
The Write Stuff

The Journal of the European Medical Writers Association

International Issue

Featuring:

- *Medical Writing Around the World*
Peter Hobbins, Robert Jacoby and Barry Drees
- *What's it All About?*
Adam Jacobs
- *Why Write Now?*
Jane Mitchell
- *In the Bookstores*
Karen Shashok

EMWA European
Medical Writers
Association

Summer 1999

Vol 8, No.3



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Special Feature (published together with the *AMWA Journal* and *AMWA News*)

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We all know that there are medical writing associations in North America, Europe and Australia, but what are the memberships of these organisations like in terms of backgrounds, careers, and goals? Find out about our sister organizations from across the ocean in this first-ever simultaneous publishing event.

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As you slog through endless case narratives for a Clinical Study Report or hack your way through the jungle of mouse and rat data for an Investigator's Brochure, it's easy to forget the point of what we do and to see our work as like that of any other technical writer. Here we present a personal reflection on the medical part of medical writing. [INT]

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Thinking of going freelance? Need a way of communicating your brilliance to potential customers? How about producing a regular newsletter? Sound too daunting? Read about the trials and tribulations of EMWA's very own Jane Mitchell and the newsletter of her freelance medical writing business, *Write Now*. [INT]

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How many of you have been struck by the lack of communication between scientific-technical-medical translators and editors, professionals in applied linguistics, and other technical writers? An EMWA member reviews Nancy L. Hoft's *International technical communication. How to export information about high technology*, which shows how all these groups can contribute to effective translation and localization.

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[INT] - this symbol indicates that the article also has been or will be published at the EMWA internet site:
<http://www.emwa.org>

Journal Insights

The Write Stuff is the official publication of the European Medical Writers Association. It is issued quarterly and aims to provide EMWA members with relevant, informative and interesting articles and news addressing issues relating to the broad arena of medical writing. We are open to contributions from anyone whose ideas can complement these aims.

Articles or ideas should be submitted to the editor-in-chief:

Barry Drees
Tel: (+49) 69 305 3834
Fax: (+49) 69 305 80070
e-mail: barry.drees@hmrag.com

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Instructions for Contributors:

- **The Write Stuff** typically publishes articles of 500 - 1500 words although longer pieces or those with tables or graphics will be considered.
- All articles are subject to editing and revision by the Editorial Board. Any changes will be discussed with the author before publication.
- Submissions should include the full address of the author, including the telephone/fax numbers and e-mail address. Suitable quotes for side boxes can be indicated or they can be selected by the Editorial Board.
- Material should be submitted electronically on computer disc or by e-mail as an MS Word file using Arial font (or equivalent), 11-point, and single spacing.
- Published articles generally include a recent photograph of the author (portrait picture, CV-style).

Behind the press

Editor-in-Chief
Barry Drees

Artistic Director
Julia Forjanic-Klapproth

Copy Editing
Chris Priestley, Judi Proctor

Meetings of Interest
Sarah Heritage

From the Literature
Liz Wager

In the Bookstores
Karen Shashok



The Editor's Red Pencil

by Barry Drees

Greetings fellow members,

As most of you should know from our diversity series of articles ("View from the . . ."), our membership truly encompasses the entire globe (Europe, North America, Singapore, South Africa, the sun never sets on EMWA members!). Nevertheless, we live in a truly global age and so I'm really excited to introduce the first simultaneous international issue with articles by the editors of *The AMWA Journal* (North America), *AMWA News* (Australia), and *The Write Stuff* appearing at about the same time in all three publications (*AMWA News*, July 1999:4-5 and *AMWA Journal* 1999; 14 (3):25-28). I don't know if I'd go so far as to use the hackneyed phrase "a landmark publishing event", but it certainly represents a first for our three associations and their journals and is a welcome first step in strengthening the links between us. My heartfelt thanks to Peter Hobbins, the editor of the Australian Medical Writers Association's newsletter, *AMWA News*, for coming up with the idea and nagging Robert Jacoby and me to do our parts. I'd also like to congratulate Daleen Krige and Jing Ping Yeo whose TWS articles were reprinted in the *AMWA News*.

Some of you may also notice that "From the Literature" has gone electronic this issue. Partly this is because our Literature columnist is in the midst of changing jobs and requested a break for one issue (no time to scan the literature, apparently) but I've wanted to start a column on interesting websites for awhile and this was the perfect opportunity. You should be seeing both of these columns in the future and of course, contributions, ideas, offers of doing a guest column, or suggestions of interesting websites or literature articles are **always** welcome.

One of the surest signs of a journal's maturity is when the editor has to begin rejecting articles that are submitted

One of the surest signs of a journal's maturity is when the editor first has to reject an article that has been submitted. Given the history of the *EMWA Journal*, I wasn't sure that this would be something I would ever have to worry about. Nevertheless, it is with definitely mixed emotions that I share with you that I made the decision not to include a submitted piece because I felt that it was not appropriate. This naturally brings up the question of what my definition of appropriate is and so, I'd like to outline now the kinds of topics you'll be seeing while I remain the editor-in-chief and thus define my editorial policy. This seems particularly timely given the recent, highly-publicised sacking of George Lundberg, the editor of the *Journal of the American Medical Association*, due to conflicts between the editor and the president of the association regarding editorial policy.

The Editor's Red Pencil

The Write Stuff, as the complete title declares, is *the Journal of the European Medical Writers Association*. The word journal was purposely chosen to differentiate it from a newsletter, the idea being to deal with somewhat more basic issues and in more detail than a typical newsletter would. Hopefully, this is also reflected in the format and style, which was chosen to suggest something more serious, if not academic. I looked at quite a number of association newsletters and many had a style and format that one would probably describe as "light" (mixing lots of different fonts, for example) and while I wouldn't want TWS to be described as "heavy", I did aim for something which can represent an important professional association.

We are an association of writers, and I try to make sure that everything that gets published is at least tangentially related to the writing profession. Thus, although articles about medicine or science might be interesting, I feel that there are plenty of other places for such pieces and unless there is at least some connection to writing (however tenuous), you won't be seeing such things in TWS. As should be obvious, this gives the editor a lot of leeway in picking what to publish, which is, I believe, how it should be. The editor serves at the behest of the Executive Committee, which therefore

**"L'EMWA è una
organizzazione in rapida
crescita"**

"EMWA is a rapidly growing organization."

has the right to replace him or her whenever they wish.

