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The issues of authorship and conflict of interest in medical research continue to generate controversy, and medical writers have been caught in the crossfire. The role of medical writers in developing research publications recently received heightened attention with the publication of several articles in the medical literature and resultant coverage in the lay press. Unfortunately, many of these articles did not distinguish between “ghostwriting”—the failure to disclose the contribution made by a medical writer—and the assistance provided by medical writers to legitimate authors.

Medical writing assistance is an important contribution to scientific research, and AMWA strives to achieve transparency by advocating for acknowledgment of a medical writer, as stated in the AMWA Position Statement on the Contribution of Medical Writers to Scientific Publications. Toward that end, AMWA avoids using the “g word” for medical writing assistance and encourages its members to refrain from its use.

The recent controversy emerged after the publication of 2 articles and an accompanying editorial in JAMA. In the editorial, JAMA editors DeAngelis and Fontanarosa propose several steps to address the issue. Among their suggestions is the following:

“...All individuals who were involved with the manuscript or study but who do not qualify for authorship (such as those who provided writing assistance) must be named in the acknowledgment section of the article, with reporting of their specific affiliations and contributions and whether they were compensated for those contributions.”

The comments by DeAngelis and Fontanarosa actually represent a major advance in the recognition of the value of medical writers. When the issue of medical writing assistance has been in the crosshairs in the past, the value of the medical writer has been overlooked; rather, the unacknowledged use of a medical writer has been seen to undermine the integrity of manuscripts and the acknowledged use of a medical writer has not been considered. In fact, in 2005, the editor of the Clinical Journal of Oncology Nursing (CJON) wrote an editorial in which she announced that, in an attempt to stop the “fraudulent practice of ghostwriting,” the CJON Editorial Board had made a decision to reject manuscripts that had been written by medical writers or communication companies.

To heighten awareness of the legitimacy and ethics of professional medical writers, AMWA leadership has responded to each of these publicized reports. The focus of all of AMWA’s responses has been to point out our organization’s Code of Ethics and Position Statement on the Contributions of Medical Writers to Scientific Publications. This statement notes, “Biomedical communicators who contribute substantially to the writing or editing of a manuscript should be acknowledged with their permission and with disclosure of any pertinent professional or financial relationships.” This position statement is anchored in the AMWA Code of Ethics (available at www.amwa.org).

Perhaps AMWA’s awareness campaigns have helped to exercise some ghosts. In addition to the JAMA editors, others in the scientific research field have begun to clarify the definition of “ghostwriting” and acknowledge its misinterpretation. In its draft report on Industry Funding of Medical Education, a task force of the American Association of Medical Colleges (AAMC) recently upheld the principle that “transparent writing collaboration with attribution between academic and industry investigators, medical writers, and/or technical writers is not ghostwriting.” In addition, the distinction between ghost authorship and ghostwriting was made in a recent Nature Medicine editorial:

“There are two types of ghostwriting: writing a paper for which you receive no author credit (but for which you are probably paid) and authoring a paper to which you contribute no work. The first type of ghostwriting is not illegal and is hardly unethical... The second type of ghostwriting is more troublesome.”

Because the integrity of the medical writing profession is built on the ethical practices of its members, AMWA continues to seek ways to improve members’ awareness and understanding of the ethical issues inherent in their work. The AMWA Executive Committee (EC) has urged workshop leaders to incorporate ethics into the content of their workshops. The EC has also determined that every annual conference should have at least 1 special session devoted to ethics. Other educational initiatives are being explored, such as making an ethics workshop mandatory for earning an AMWA core certificate. AMWA also offers a wealth of resources on publication ethics in the “About AMWA” area of the AMWA Web site with links to guidelines and statements established by several other organizations, and a
template letter for requesting appropriate acknowledgment.

The AMWA Journal will continue to help educate members about conflict of interest, appropriate acknowledgment, and the principles of authorship. In this issue, Tom Lang provides an excellent description of the distinction between “authorship” and “medical writing assistance” in “What Do You Think Constitutes Authorship?” (see page 65). We also have included information on a “contributorship model” of disclosure for manuscripts submitted to biomedical journals that is being endorsed by the International Society for Medical Publication Professionals, as well as a profile of that organization (see pages 70 and 81). In addition, we bring to you the perspective of one AMWA member who presented the poster, “The Dangers of Polarization in Publications” at AMWAs 2007 conference (see page 68).

