go abroad...

So it was back to business as usual in Europe and back to being a start-up. And on to the EMWA meeting in Vienna where I didn't have to explain myself. There, I ran into my former boss who asked me "So you're still a medical writer?" Yes, I still am. And I intend to be for a very long time.

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Journal watch**Biomedical Journal News**

Nancy Milligan and the Dianthus team are taking time out for this issue of *TWS*. The following articles relate to some current topics in biomedical journalism.

ICMJE guidelines

These guidelines were updated in October of this year. Check out <http://www.icmje.org>.

Plagiarism

Journals are starting to take plagiarism very seriously indeed with a suggestion that plagiarism should be made a criminal offence made by Fiona Godlee in her Editor's Choice published in the 10 November issue of the *BMJ*. She refers to the Kurjak case reported earlier this year in the *BMJ* and to a feature in the same issue of the *BMJ*: Cross M. Policing plagiarism. *BMJ* 2007;335:963-4.

For other recent article on plagiarism see:

Rich MW. Plagiarism in an article: Is there any evidence? *Medical Hypotheses* 2007;69:1154-62.

Roig M. Some reflections on plagiarism: the problem of paraphrasing in the sciences. *European Science Editing* 2007;33(2):38-41.

Self-plagiarism

Self-plagiarism is also being discussed in biomedical editing circles including on the forum run by the European Association of Sciences Editors (EASE) as reported in the forum digest in *European Science Editing* [vol 33(4) page 109]. An excellent article, Song From Myself: An Anatomy of Self-Plagiarism by Patrick M. Scanlon, can be found at http://www.plagiary.org/papers_and_perspectives.htm.

A new statement on the role of medical writers

The International Society for Medical Publication Professionals (ISMPP) has issued a position statement on the role of professional medical writers. Details are contained in a commentary from a group of authors, two of whom are also EMWA members: Norris R, Bowman A, Fagan JM, Gallagher ER, Geraci AB, Gertel A, Horsch L, Ross PD, Stossel TP, Veitch K, Woods D. The International Society for Medical Publication Professionals (ISMPP) position statement: the role of the professional medical writer. *Curr Med Res Opin* 2007;23(8):1837-40.

Improving the quality of reporting in research

EQUAOR is a new initiative promoting transparent and accurate reporting in health. The initiative grew out of the work of CONSORT and other guideline development groups. <http://www.equator-network.org>

See also an article about the STROBE initiative: Von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP for the STROBE Initiative. Strengthening the reporting of observational studies in epidemiology (SROBE) statement: guidelines for reporting observational studies. *BMJ* 2007;335:806-8.

Both these references were taken from the EASE blog which is a useful source for keeping up with the latest literature of interest to journal editors as well as medical writers <http://www.es-e-bookshelf.blogspot.com>.

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