I'm happy to announce our newest addition to the editorial board, Karen Shashok, and her regular feature, *In the Bookstores*, which will feature reviews of

books pertinent to the field of medical writing. A freelance translator and editorial consultant, Karen works mainly with texts in the life sciences, and handles many levels of work from author's editing to copyediting and proofreading. She has investigated authors' understanding of, and attitudes toward, peer review and is interested in all stages of the process of scientific information transfer. This feature represents another sign of TWS coming of age as we received our first offer from a publisher of a complementary copy of a book in exchange for a book review in TWS. So any of you out there who'd like to get free books related to medical writing, just let Karen or me know and we'll send along some of the next ones we get!

Finally, in keeping with our international theme this issue, I'd like to report a little publicity we're getting in a country which, despite being one of the major economic areas in Europe, has little representation in EMWA membership – Italy. As you can see from the Side box, a short article about EMWA and the Copenhagen conference, written by one of our Italian members, Jennifer Hartwig, will be coming out shortly in the newsletter of SIAR, Società Italiana di Attività Regolatorie (Italian Regulatory Affairs Association). Thanks to Jennifer and let's hope it leads to a big influx of new Italian members. Say, how about a conference in Venice, Florence or at Lake Como?

Barry Drees
Hoechst Marion Roussel
Tel: (+49) 69 305 3834 Fax: (+49) 69 305 80070
barry.drees@hmrag.com



Message from the President

by Geoff Hall

Dear Fellow EMWA members,

After a year as vice-president of EMWA, it is comparatively relaxing to take on the role of president. As vice-president, your duties are clearly defined, revolving mainly around the job of managing the annual conference. Although it was a busy time, the Copenhagen conference ended up being great fun for me because so much of the hard work had been done on the ground by Susanne, Mary and our other friends at Novo-Nordisk and Julia Cooper made our joint task of planning the content a pleasure. The only tension came from the knowledge that if anything went wrong, I was ultimately responsible. Thanks also to Philippa for ensuring no disasters occurred.

Now, however, as president there are no clearly defined duties, and so at the beginning of my period of office it makes sense to lay out objectives for the coming year. Then in Dublin next year, everyone will be able to check progress.

In the early days of the website, it seemed to be buzzing with issues, but more recently people have gone a little quiet.

First there is the need to expand and extend membership. Julia Forjanic-Klapproth, our new membership officer, has already made a fine start. I would hope that everyone will find the opportunity during the coming year to mention EMWA to colleagues, freelancers, CROs and others. Word of mouth recommendation can't be beaten. We still do not have members in every pharmaceutical company so we need to find other ways of publicising EMWA. If you see an opportunity, let any member of the EC know and in particular Jane Stock, our PR officer.

The second objective is to establish EMWA as an educational/academic body that can stand on its own. To this end we have established an eminent academic committee to approve workshops and leaders. Julia Cooper is heading this as part of her big job as education officer. By the end of the year, I hope we will have established the foundation for EMWA's courses to be acknowledged as professionally useful, academically valid and respected.

From the President's Desk

I would like to see the website and the magazine *The Write Stuff* grow and get better and better. Marian Hodges has done a great job establishing a site of which we can all be proud. Please use it and in particular use the dialogue pages to communicate and air views. In the early days of the site, it seemed to be buzzing with issues, but more recently people have gone a little quiet. The website is an important outward face of EMWA so let's make sure everyone who visits gets the impression of a professional lively body. *The Write Stuff* goes from strength to strength under Barry's inspirational editorship. Please consider what you can contribute.

Finally, I plan to build on my predecessor Jerry's thinking about sponsorship to establish a base of sponsors for various aspects of the EMWA effort: 1. the conference; 2. the executive committee, so that travel for EC meetings is funded; 3. the academic committee, for meetings, travel and contact with other institutions, 4. a president's fund so that future presidents can spend a little time going to meetings of like-minded bodies around the world building a network, without being a drain on the general pool of funds. I sent out a plea with the last mailing for contacts who could be approached for sponsorship. Response so far? A very disappointing nothing. Come on now. EMWA is only the sum of its members and we need a bit of support here. All I

Come on now!
All I need to know is the name and contact address of the person in your corporation who could sanction a small degree of financial support for EMWA. I will try to do the rest.

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Another objective, is to have our first ever one-day local conference. This is now set for December in the UK, in Henley which is fairly close to London Heathrow Airport. If you would like to suggest a venue for

future mini-conferences and would like to get involved with organisation, please let me or Julia Cooper know.

The final and most obvious objective of my year, however, is to have the best-ever conference in Dublin. This though is no longer my responsibility but is in the capable hands of Keith and Julia. I am expecting the conference to be the biggest ever, both in terms of attendance and content. If you have any suggestions, please pass them to any member of the EC.

And if you have any ideas, thoughts, or criticisms about the things the Executive Committee are doing or the general direction of EMWA, by all means, share them with me, after all, we're only here to further the interests of you – the members.

Geoff Hall
58 Church Road,
Worcester Park,
Surrey, KT4 7RW, UK
Tel: (+44) 181 715 1368
Fax: (+44) 181 715 1369
medwritehall@worldscope.co.uk



Medical Writing Around the World: I. Scribbling in the Antipodes, Medical Writing in Australasia

by Peter Hobbins

Editor, Australian Medical Writers Association News

Those of us who live in Australasia (Australia, New Zealand and the Pacific islands) have long felt the 'tyranny of distance' that separates us from Europe and America. Our relatively small populations, however, mean that we rely to varying extents upon products and information imported from those regions, with medicine forming no exception. Not surprisingly, these circumstances mean that the medical writing environment in Australasia differs significantly from the European and American models. For instance, clinical trials and regulatory submissions for pharmaceuticals are generally adapted from global models, rather than generated *de novo*. As such, very few antipodean medical writers are engaged in writing up trial protocols, study reports, clinical papers or drug submissions. So what do the other thousand or so medical writers do 'down under'?

We are nothing if not varied. Journalism is a large employer, both in the lay and specialist medical press. Indeed, health continually rates highly as a topic of interest to Australian media consumers. There is also a competitive market for writing that addresses the needs of healthcare professionals for news, information, education and observation. Many who contribute to such publications are freelance writers: 10–20% of all medical writers here fall into that category.

Many physicians undertake writing as an adjunct to medicine; some cross over to full-time writing, but most find ways to juggle both communications and clinical careers. Nurses seem more likely to leap from ward to keyboard, and comprise a significant section of our fraternity. Nevertheless, many journalists who write with depth and clarity on medical and medico-political matters have backgrounds with little or no life-science training.

