



Broad-spectrum medical writer: Nature or nurture?

by Alison McIntosh

Most medical writers working as an employee of a company receive their salary to write either regulatory, or medical communications documents. Rarely in larger pharmaceutical companies are medical writers encouraged, or even allowed, to write for both areas. Medical writers normally end up classed as either a regulatory writer or a medical communications writer and find it quite difficult to change direction after working in their chosen area for any length of time. I don't believe this is because they are unable to write different types of documents, but more because they are regarded by others as a resource able to function only within one of these designated areas.

Why should this be? When we write for either milieu we present the same information in a scientifically and medically accurate way, and use the same information sources. We are merely presenting the information in a different way and specifically for the target audience. Once a writer gains experience in one area of medical writing it is wrongly assumed by many that adapting style to suit a different audience is not possible. An experienced medical writer adapts their writing style to suit the intended audience. For example the same language cannot apply in both a regulatory submission and an information sheet informing patients about the medicine they will be taking. The patient information leaflet is a regulatory document but uses a very different style of writing from other regulatory documents, so what are you classed as when you write these specialised documents?

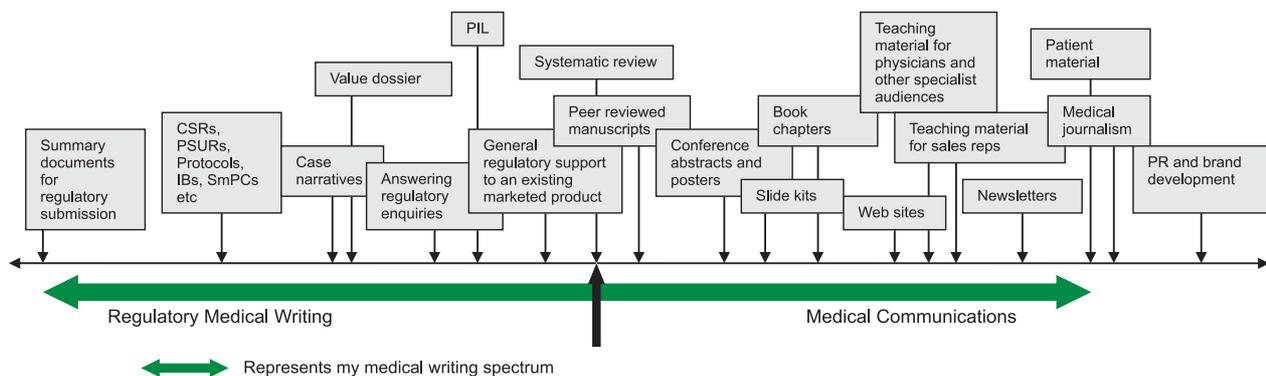
As a freelancer, I write for both audiences. Over the years I have come to think of medical writing as a 'spectrum'

(see Figure 1). In my mind, my medical writing spectrum starts from regulatory summary documents, runs through medical communications aimed at physicians and continues on to patient information and medical journalism. It begins to fade as we reach this point and peters out with medical journalism and branding. According to experience and background, other medical writers will start and finish on different parts of the spectrum.

When you become a freelancer you leave behind line managers who determine whether you can write certain types of documents. Gradually the type of medical writing you take on broadens, and whether by accident or design, you become what I call a 'broad spectrum' medical writer. Similarly, if you are working as a medical writer in a small contract research organisation I would think that exposure to different genres of medical writing is also commonplace.

As a freelancer, my medical communications work has taken various guises including book chapters, conference reports and slide kits. I have also written manuscripts for peer reviewed journals as well as abstracts and posters. Most of this material is aimed at physicians and various sectors of the medical profession with some degree of expertise. This is what I personally find easiest and probably means that I capitalise on my own educational experiences. As to style, when I step out of the regulatory environment I leave behind the stern tone of voice that I adopt for this type of writing, and as I approach abstracts, posters and newsletters I set my imaginary hat at a jaunty angle and start writing with a very different tone of voice, whilst still promoting medical and scientific accuracy.

Figure 1: An example of a medical writing spectrum



CSR, Clinical Study Report; PSURs, Periodic Safety Update Reports; IBs, Investigator Brochures; SmPCs, Summary of Product Characteristics; PIL, Patient Information Leaflet; PR, Public Relations

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Do all medical writers have an innate ability to write for different audiences, adapting their style of medical writing according to the intended audience, or is it a question of training and exposure to the different styles of writing?

When I became a freelancer I was principally known for my regulatory writing but over the years I have built up my experience in medical communications writing. This has been through requests from clients, and from being prepared. I began my preparations by taking EMWA workshops that did not cover topics I was already familiar with. This expanded my knowledge base and allowed me to have the confidence to undertake the new types of work being requested by clients. I think that training is an invaluable way of increasing a medical writer's scope. However, I also know that training budgets are one of the first areas to be affected in a 'credit crunch' but argue that this kind of nurturing of medical writers will pay dividends in the long run.

Freelance medical writers are expected to keep up to date with guidelines and different aspects of medical writing and usually pay for this themselves. We essentially specu-

late to accumulate, and in this case we are accumulating new knowledge to give our clients a better service. This should be true of all organisations, big or small.

Although I think that training plays a big part in being able to write for different audiences, I also know from talking to other writers that regulatory writing is not a style that suits everyone, even with training. So temperament must also have a part to play. For some, the thought of becoming a regulatory writer is like putting on a straight-jacket, and for others it feels like a natural extension of scientific training.

I therefore think both nature and nurture makes being a broad-spectrum medical writer possible. I know I am happier being a broad-spectrum medical writer than I would be being a narrow spectrum regulatory or medical communications writer. What about you?

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