

Investigative medical writing: Marrying medical writing and journalism

by Catherine Mary

Are there different kinds of medical writers? Without a doubt. And maybe it's due to Darwinian pressure that some evolve into being "investigative medical writers". Let's call them so. Their speciality is writing reports and, to do so, they have developed intellectual curiosity, intuition, an investigative mind, and a healthy dose of scepticism. Their preferred subjects are somewhere between science/medicine (public health, environment, etc) and society. They write for those who control the stakes: politicians, corporate players, opinion leaders, and experts.

"Investigative reports" are written according to specifications

The requirement to write the reports according to specification is what makes them fundamentally different from an investigative journalist's articles. This is not an independent process. However, this needs awareness about the interactions between science, policy, and society, and requires confronting the points of views of different stakeholders through a multidisciplinary approach, in order to build a view of global policy. For example, I regularly write reports on influenza international conferences in a strategic marketing perspective. The reports are not directly linked to a product itself, but to how a marketing strategy fits the evolution of both scientific knowledge and public health issues. Reports are between 6,000 and 8,000 words in length and are organized according to a plan that highlights the main trends in the field that the client is interested in. Investigative reports are thus synthetic. Only results useful for the clients are treated in detail.

Sensitive subjects require communication and perception of the stakes involved

Explaining hot subjects like influenza pandemic preparedness requires making sense of the factors that influence strategies: virus epidemiology, present scientific knowledge, technologies and regulations, industrial and political stakes. The approach needs to deal with different points of view and to predict how the situation will evolve. If, for example, a new mathematical model predicts the effectiveness of a particular strategy, one needs to remain sufficiently sceptical as to the relevance of the problem put forward, the model and the data used, as well as the implementation issues (for example, whether a particular country would be ready to deploy all the measures that are required for the strategy to be effective). A decision then has to be made as to whether the study merits an entire paragraph, a few

lines, or indeed should be ignored. It's also important to know who the experts are, to know in which capacity they are speaking: for themselves or in the name of an organisation or corporate group.

Investigative reports have a variety of uses for the client

The client may use the reports for internal communication: they enable the client to place its sales strategy in a global context, whilst explaining the role of the different players. The market and policies evolve very quickly in some fields and strategies must adapt to these changes. An example is the market for flu vaccines and remedies, which is highly influenced by the epidemiology of bird viruses and its impact on research and development as well as on prevention policies. Regular reports also serve as pointers to understand these developments. They detail new studies and provide instructive elements that can be used for promotional or communication media. In addition, they can be used by the client for external communication aimed at specific audiences such as opinion leaders or policy-makers or as part of communication material for upcoming conferences.

Attending a congress is the ideal situation to put together an enquiry

All the players are there and with new results being presented and discussed, concepts emerge. It's also an event the client can take advantage of to communicate. This requires organisation and experience: making sense of the programme in advance, organising note-taking, identifying the different speakers, and knowing how to spot key ideas among a multitude of interventions. During these intense days, notes are not enough. They need to be completed by obtaining as much information as possible during the congress (surveys, newsletters, and other documents handed out by exhibitors, and abstracts). Often, it is possible to make arrangements with the client to pick up PowerPoint presentations or shorthand transcriptions. Writing up starts as soon as possible. While the notes are still fresh, the outline of the conference can be written up. Once back in the office, all the different pieces are brought together, like a puzzle, and slowly the structure starts to form. The different parts are more or less easy to write up, depending on the relevance of the speaker. Extra work is often required, such as reading articles, editorials or doing the interviews again. The writing takes shape, it becomes more concen-

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trated and the text comes to life. Readers are not necessarily experts. They know the subject but want to understand quickly, to grasp the key points. They need to be kept in suspense. The style must be narrative and not descriptive like a scientific article.

Investigative medical writing can represent an opening for a medical writer

Investigative medical writings offers an opening for a medical writer who wants to evolve and who has a taste for communication—a journalistic skill. In her article, Jo Whelan explains very clearly how to acquire this [1]. To write investigative reports, some expertise in science or medicine is essential. As a trained virologist who has become a journalist, I often work in the field of infectious diseases. It is strategically better for investigative medical writers to specialise in a limited number of fields to gain credibility.

To start out, it is best to write reports on short conferences, like symposiums. Corporate institutions organise these within the framework of congresses and sometimes use reports to promote their products to opinion leaders. In general they supply PowerPoint presentations, which

reduces the risks inherent in note-taking. Medical writers who have communication skills can thus train themselves in real situations and gradually become specialised in a particular subject to develop their investigative skills. Finally, it takes between 120 and 150 hours to write a 6,000 to 8,000 page report, preferably spread out over 1 or 2 months.

Being an investigative medical writer is not every medical writer's cup of tea. But for those who want to give it a try, it's a fascinating experience. Through being immersed in public health issues, the writer secures a position as a privileged observer of the process by which scientific knowledge is transformed into a political decision, changing our daily lives for better or worse.

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Medical writers: Those who think they can write stuff without the right stuff

Believe it or not this is the definition provided by Guernsey McPearson, alias Stephen Senn, whose Devil's Drug Development Dictionaries as well as other amusements can be accessed through www.senns.demon.co.uk/gmcpw.html. Professor Senn has been described as a "statistical demi-God". He has a strong background in the pharmaceutical industry and some of his research interests include design, analysis and interpretation of clinical trials, ethics and meta-analysis.

The following are a selection of his definitions including another for medical writers:

Medical writer: hacks who think they can present subtle statistical concepts that they don't understand so that others can.

First author: 1. The most important opinion-leader Marketing could find. 2. A physician who is prepared to stick his or her name to the mess that the medical writer has made of the statistician's report. 3. One who received top billing and presents a large bill.

Medical Statistician: one who won't accept that Columbus discovered America because he said he was looking for India in the trial Plan.

Type I Error: consulting the statistician.

ACE inhibitor: the statistics department.

NICE: 1. A fine town on the Mediterranean, once Italian now French: very nice. 2. A sixties pop-group, rather short lived: quite nice. 3. National Institute for Clinical Excellence: a means of reducing the price of drugs and raising the price of pharmacoeconomists: not at all nice.

EMEA: the latest Brussels' sprout. Goes well with turkey.

Phase IV study: a cynical trial.

Me-too: sixth drug in its class.

Innovation: fifth drug in its class.

Genetic engineering: the son also rises... if daddy is the CEO.

Laptops: so called because they are executive toys for lapdogs.

Learning curve: an example of the sort of pathetic vocabulary favoured by those who never got very high on theirs.

Cmax: what your girlfriend missed while you were pursuing areas under the curve.

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