The other main employer of medical writers in Australasia is the healthcare industry, albeit usually via agencies. Pharmaceutical companies, for instance, are increasingly viewing Australia as a useful test market for promotional and educational strategies. Our audiences are seen as small and relatively homogenous models for the much larger European and American markets. In addition, a number of companies use Australia as a base for the South-East Asian region.

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Medical Writing Around the World

As a consequence, the industry supports a surprising number of healthcare-focused advertising, education and public relations agencies. Moreover, those of us working in these industries are often relatively free to develop and test new concepts and products (although the spectre of globalisation always looms near). Australians as a rule are eager supporters of new technology, so medical writing here increasingly encompasses video, multimedia and internet-based applications of our craft. The New Zealand government, on the other hand, has fought publicly and bitterly with the pharmaceutical industry, claiming its small economy simply can't afford new drugs. As a result, pharma spending in that country has dwindled to a bare minimum, limiting support for both industry communications and advertising-driven media.

Our local organisation – the Australian Medical Writers Association (which we, like the Americans, shorten to AMWA) – currently boasts 260 members. Although these numbers may seem small in a global context, we still offer members networking, publications, education and a website (linked to the EMWA website). We are now actively seeking international links, particularly with medical writers in New Zealand and other Pacific nations, as well as investigating more formal ties with the European and American Associations.

For those contemplating a visit – or a more permanent excursion – to our corner of the globe, the medical writing market remains dynamic and varied, yet small enough for fresh ideas and different styles to make a noticeable impact. Just don't expect any kangaroos to greet you at the airport.

Peter Hobbins
phobbins@cyberone.com.au

Peter Hobbins is a medical writer with Alchemy Communications, a medical education agency and the editor of the Australian Medical Writers Association's newsletter, AMWA News. He welcomes correspondence from medical writers around the world.

II. Medical Writing in the Old World

by Barry Drees

In Europe, where most professions are represented by ancient guilds and trace their origins to the Roman empire or the middle ages, people usually react with puzzlement when I tell them that I am a medical writer. Although there has been what amounts to medical writing here for a long time, it is a relatively new concept as a specialized profession, as reflected in the fact that the European Medical Writers Association (EMWA) was founded only in 1991 from an impromptu meeting of European members of the American Medical Writers Association (AMWA). Medical writing got off to a somewhat slower start here in the Old World partly due to a more deeply entrenched tradition of authority in Europe, whereby only acknowledged experts are seen as capable of communicating about a subject, and partly due to a culture that is less oriented to media and advertising than that in the USA.

People who refer to themselves as medical writers in Europe tend to work for the pharmaceutical industry (as, for example, the majority of the EMWA membership). The other kinds of medical writers found in North America and Australia usually go by other names with their own organisations (the European Association of Science Editors, for example). Because medical writing is such a new profession, there are no specific degrees or paths of study one can follow to become a medical writer. Rather, medical writers in Europe tend to be former life science researchers, editors, or come from other jobs within the pharmaceutical industry. They therefore tend to be highly educated and have a significant input concerning scientific content in addition to the more traditional editing tasks such as style, grammar or spelling.

The job of medical writing in the pharmaceutical industry is multifaceted. One of the exciting things about this kind of writing is the very wide range of readers we need to write for, including scientists (publications), doctors and nurses (trial protocols), patients (patient information sheets), and national drug regulators (submission documentation). This requires great flexibility as a writer. Furthermore, although good interpersonal skills are required in any author-editor relationship, the medical writer working on a pharmaceutical industry project will often have to coordinate contributions from several different groups (statisticians, clinicians, investigators, regulatory specialists, etc.). In the process, we also tend to develop project management skills, keeping the various contributors happy and the projects on schedule.

One of the most distinguishing characteristics of Europe is the lack of a common language. Medical writers from North America or Australia often express surprise when I tell them that although I work in Germany, most of my writing is in English, the language used for multinational drug registrations in Europe. Thus, it is hardly surprising that three-quarters of the EMWA membership are native English speakers, many working in a foreign language environment. This can be used to the advantage of the medical writer when dealing with authors. I know from personal experience, as well as the AMWA workshop "The author-editor relationship", that medical writers still have difficulties being accepted by much of the scientific and medical establishments, especially in English-speaking countries. In continental Europe, however, we can always get an initial foot in the door via the chance to "just check the English". Thereafter, we can cure all the other common ills (inconsistency, incompleteness, poor presentation, etc.) and convince our clients of the value of our contribution. This also means that one-quarter of EMWA's membership has English as only a second or even third language. Addressing the issues and concerns of these members, and making EMWA an organisation that truly represents us all is a challenge EMWA is only beginning to face.

What lies ahead? One can hardly watch television or open a magazine today without seeing something about the information revolution. At the same time, everyone seems to bemoan the growing gap between scientists and the general public. Technical writers, such as ourselves, are in the exciting position of playing an influential role in both of these discussions and, thus, I foresee a secure and dynamic future for the profession, especially in a multi-lingual region such as Europe.



III. The AMWA View: Medical Writing in the USA

by Robert Jacoby
AMWA Journal Editor-in Chief

A report on the “state of the union” of any organization is necessarily skewed. The report reflects one person’s view, which may fluctuate from panoramic to myopic. I’ve been a member of the American Medical Writers Association since 1988, and my observations of the “state of the union” here are colored by my own professional life over the last 11 years, which has run a wide range of work positions and experiences, some from necessity, some from determination.

The American Medical Writers Association has approximately 4,300 members throughout North America, Europe, the Middle East, and the Pacific Rim. I’ve noted over the years that a job title can be misleading or tell an incomplete story, but for the sake of brevity, some of the “titles” of AMWA members include the following: administrators, audiovisual producers, college and university professors, health care professionals, journal editors, pharmaceutical writers/editors/managers, public relations specialists, publishers, reporters, researchers, scriptwriters, statisticians, and translators.

Employment opportunities are even more diverse and numerous. A few of the more established areas include biomedical journals, federal and state health organizations, health magazines, health maintenance organizations, medical associations, medical clinics, medical colleges and universities, medical consulting firms, medical device manufacturers, medical publishers, medical research laboratories, and the pharmaceutical industry. A growing opportunity in recent years has been medical communications companies, which began to proliferate at the same time the pharmaceutical industry was paring down their inside “creative” staff. Biotechnology companies and advertising agencies have also learned the value of having medical communicators on staff.