They say that every cloud has its silver lining. We believe that this recent storm cloud had 2 silver linings. First, the controversy unified our membership and highlighted our members’ dedication to the profession. No other topic in the history of the AMWA list-serves has generated such a deluge of comments, with more than 1,500 postings. Not only did AMWA members engage in a passionate debate about their roles as communicators and express their commitment to the profession, but many wrote letters to local newspapers that carried coverage of the JAMA articles. Others volunteered to help AMWA advance its message on larger scales.

The second silver lining was the “teachable moment” the controversy provided. AMWA capitalized on the moment with its swift responses to JAMA, The New York Times, and The Chronicle of Higher Education. (The latter 2 letters were published.11,12) These letters enabled AMWA not only to distinguish between “ghostwriting” and legitimate medical writing assistance but also to draw positive attention to our organization and the profession of medical communication. The issue of medical writing assistance will be clarified only through the continued initiatives of ethical medical communicators to educate the scientific community and public at large. For example, clear descriptions of the valuable services a medical writer provides and of the appropriate process for working with a medical writer were directed toward medical fellows in Chest.13

We are proud to be members of AMWA as we work together to foster a greater understanding of the important role of medical communicators in the development of the scientific literature. Together, we can help rid the scientific literature of ghosts.

Acknowledgment

The authors thank Cindy W. Hamilton, PharmD, ELS, for her thoughtful review and critique of our manuscript.

References


MEDICAL WRITING ASSISTANCE IN THE NEWS


Psaty BM, Kronmal RA. Reporting mortality findings in trials of rofecoxib for Alzheimer disease or cognitive impairment: a case study based on documents from rofecoxib litigation. JAMA. 2008;299:1813-1817.


The JAMA articles were surrounded by media attention in the lay press, including the following:


Are you ready for AMWA’s 68th Annual Conference in Louisville this October? Our conference program offers just what you need to hone your professional skills while exploring new avenues of growth.

Our award-winning speakers will certainly set the pace for our conference. Our Keynote Address will be delivered by Nanette K. Wenger, MD, professor of medicine (cardiology) at Emory University and chief of cardiology at Grady Memorial Hospital in Atlanta, GA. Dr. Wenger is a noted expert on cardiovascular health in women. Selected for the Alvarez Award is T. L. (Tedd) Mitchell, MD, president, medical director, and a staff physician at Cooper Clinic in Dallas, TX. In addition to serving on the President’s Council on Physical Fitness and Sports, Dr. Mitchell writes a syndicated column on health and health care for lay audiences.

Receiving the McGovern Award is Kerri Remmel, MD, PhD, associate professor and chief of vascular neurology at the University of Louisville School of Medicine. Dr. Remmel is a leader in providing stroke-related services and information to the people of Kentucky.

Special-interest sessions this year also reflect our conference theme of “setting the pace” for our professional roles. Expect intriguing panels and discussions for these topics:
- Health Promotion: Getting to the Home Stretch
- No Medical Writer Left Behind: How Do Employers Know You Can Do the Job?
- Keeping Pace: Trends in Agency Relationships for Medical Writers
- Research Institutions and Medical Breakthroughs
- Setting the Tone: Harnessing Respectful Language

Thirty-nine open sessions will span the interests of all our members, with a balance of new topics with old gems, and seasoned presenters with fresh faces. Here’s a sample of topics to pique your curiosity:
- Hot Topics and Chilling Scenarios
- High-Performance Freelancing
- Medical Writing Outside the US: Challenges and Opportunities
- Dynamics of Writer-Author-Journal Editor
- Pharmaceutical Marketing: The Old, the New, the Tried, and the True
- Beyond the AMWA Certificate: Continuing Education for Medical Writers
- How to Effectively Lead Your Team as the Medical Writer
- Communicating Health Risks
- An Introduction to Drug Safety and Pharmacovigilance Writing
- Shaping Public Policy: When Science Meets Religion, the Darkness May Deepen

AMWA workshops form the cornerstone of the annual conference, and this year’s conference features 97 workshops. Along with the many and varied offerings in the core and advanced certificate programs, AMWA is pleased to be introducing several new science workshops, including these:
- Introduction to the Cardiovascular System
- Basic Laboratory Methods in Biological Sciences
- Introduction to the Musculoskeletal System
- Introduction to Special Senses
- Evidence-based Medicine: Bringing Science to the Art of Medicine
- Introduction to Cancer Biology
These workshops are being offered for the first time as noncredit courses. One additional new science workshop, “Introduction to the Renal System,” is being offered for credit. Two popular noncredit workshops in the past, “Writing for Video” and “Writing for the Medical Device Industry,” will also be offered for credit for the first time in Louisville.