All of this is to say that the “state” is very healthy for those medical communicators who are willing and capable of practicing and developing a variety of skills. In the 1980s I worked at a publishing house, and of necessity the skills were focused: journal production, news reporting, and editing. “Project management” was a term not yet in vogue. When I accepted a position as Assistant Director of Communications (and, later, Director) for a medical clinic in the early 1990s, I became schooled in everything a communicator could accomplish for an organization: writing (research papers and reports for management); publications management; data analysis; strategic planning; special event planning and implementation; and marketing communications. Many of those skills sharpened the determination growing within myself to start my own medical communications business, which I incorporated in 1995. Another step from these accrued skills and experiences was taken in 1997 when I became Editor-in-Chief of the AMWA Journal.

For me, then, the 1990s was a decade of learning just how far the definition of “medical communicator” could be stretched. I believe a parallel experience occurred for many of our members, and those employers, requiring a wide range of skills in one person. Employers who needed a medical communicator wanted someone with pinpoint skills (writing and editing), but those same employers often recognized, and appreciated, the value of deep, general skills. The “information explosion” that everyone jabbered about in the 1980s finally occurred in the 1990s, to the dismay of many, as an information tsunami. Someone had to make sense of it all, and those medical communicators who could adapt and incorporate the requisite new skills thrived, either where they were or in the spawning healthcare business sectors.

*And who wouldn't be
quirky in our position?
(It's never been easy
balancing the towering
egos with projects).*

Membership in AMWA has been foundational to my professional and personal growth, as I'm sure it's been for many members. Professional education and development are the ostensible reasons for being a member of AMWA: opportunities exist for involvement at chapter meetings, regional conferences, and the Annual Conference. Because we are largely an association of volunteers, those who are involved tend to be enthusiastic about their involvement. Thus, the heart of our organization is our members, and it is the relationships developed over time with members that provide the most opportunity for learning and development. AMWA is an extended family, and families tend to take care of, nurture, and accept their own, quirks and all.

And who wouldn't be quirky in our position? (It's never been easy balancing the towering egos with projects.) On a daily basis we might interview world-renowned researchers; write research articles or prepare slide presentations; create marketing materials; meet with patients to discuss the subtleties of materials aimed at educating them about a surgical procedure or drug regimen; or manage projects through their long and sometimes laborious road to publication. The reward in medical communications is that our daily contribution can make all the difference in someone's life.

Medical communicators are a vital part in the health care delivery continuum. What new realms await AMWA in the next decade? The answer to that question is best decided by those closest to the work: ourselves. As professional communicators, we should know how best to achieve the stated purpose of a project we are managing. New challenges are really new opportunities to again stretch our own, and collective, definition of “medical communicator.” All the possibilities will remain open to us if we will remain open to the possibilities.

Robert Jacoby
Managing Editor, Medicalliance,
Columbia, MD, USA
or
AMWA Journal
40 West Gude Drive #101
Rockville, MD 20850-1192, USA



*The EMWA
millenium
conference...*





What's it All About?

by Adam Jacobs

As medical writers, most of us are involved with the cutting edge of medical research. We write reports on the latest findings with new drugs, or somehow disseminate those findings to various audiences. It is easy to fall into the trap of thinking that medicine is all about high-tech cures for diseases. For some, perhaps that is what medicine is about, but I take the view that medicine is about helping people, rather than curing diseases. (In any case, modern medicine is generally unsuccessful at curing disease: most drugs only treat symptoms.)

All this was brought home to me poignantly recently, when I watched my grandfather dying. At 83 years old, he had always enjoyed robust good health, until he was admitted to hospital feeling weak. At first, the reason for his weakness was not clear. He remained in hospital for some weeks, having various tests, and eventually, after his consultant suspected that he might be bleeding from his gastrointestinal tract, he was endoscoped. One reason for his poor health was then readily apparent: he had multiple erosions in his stomach, duodenum, and oesophagus, and although they were not causing him any pain, they were making him lose a lot of blood. There was some relief that a treatable contributor to his illness had been discovered, and he was started on lansoprazole.

It is easy to fall into the trap of thinking that medicine is all about high-tech cures for diseases.

However, the bleeding was too severe to be stopped so easily, and his blood pressure continued to fall. He was then given blood transfusions and intravenous ranitidine, but just when he looked like he might be turning the corner, he suffered a severe stroke, leaving him completely paralysed down one side, and barely able to talk. From that point, it was clear that there was little chance of a meaningful recovery. After discussing the options with the consultant, my father took the difficult decision that there was no point in continuing medical treatment.

It was another five days before my grandfather died. For those five days, he was given no medical treatment in the sense that most of us normally think of. However, I believe that the care he received in that time was every bit as important as any other medical treatment. The medical and nursing staff looking after him did a splendid and admirable job in making sure that his last days were as comfortable as they could be. They may have given up trying to save his life, but they had not given up on him. They turned him regularly, attended conscientiously to his personal hygiene, and then, when he appeared to be in pain, gave him diamorphine.

What's it All About?

At one stage, he appeared to be saying he was thirsty and asking for water, although it was difficult to be sure, because the stroke had left his ability to communicate so badly impaired. It certainly seemed likely that he would be thirsty, because he was still losing blood, he was not able to take any fluids by mouth, and his drip had been removed once the decision had been made to stop treatment. This left another difficult decision: should they put his drip back in? He was clearly uncomfortably dehydrated, and putting the drip back in would help that. On the other hand, without the drip he would slip away relatively quickly, which, given that there was no chance of a meaningful recovery, was probably far kinder for him. The prospect of him lying there in the same condition for potentially several weeks did not seem a happy one. Again, my father had the support of the hospital staff in coming to his decision, and they decided that they would put the drip back in. It turned out to be the right choice, because he seemed a lot more comfortable afterwards, and the spectre of an unpleasantly protracted death did not materialise.

A few weeks after my grandfather had died, I saw his GP, who gave me more information than I had been aware of at the time. Apparently, some of my grandfather's haematology and biochemistry variables had been all over the place, in a way that made the GP think that the only sensible explanation was metastatic cancer (although they never found a primary). This put a different perspective on things. If he had metastatic cancer, then he was going to die whatever treatment he had. The best outcome that could have been hoped for was that the end be relatively quick and painless. It was a great comfort to know that the outcome had been the best possible.

Some might regard my grandfather's death as a failure of medicine. I do not. We all have to die sooner or later, and I sincerely hope that when my turn comes, it will be as dignified, comfortable, and painless as it was for him. Medicine should be about looking after the well-being of patients in more ways than just giving them a drug to control their symptoms, and helping to make the process of dying as peaceful as it can be is as worthy as any other medical care.

Medicine should be about looking after the well-being of patients in more ways than just giving them a drug to control their symptoms

So what has all this got to do with medical writing? Well, I hope this experience will make me a better medical writer, in that it has reminded me what medicine is really for. When I write about medical treatments, I hope I will remember that there are real people, who, with a bit of luck,

are being helped by the treatments. Of course, there are good reasons why we have to write about whether drugs have demonstrated better ratings than placebo on validated efficacy scores, using appropriate statistical methods and generating sufficiently small p values. But we should never forget that that is not really what it's all about.

Adam Jacobs,
Dianthus Medical Limited
58 Haslemere Avenue
Mitcham, Surrey, CR4 3BA, UK
Tel: (+44) 181 640 7616 Fax: (+44) 181 646 8444
Email: ajacobs@dianthus.co.uk



Why Write Now?

by Jane Mitchell

When a friendly graphic designer presented me with samples of new letterheads and business cards for my freelance medical writing business (*Medical Writing Services*), I was impressed. The improvement over my amateur efforts was obvious and finally I felt I had the right image for promoting the services I was offering clients.

This professional was good at his job and I was happy to do business with him. He was continuing to do his job well when, some months later, I discussed with him my ideas on issuing a newsletter ("Write Now") to my clients and others interested in medical writing. Small businesses do this sort of thing all the time he reassured me and, of course, he was quick to point out that he could create the sort of visual impact necessary.

Marketing works, I reminded myself, and after some quick calculations I was convinced I could not dismiss my idea on the grounds of cost. As with good business stationery, I knew a decent newsletter would help to promote *Medical Writing Services*. Many businesses and professional organisations, large and small, were sending me their newsletters, or similar, but significantly no other medical writing business was doing so. Yet, our profession was showing a serious commitment to this means of communication, judging by the way the EMWA newsletter was continuing to evolve. I could see "Write Now" would be a valid way of communicating my views and I wondered why, as a writer, I had not thought of it years ago!

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Unlike the junk mail we all discard, I realised I treated some newsletters — be they from the local garden centre or my accountant — differently, often valuing them as a source of news and views. I first had to decide on how I could achieve this with my newsletter. With the EMWA newsletter emerging as a substantial journal I did not feel the need to structure the content of "Write Now" solely with membership of our association in mind. I started to compile my mailing list and as it grew to twice the size of the EMWA membership I could see that many in my intended audience were unlikely to receive an EMWA newsletter. These additional readers would be my clients and their associates, and other writers who had not (yet!) joined EMWA. I wanted a style for "Write Now" that would appeal to my broad audience. It would have to compete successfully for attention with the impressive

Why Write Now?

glossy material generated by many larger companies. "Write Now" needed to be short and it needed to be helpful. It also needed to give views other than my own. One enjoyable aspect of work as an independent medical writer is the opportunity to communicate with others from a variety of different organisations, and to benefit from their knowledge and experience. I felt I could add something of value to my newsletter if I could offer space for others to contribute. Finally I needed to create some humour. Inspiration for a regular cartoon was not difficult to find. Over the years many ridiculous situations have arisen and, with just a little exaggeration, could be captured to give some amusement to my readers.

It is now some 18 months since I produced the first issue of "Write Now", and I am pleased with the investment of my time and money. Compared with the sums of money I spend on equipment, training and other essentials in running a business the cost is not great. Thanks to your feedback, the rewards I enjoy are primarily improved communications with those who have an interest in our profession. Additionally, I have established a broader client base with a greater amount and variety of projects for myself and my associates. My invited writers for the guest feature "Write Opinion" have added much quality to my newsletter and given many of you a greatly appreciated fresh viewpoint to consider. When I decided to go ahead with "Write Now" my hope was that it would be read and would be of benefit to others with similar professional interests. My hope now is that, along with the numerous newsletters from non-writers in my regular mail, in the future I will receive newsletters from other businesses and individuals who have chosen communication as their profession.

Jane Mitchell
Medical Writing Services
Shaw House
Upper Hulme, Leek
Staffordshire ST13 8UQ
UK
JaneMitchell@compuserve.com
Tel/Fax: (+44) 1298 26480

If you do not already receive "Write Now" and would like to be included on the mailing list, please send your details to Jane Mitchell by e-mail or fax.





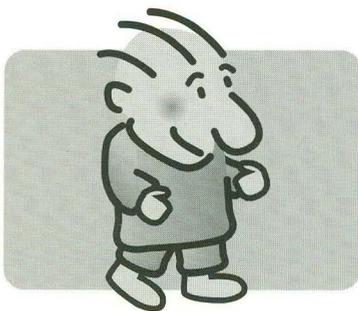
your

DIABETES WEB WORLD

Living well with diabetes

Your Diabetes Web World helps you live life - and live it well - with type 1 diabetes. Come on in - and let our entertaining, interactive site guide you to better diabetes care. From Novo Nordisk.

Fast Facts



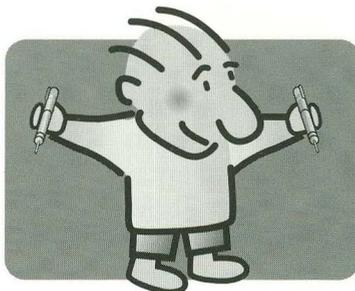
Browse Fast Facts and get a quick overview of 15 important diabetes-related topics starting with the basics through to how you can live a flexible life with diabetes.

Real Life Stories



Learn from other people's experiences living with diabetes. Real Life Stories is a collection of over 100 stories that touch everyday situations and emotional issues of life with diabetes.

Diabetes Encyclopedia



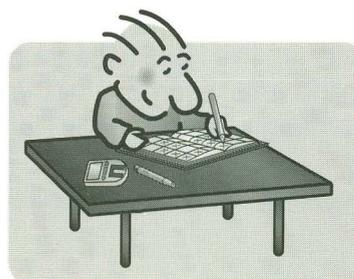
Search the Diabetes Encyclopedia to find detailed information about diabetes-related issues.

Diabetes Quiz



Challenge your understanding of living with diabetes by attempting the Diabetes Quiz. Try your best - you may end up on the top 20 scores hit list!

Personal Diary



Download and install Personal Diary. Use it as your electronic logbook to keep track of your daily blood sugar readings, the insulin type and the dosage you used.