This year, breakfast roundtables will be held on Thursday and Saturday rather than on Thursday and Friday. With 36 different roundtable topics offered each day, you’re bound to find more than one that suits your tastes. Whet your appetite on these examples:

- Electronic Editing for Beginners
- Techniques for Interviewing the Newsmakers
- Top 10 Web Sites for Medical Writers
- Enrich Your Writing Career with Volunteerism
- Tips on Writing Plainly for Patients
- Can Medical Writers Narrow Health Disparities?
- Writing for an International Audience
- Hosting a Medical Communication Intern
- Maintaining a Health-Related Blog
- How to Write a Medical/Scientific Storyboard for Animation
- Writing Science for Children and Young Adults
- Advertising Careers for Medical Writers
- Better Readability by Design
- The Good “F” Word: FACILITATION for Highly Effective Meetings

Be sure to check out our poster sessions. Topics will be not only descriptive of what we do as medical writers and editors, but also reflective of research into why and how we do our jobs. Keep an eye out for abstracts of these posters in the next issue of the AMWA Journal.

Of course, we all need time to recharge our batteries at our busy conference. So drop in on the creative readings session; see how creative your colleagues (and you?) can be! And who can resist an informal klatch over coffee and dessert? Here’s a sampling of the topics that will be served with sweets:

- Indian Cuisine
- Chickens in Your Backyard
- Creative Cardmaking for the Left-Brain-Dominant Medical Writer
- Horse Heaven: Kentucky Attractions for Horse Owners and Other Horse Lovers
- Gem and Crystal Jewelry: Add Sparkle to Your Life
- Adventures in Multi-Generational Travel
- Tarot Card Reading
- Living the Creative Life
- From ABC to the WB: TV Worth Talking About
- Do You Bleed Green? Calling All Girls Scouts and Boy Scouts!

And don’t forget to take some time to explore fabulous Louisville. We’re offering 6 tours this year—2 in conjunction with the University of Louisville. With the convenient location of The Galt House, our conference venue, you can also easily visit interesting sites on your own.

Finally, keep alert for upcoming news on ideas for health promotion at this year’s annual conference, including morning walks, free screenings, and more. You’ll just have to join us in Louisville to find out the rest!

Race to the next page for more . . .
Each year, the AMWA annual conference draws many first-time attendees; last year, nearly 40% of attendees were at their first AMWA annual conference.

Attending the conference for the first time can be an exciting yet daunting experience.

Meeting an experienced AMWA member at the beginning of the conference who can answer questions about the conference and make introductions to other attendees can help ensure that first-time attendees have a positive and dynamic introduction to AMWA’s flagship event. AMWA’s Conference Coach Connection is designed to connect first-time attendees with experienced AMWA members.

Being a conference coach is easy. To sign up, just check the box on the conference registration form indicating that you would like to be a conference coach. Approximately a month before the conference, you will be sent the names and e-mail addresses of 2 first-time attendees assigned to you. You can then send them an e-mail note introducing yourself and telling them you will meet them at the Conference Coach Connection at the annual conference. The Conference Coach Connection, to be held 5:15 PM to 6:00 PM, Wednesday, October 22, is your opportunity to meet your first-time attendees, answer their questions, and introduce them to other conference attendees. There is no other obligation beyond attending the Conference Coach Connection.

Help first-time attendees have a positive experience in Louisville by becoming a conference coach!
RPS has created the industry’s first Pharmaceutical Resource Organization (PRO) to provide business process outsourcing solutions for clinical drug development. Pharmaceutical, Biotechnology and Medical Device companies that partner with RPS have experienced:

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Abstract
Almost every person who enters the US health care system as a patient will have some portion of his or her medical care delivered by a pathologist. The practice of pathology encompasses 2 general categories: anatomic and clinical pathology. Pathologists are directly involved in the performance of tests in anatomic pathology and usually oversee testing within clinical pathology. The practice of anatomic pathology includes surgical pathology, cytopathology, and autopsy. The practice of clinical pathology comprises such diverse categories as clinical chemistry, medical microbiology, transfusion medicine, analysis of body fluids, therapeutic drug monitoring, coagulation, toxicology, immunology, and hematology. The daily routine of the pathologist varies widely in different practice settings, which vary from small community hospitals, to large metropolitan centers, to academic institutions and specialized reference laboratories.