In the Bookstores . . . Communication for Techies

by Karen Shashok

Nancy L. Hoft. International technical communication. How to export information about high technology. New York, Chichester, Brisbane, Toronto, Singapore: John Wiley & Sons, 1995. ISBN 0 471 03743 5

How many of you have been struck by the lack of communication between scientific-technical-medical translators and editors, professionals in applied linguistics and English for Special Purposes (ESP), and technical writers? Each of these three groups seems to have its own societies, training programs and conferences, and each seems to be working in ignorance of the theoretical and practical achievements of the other two collectives. We share the goal of optimizing communication, regardless of whether it is to take place between scientific peers or between vendors and clients. Information technologists and documentation managers, who are a bit further along on the chain of information transfer, need input from, and interaction with, those of us involved in content selection and development. Hoft's book explains how this interaction can be organized to the best advantage of any type of agency or corporation that uses language services. The author is a freelance provider of technical communications services in the USA.

What makes the book interesting for members of EMWA is its emphasis on matters that have a direct bearing on the relationship between language service providers and their clients. The main purposes of the book are to show

1) how to identify material that can be re-used without change across products, cultures and documents (and therefore need be translated, edited or localized only once), and 2) how information and documentation managers can liaise with language service providers (whether in-house or freelance) to improve consistency and shorten turn-around time. Members who are in a position to advise clients on middle- and long-term strategies for product documentation management will find the book especially rewarding.

In addition to these three topics, the book covers a very wide range of related issues in international scientific and technical communication. As a translator and editorial consultant who works mainly with authors, I found the material on cross-cultural sensitivity in the use of language and graphics gratifying. Colleagues interested in information management will appreciate the suggestions on how to make product documentation "world-ready" and possibly save their company or client money on

How many of you have been struck by the lack of communication between scientific-technical-medical translators and editors, professionals in applied linguistics, and technical writers?

translation, editing and localization. The overall theme is that quality in communication has long-term benefits for the profession *and* for the client. (More favorable perception of the product — if its documentation is accurate, easy to follow, and suitably localized — will hopefully lead to increased sales.)

Although most of the examples are drawn from the software industry, many of the recommendations can be applied to the medical and pharmaceutical industries. So, probably, can some of the major problems identified in relation with translation, editing, localization and documentation. For example, in the chapter on management issues (p.34), Hoft notes with disappointment that at an informal poll at a conference, most participants indicated that they would willingly sacrifice quality if the extra time needed would mean missing a product launch deadline.

My only complaint about the book is that many of the end-of-chapter references are to unpublished materials such as handouts distributed at conferences. The addresses of the authors cited are not given, so presumably one would have to request a copy of the material (or the author's address) from Hoft herself. This no doubt reflects Hoft's intention to include the most recent material available.

Colleagues who have trained in the USA as technical writers are probably already familiar with this book. However, for those of us who entered the profession with a background in medicine or pharmaceuticals, translating, linguistics or ESP, Hoft provides a rigorous and fascinating view of clients' needs and goals, and balances them nicely against the writer's, translator's, editor's and localizer's motivation to provide the best quality possible.

Note: Since the book was published, the author has moved. She can now be reached at nhoft@world-ready.com Further information, including a list of publications and some of her recent conference handouts, are available at www.world-ready.com

WANTED: Medical Writers

Ocular Surgery News seeks freelance writers in Europe, Asia and Latin America to interview French-, German-, Spanish-, Portuguese- and Japanese-speaking physicians and write brief news articles in English. Article length between 500 and 1,500 words. Payment based on length assigned. Excellent English writing skills required. Willingness to travel to medical meetings (expenses paid) a plus. Knowledge of eye care is desirable.

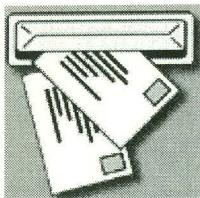
Contact: The Editor, Ocular Surgery News, 6900 Grove Rd., Thorofare, NJ 08086-9447 U.S.A.

Tel.: +(001) 856-848-1000, ext 314

Fax: +(001) 856-853-5991

E-mail: osn@slackinc.com

Web: www.ocularsurgerynews.com



Vital Signs: Correspondence from our readers

The following are a representative selection of the comments received from the recent EMWA Questionnaire, where I asked for comments on TWS as well as what kinds of articles people would like to see. Responses from the editor are included in Italics. We start off with the responses (number of responses for each topic out of a total of 93) as to what subjects people would like to see articles about in TWS:

Drug regulatory Affairs:	63
Clinical Research:	63
General Medical:	55
Humour:	45
Freelancing Issues:	40
Human Interest	36

And now for the comments:

Why don't you get a decent font with serifs?

I like arial!

Sponsor a survey on medical writing career progress, including salary scales, benefits, working conditions, job titles/definitions, etc. This kind of information is important for establishing/advancing the career path in Europe.

At last EMWA has a respectable publication! I'd like to see articles on how other companies organize medical writing or ethical issues for medical writers.

Good ideas, check out the "Coming next issue page".

Ideas for articles: Direct-to-Consumer developments in medical media distribution, shareholder value and the medical writer/editor, how to sell medical writing/editing capabilities to a profit-focussed management board.

I'd like to see something about Medical Writing by non-scientists: can an arts background provide added value?

Very interesting idea for an article, we did have something from an ethicist in Vol 7; no. 3 (1988). Do you know anyone? I'm not sure about added value but a different viewpoint, certainly.

What an improvement (Keep going!).

Shorter articles.

I try to keep the articles short, but I'm afraid of getting too superficial if they get any shorter. Don't we get enough "sound bites" in the news as it is?

Would be nice to have reviews/summaries of meetings that EMWA members attend (useful if you can't attend yourself to get a flavour of what was discussed). It would be nice to have general industry news eg. new guidelines issued, company mergers, etc.

Volunteers out there???

I feel that "The Write Stuff" could be improved by allowing the publication of articles which do not fall strictly within the scope of medical writing but which would still be of interest to the readership. These might include reviews of specific therapeutic areas, meeting reports, news items relating to the global healthcare industry as well as general articles on developments in clinical research and regulatory affairs.

What about a competition or award for an essay on a given topic once per year?

This is a very interesting idea, maybe with a year's free membership as the prize? I'll see what the EC thinks.

Let those who cast the stones write the articles. I really appreciate all the work that is being done, and feel guilty that I don't have the time to be a more proactive member of EMWA. All the contributors are doing an excellent job and I admire you all.

We do our best.

The page with "Meetings of interest" is sometimes out of date as the Journal arrives late. It's a pity as I find this agenda of activities quite interesting.

I know, I'm still coming to terms with how long it takes us to get printed and distributed. This should have gotten faster with experience but it's still slow. I think I'm finally learning what our lag time for meetings is.



Drug Information Association

October 7-8, 1999

Alexander Hotel, DUBLIN,
Ireland

SURVIVAL SKILLS FOR MEDICAL WRITERS INTERNATIONAL WORKSHOP FOR MEDICAL WRITERS

PROGRAMME CO-CHAIRPERSONS

Betty R. Kuhnert, Ph.D - Wyeth-Ayerst Research, USA
Susanne Wedderkopp, MSc (Pharm) - Novo Nordisk A/S, Denmark

OBJECTIVES

The DIA has decided to hold one Medical Writing Workshop each year, alternating between Europe and North America. The speakers for this year's workshop have been drawn from both sides of the Atlantic to present and discuss practical issues that face medical writers at both entry level, and the management and development of medical writing teams.

Every pharmaceutical company has to produce scientific reports and summary documents for regulatory agencies. Some companies have writers who perform this task, others have pre-clinical or clinical scientists, statisticians, regulatory affairs staff or contract research groups who prepare documents. Though many companies have very structured and efficient review processes, there are others in which it may take longer to prepare a document than it did to perform the original study. In the changing world of the pharmaceutical industry, each company needs to develop the most efficient procedures and processes for preparation and review of high quality documents.

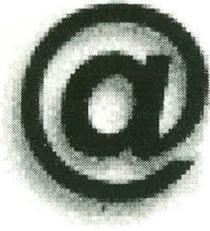
In this Workshop, medical writers and agency reviewers will address issues relating to preparing documents in today's environment of global drug development and technical advances. Sessions will cover the important task of identifying what reviewers really want to see, the management of the writing task, including the importance of training medical writers, and will help medical writers identify possible areas for increased efficiency, including those resulting from better internal relationships.

Individual presentations will include many aspects of document preparation and review. Ample opportunity will be provided for attendees to interact informally with speakers and other attendees with similar interests.

WHO SHOULD ATTEND?

Medical Writers, and those with a keen interest in the application of medical writing to drug development, from the pharmaceutical industry and contract research organisations, academia and regulatory bodies. The material to be covered in this year's workshop is relevant to both managers and members of writing teams, providing strategic insight into the development of better writing teams and practical tips for application to every day writing tasks.

For further information, or more details, please contact:
Drug Information Association - European Office, Postfach, 4012 BASEL - Switzerland
Tel.: +41 61 386 93 93 * Fax: +41 61 386 93 90 E-Mail: diaeurope@stepnet.de



From the Literature ... Networking: Websites of Interest

by Julia Forjanic-Klapproth

Ever sat and wondered what other medical writers out there are doing? Ever had a question about something you were writing and couldn't find the answer? Looking for a job? To save you the trouble of wading through the plethora of information abounding in the web, every once in while we'll be bringing you a few morsels to savour. And if you should stumble across a useful or intriguing site that you think other Medical Writers might enjoy, please send the name of the site to julia.forjanic-klapproth@hmag.com. This issue's picks should help make the net work for you.

<http://www.cma.ca/publications/mwc/>

- A Medical Writing center put out by the Canadian Medical Association. Guideline and advice for writing articles for publication as well as several interesting ethical issues and guidelines, including the Nuremberg Code.

<http://www.sciencekomm.at>

- As they put it, "A medical & life science links directory dedicated to research communication". A great starting point to find journal, publisher and advice/resource pages.

<http://www.niva.com/writblok/index.htm>

- The Writer's Block page. A wonderful spot that brings together writers and editors to explore the facets of all types of writing. A great place for medical writers to join in and add their perspective.

<http://members.aol.com/healthwrtr/index.htm>

- Created by an American freelance health journalist, this page will give you insight into working as a healthwriter in the US.

These next sites are dedicated to English grammar, with answers to common problems and links to other interesting grammar resources.

<http://www.ossweb.com/m8.html>

- To quote the site, "Great documents & Web sites that have great grammar & style!" or "Spelling & grammar problems? Read on!"

<http://www.grammarnow.com/>

- Got a grammar question? This is a free site dedicated to answering any grammar, composition, research or formatting question you might have. Give it a try!

<http://www.wsu.edu/~brians/errors/errors.html>

- This is a funny site with lists of common errors in English as well as things often thought wrong, but that are really right! Each word/phrase has a witty little explanation of the true and proper usage . . . great for non-native and native speakers alike.

<http://webster.commnet.edu/hp/pages/darling/original.htm>

- This "Guide to Grammar and Writing" has basic definitions and explanations of grammatical issues from the sentence level through to the essay level, plus guidance of writing "forms of communication".

And, in the spirit of our International Issue, here are a few sites from writers everywhere:

<http://www.amwa.org/index.html>

- The AMWA home site. Everything you would expect, including a job site! Check out their local chapter sites as well, for example . . .

<http://www.cma.ca/mwc/amwa-canada/become.htm>

- A page from the Canadian chapter of AMWA, "Becoming a (better) medical writer or editor". They are trying to put together a page of "collected wisdoms" written by and for professional medical writers. As they put it, "here's your opportunity to share your expertise and your experience, good or bad, and hone your skills by writing for a nonthreatening audience of colleagues, many of whom are looking for any advice or help at all."

<http://home.worldonline.nl/~sense/index.htm>

- The Society of English-Native-Speaking Editors (SENSE). Straight from Holland, it's another great link page.

<http://www.peg.apc.org/~toconnor/>

- Word for Word. A funky little page from down under with some more links to "things linguistic and literary" and an exploration of the origin of unusual words and phrases.

Julia Forjanic-Klapproth
Hoechst Marion Roussel
Bldg. H-840
D-65926 Frankfurt am Main, Germany
Julia.forjanic-klapproth@hmrag.com
Tel: (49) 69 305 3834 Fax: (49) 69 305 80070

"Most of my clients have come to me through my advertisement on the EMWA website."

Lynne Griffiths, EMWA Freelancer

What about you, are you missing out?

Visit the EMWA website today for pricing information and complete details on how to advertise your freelance business, and then get ready for all those clients!