Whatever the health care setting, both anatomic and clinical pathology involve a variety of activities that promote the production of timely, accurate, and relevant laboratory results. As with most “maintenance” that permits our lives to run more smoothly, these activities occur in the background of daily operations and are often inconspicuous. Some ways in which pathologists contribute to patient care include diagnosis and evaluation of tissue samples; monitoring the overall quality of results reported by the laboratory; ensuring appropriate procedures for specimen management; maintaining effective internal and external communication; and providing education.

The manner in which both clinical and anatomic pathology is practiced is changing and will eventually be transformed by advances in molecular diagnostics. As medicine itself changes from the traditional “reactive” mode to prospective, personalized medicine, the daily routine of the pathologist will change, but pathologists will remain fundamental to the health care team in their role as laboratory consultants.

The word “pathologist” may evoke images of a blood-spattered television hero wearing gloves and mask, performing a postmortem examination. Another common media depiction of a pathologist is that of the practitioner peering through a microscope at hairs recovered from a crime scene. Although pathologists do carry out the tasks in these situations, the everyday practice of most pathologists is quite different. Many people have only a vague awareness of what a pathologist does. The reason for this murky view is that pathologists usually work behind the scenes, providing essential services that may go unnoticed. What are these important but hidden services and who is this invisible pathologist?

A pathologist is a physician who, after earning a medical degree, has completed a residency in pathology; some also obtain additional training in fellowships. The physician who enters the field of pathology undergoes highly specialized training in 2 broad subdivisions, anatomic pathology and clinical pathology (Table 1); each division has its own board-certification examination. Currently there are about 13,000 to 14,000 board-certified pathologists in the United States.

Almost every person who enters the US health care system as a patient will have some portion of his or her medical care delivered by a pathologist.

**Broad Divisions of Pathology**
The practice of pathology encompasses 2 general categories: anatomic and clinical pathology. Pathologists are directly involved in the performance of tests in anatomic pathology and usually oversee testing within clinical pathology.

The size of the hospital or health care facility usually determines the span of a pathologist’s involvement in testing. At a small community hospital, a pathologist may perform all of the surgical pathology examinations and autopsies and oversee all of the clinical pathology activities. Such a broad scope requires a generalized approach to testing, and specimens for more specialized tests can be sent to larger laboratories, including private reference laboratories, academic institutions, state laboratories, the Centers for Disease Control and Prevention (CDC), and others. In larger medical centers, pathologists may subspecialize in one or a few categories of anatomic and/or clinical pathology.
large reference laboratories and hospitals, PhD specialists may run or oversee clinical pathology areas, and pathologists often serve as medical directors of the laboratory as a whole. In all cases, pathologists work with a wide variety of other "laboratorians"—a term commonly used in pathology and laboratory publications to describe the laboratory staff, which includes those ranging from assistants with basic training to highly educated and specialized members.

**Anatomic Pathology**

The practice of anatomic pathology includes surgical pathology, cytopathology, and autopsy. Surgical pathology and cytopathology tend to receive much less attention from the public than does autopsy pathology. This relative anonymity is curious in view of the major role that surgical pathologists and cytopathologists play in providing health care.

**Surgical pathology**

Surgical pathology deals with the examination of tissue and organs removed from the living body (by biopsy or surgery), in order to diagnose, rule out, or evaluate disease or to provide some form of documentation. Multiple further branches of surgical pathology correspond with different organ systems and anatomic locations of the body, such as gastrointestinal, genitourinary, breast, and respiratory areas, to name a few. Although some pathologists perform bone marrow biopsies and needle aspirations of superficial lesions, most of the material examined in the pathology laboratory is removed by other practitioners.

Tissue and organ specimens are evaluated by both gross and microscopic examination, which will be described in more detail in Part II of this series. The time and effort needed for the interpretation of gross and microscopic findings depend on a number of different factors, including the size and/or complexity of the specimen, the nature of the pathologic process, and the specific types of information that the pathologist must determine and convey.

**Cytopathology**

The field of cytopathology is closely related to surgical pathology and, because of this, is sometimes considered to be a part of surgical pathology. Cytopathology concerns examination of very thin layers of cells. Specimens may be removed either by scraping superficial surfaces (as in Pap smears) or by aspiration with a needle. Needle aspiration can be performed on superficial lesions (such as cysts or nodules of the breast or thyroid gland) using palpation as a guide. Aspiration of deeper lesions (such as masses in the liver) require visualization by imaging techniques. Cytopathology specimens may offer a pathologist a definitive diagnosis or, as often occurs, may be used for a preliminary diagnosis and later correlated with larger tissue samples when available.

**Autopsy**

An autopsy deals with postmortem examination. Much of the public’s perception of autopsy relates to forensic pathology, that is, medicolegal examination, performed in the investigation of disease, injury, or death. Many postmortem examinations, however, are performed for medical reasons alone in the event of natural death, in order to determine the cause of death or the extent of disease, or to document changes associated with disease.

All pathologists are trained to perform autopsies. Forensic pathologists are specially trained in matters relating to medicolegal investigations such as determining the significance of biologic and physical evidence, the correlation of wound patterns, and the identification of persons. Forensic pathologists may be involved in the examination of living persons, as well as the deceased, and render services related to public health and safety in addition to those popularized by the media in the criminal justice system.

**Clinical Pathology**

The practice of clinical pathology comprises such diverse categories as clinical chemistry, medical microbiology, transfusion medicine, analysis of body fluids, therapeutic drug monitoring, coagulation, toxicology, immunology, and

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**Table 1. Subdivisions of Pathology**

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<thead>
<tr>
<th>Anatomic Pathology</th>
<th>Clinical Pathology</th>
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<tbody>
<tr>
<td>Surgical Pathology</td>
<td>Autopsy</td>
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<tr>
<td>Gastrointestinal, liver, pancreas</td>
<td>Nonforensic</td>
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<tr>
<td>Genitourinary, reproductive</td>
<td>Forensic</td>
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<tr>
<td>Breast</td>
<td>Medical microbiology</td>
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<tr>
<td>Respiratory</td>
<td>Transfusion medicine</td>
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<td>Cardiovascular</td>
<td>Body fluid analysis</td>
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<td>Head and neck</td>
<td>Therapeutic drug monitoring</td>
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<td>Endocrine</td>
<td>Coagulation</td>
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<tr>
<td>Musculoskeletal</td>
<td>Toxicology</td>
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<tr>
<td>Soft tissue</td>
<td>Immunology</td>
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<tr>
<td>Skin</td>
<td>Hematology: blood, bone marrow</td>
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<tr>
<td>Nervous system</td>
<td>Molecular pathology</td>
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<tr>
<td>Lymph nodes, spleen</td>
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3 Forensic pathologists may be involved in the examination of living persons, as well as the deceased, and render services related to public health and safety in addition to those popularized by the media in the criminal justice system.
hematology, each with further subdivisions. Laboratory procedures such as blood counts, chemistry profiles, urinalyses, cultures, and blood typing are performed by technologists who have special training in obtaining, preparing, and testing biologic samples. Their expertise also includes running, maintaining, and troubleshooting complex instrumentation. Pathologists generally oversee the clinical laboratory to help maintain standards of quality and consistency. Some specific examples of the pathologist’s role in the clinical laboratory are described in the next section.

Splitting anatomic and clinical pathology produces somewhat artificial divisions. Hematology, the analysis of blood and bone marrow, provides a good example of the merging of anatomic and clinical pathways, because it is often tied to the study of lymph nodes and spleen, which falls into the category of surgical pathology. Distinctions between all the categories blur as knowledge in the realm of molecular biology increases. Molecular diagnostics now reveal valuable insights into pathologic processes at the gene level. At present, these techniques complement microscopic, biochemical, chromosomal, and immunologic studies and are particularly helpful in diagnosing and understanding malignant diseases.