<http://www.emwa.org/>

Meetings of Interest

by Sarah Heritage

The following list is presented as a service to EMWA members and is not meant to be complete. EMWA does not endorse these meetings in any way. Those having the [EMWA] symbol include presentations from EMWA members. If you would like to have something listed here to share with other members, please contact Sarah Heritage, Sanofi, One Onslow Street, Guildford, Surrey, GU1 4YS, UK. Tel: (+44) 1483 554 296; Fax: (+44) 1483 554 826

Date	Meeting/Sponsor	Location
Sept 24	How to Write an Expert Report Rostrum Personal Development Mildmay House, St Edwards Court, London Rd, Romford, Essex, RM7 9QD, UK Tel: (+44) 1708 776 016 or (+44) 1708 735 000	London, UK
Oct 7-8 [EMWA]	Medical/Technical Writing and Ass. Technologies Drug Information Association Postfach 4012 Basel, Switzerland Tel: (+41) 61 386 9393; Fax: (+41) 61 386 9390; diaeurope@stepnet.de	Dublin, Ireland
Oct 13-15	Statistical Thinking for Clinical Trials Parexel S-Cubed The Straddle, Victoria Quays, Sheffield, S2 5SY, UK Tel: (+44) 114 225 1000; Fax: (+44) 114 225 1001	London, UK
Nov 9-11 EMWA	Successful Medical Writing FORUM Institut für Management GmbH Postfach 10 50 60 D-69040 Heidelberg, Germany Tel: (+49) 6221 500 502	Mannheim, Germany
Nov 10 [EMWA]	Integrierte Studienberichte nach ICH (German language) Kendle Munich Stefan-Georg-Ring 6, D-81929 München, Germany Tel: (+49) 89 993913 0; Fax: (+49) 89 993913 160; info.muc@kendle.com	Munich, Germany
Nov 10-11	Understanding Pharmacokinetics: An Introduction Rostrum Personal Development Mildmay House, St Edwards Court, London Rd, Romford, Essex, RM7 9QD, UK Tel: (+44) 1708 776 016 or (+44) 1708 735 000	London, UK
Nov 23-24	Medical Statistics for Non-statisticians Rostrum Personal Development Mildmay House, St Edwards Court, London Rd, Romford, Essex, RM7 9QD, UK Tel: (+44) 1708 776 016 or (+44) 1708 735 000	London, UK
Nov 24-26	Pharmacokinetics in Drug Development TPI Ltd., 32 Station Approach, West Byfleet, Surrey, KT14 6NF, UK Tel: (+44) 1932 351 733	London, UK

Coming next issue . . . (Autumn 99)

Pricing Strategies for Freelance Medical Writers

Laurie Lewis

All freelancers worry about pricing, but those just starting out find it a particularly daunting prospect. Here's some advice from a New York freelance writer and editor who is also the author of a soon-to-be-published book on the subject. This one ought to generate some interesting correspondence!

Can Europe Become One?

Katherine Gladstone

Given the recent warfare and judging by the fantastic success of the Euro (how many of those have you seen around, eh?), real European unity seems as distant a goal as ever. This would appear to be as true for the pharmaceutical industry as it is for politics and economics, but is it? Find out about the current status of European attempts to cut through the Gordian Knot of differential pricing in getting to a truly single market for pharmaceuticals in Europe.

In the Bookstores

Karen Shashok

Peer Review in Health Sciences, edited by Fiona Godlee and Tom Jefferson, and featuring a chapter by EMWA's own and TWS columnist Liz Wager, is reviewed by our resident bibliophile.

The Ethics of Medical Writing

Debbie Landry

David Sharp seems to think that we have no ethics. But whether the issues are plagiarism and "gift authorship" in the journals, industry ghosts writing for clinical experts and investigators, or whether freelance writers should be mentioned on academic publications, ethics is a topic which touches us all.

We will also have our regular features (The Editor's Red Pencil, Message from the President, Meetings of Interest, From the Literature, The Lighter Side, Vital signs, etc.). Until then.

And finally, should anyone fancy a trip down under . . .

The 1999 Annual Conference of the Australian Medical Writers Association

will be held in Sydney, Australia on 8-9 October. For programme and registration information, visit the website

<http://www.midcoast.com.au/~amwa/amwa.html>

or contact Amanda Caswell at amanda.caswell@mims.com.au

or Peter Hobbins at phobbins@cyberone.com.au

EMWA Executive Committee

President:

Geoff Hall
58 Church Road, Worcester Park, Surrey, KT4 7RW, UK
Tel: (+44) 181 715 1368 Fax: (+44) 181 715 1369
medwritehall@worldscope.co.uk

Vice-President & Programme Manager:

Keith Veitch
R&D Management (B.60/H315)
SmithKline Beecham Biologicals
Rue de L'Institut 89
B-1330 Rixensart, Belgium
Tel: (+32) 2 656 9632
Fax: (+32) 2 656 8113
veitch@sbbio.be or
keithveitch@compuserve.com

Treasurer:

Barbara Grossman
Covance
7 Roxborough Way
Maidenhead
Berks, SL6 3UD, UK
Tel: (+44) 1628 548 182
Fax: (+44) 1628 547 333
barbara.grossman@covance.com

Membership Officer:

Julia Forjanic-Klapproth
Hoechst Marion Roussel
Clinical Development
Bldg. H840
D-65926 Frankfurt, Germany
Tel: (+49) 69 305 82982
Fax: (+49) 69 305 80070
julia.forjanic-klapproth@hmrug.com

Immediate Past President:

Gerold Wilson
Schering AG
Berlin, Germany
Tel: (+49) 30 468 15287
Fax: (+49) 30 468 14768
gerold.wilson@schering.DE

Public Relations:

Jane Stock
97 Ashen Grove
Wimbledon Park
London SW19 8BJ, UK
Tel: (+44) 181 241 1243
Fax: (+44) 181 241 0456
jane.stock@dial.pipex.com

Website Manager:

Marian Hodges
6 Highfields
Ashted
Surrey, KT21 2NL, UK
Tel: (+44) 1372 275 053
marian@molesoft.demon.co.uk

Education Officer:

Julia Cooper
Parexel International Ltd
River Court, 50 Oxford Road
Uxbridge
Middlesex, UB9 4DL, UK
Tel: (+44) 1895 864 403
Fax: (+44) 1895 864 323
julia.cooper@parexel.co.uk

Journal Editor:

Barry Drees
Hoechst Marion Roussel
Clinical Development, Bldg. H840
D-65926 Frankfurt, Germany
Tel: (+49) 69 305 3834
Fax: (+49) 69 305 80070
barry.drees@hmrug.com

EMWA Secretariat

Phillipa Clow, 10 Batchworth Lane, Northwood, Middlesex, HA6 3AT, UK
Tel: (+44) 1923 842 503 Fax: (+44) 1923 835 077
emwa@dial.pipex.com