The Daily Practice of Pathology

Both anatomic and clinical pathology involve a variety of activities that promote the production of timely, accurate, and relevant laboratory results. As with most “maintenance” that permits our lives to run more smoothly, these activities occur in the background of daily operations and are often inconspicuous. The diagnosis and evaluation of tissue samples will be described in Part II of this article. Following are examples of how pathologists contribute daily to patient care in other ways, such as monitoring the overall quality of results obtained and reported by the laboratory; ensuring appropriate procedures for the collection, handling, and processing of specimens; maintaining effective internal and external communication; and providing education.

Monitoring Overall Quality of Laboratory Results

To ensure the overall quality of results, pathologists may provide a general review of clinical laboratory results, including critical (unexpected or far outside of normal) values; re-examination of peripheral blood smears reviewed by technologists; review of microbiologic culture and smear results; and transfusion service consultation. In both anatomic and clinical pathology, pathologists are involved in the inspection and revision of laboratory procedure manuals, supervision of the initiation of new tests, and review of laboratory performance on interlaboratory comparison programs. Pathologists (as well as technologists) also serve as inspectors of other laboratories to help ensure appropriate standards of care.

Ensuring Appropriate Specimen-Related Procedures

Pathologists also help to improve the long chain of events that leads to the delivery of appropriate laboratory results. Multiple factors affect laboratory testing and reporting, beginning with events outside the laboratory. The management of patient specimens, including the timing and manner of collection, labeling, appropriateness of collection container (and preservative, if any), and promptness in delivery to the laboratory, are vital to the eventual generation of accurate laboratory results in both anatomic and clinical pathology.

One example of the importance of timing of the collection of a specimen involves the determination of drug concentrations. In order to know how to adjust a patient’s medication, a physician may want to know how much of the drug is in the patient’s bloodstream. For the most accurate results, blood must be drawn after a steady state has been reached between the amount of drug taken in and the amount excreted. In addition, if the range of fluctuation between the highest and lowest blood levels is needed, blood must be drawn from the patient at a specified time in relation to the last dose the patient received. If blood is not drawn at the appropriate time, the drug concentration result will not reflect how the drug is being handled by the body, regardless of the accuracy of assaying and reporting. A pathologist can improve the sequence of events by bringing attention to mistimed blood collection.

Pathologists also help to ensure that the specimen itself is optimal for the test requested. For example, a sample from a patient with pneumonia may be sent to the laboratory labeled as “sputum” collected from coughing, with a request for culture. A true sputum sample includes secretions from the lower respiratory tract; culture of this material can reveal the type of microorganism causing the patient’s pneumonia. Often, however, such samples received in the laboratory are merely saliva, and thus may not contain microorganisms from the lower respiratory tract. Culturing of suboptimal specimens is likely to yield suboptimal results, meaning that microorganisms may fail to grow, or if they do grow, they may not be those from the site of infection. A pathologist may improve this situation by alerting staff to the importance of collecting appropriate samples.

Maintaining Effective Communication

The management of patient specimens is only one facet of a pathologist’s communication with those outside the laboratory. Pathologists are also active in disseminating information about new test methods resulting from emerging technologies, alerting others to changes in laboratory policies, and modifying outdated laboratory ordering practices. This communication occurs through a variety of mechanisms: a case-by-case basis with the attending physician and nursing or technical staff involved; formal and informal
educational gatherings; provision of written instructions; and attendance at interdepartmental meetings where medical staff and hospital staff supervisors can be addressed. All of these methods of communicating are used to convey information that can ultimately result in improved patient care.

The communication pathway provided by pathologists is incoming as well as outgoing. Pathologists engage in daily communication with other members of the medical staff regarding laboratory test results and interpretations and act as liaisons between the medical staff and specialists at outside laboratories needed for services not performed inhouse, such as special toxicology and coagulation studies, blood collection and processing at a regional blood center, and identification of parasites or unusual bacteria at the CDC. Pathologists also serve as an important link between the laboratory and hospital administrators. This avenue of communication can be important in making necessary changes in the laboratory, such as obtaining additional space, expanding services, and positioning the laboratory for new directions in technology and medical practice.

By being available for interaction with medical, nursing, technical, and administrative hospital staff, pathologists can help convey to the laboratory the needs and concerns of all those who use the laboratory. For example, reporting formats for laboratory results need to present information in a straightforward and accessible manner. Information that is poorly or inconveniently furnished wastes the time of those who need to use the information and adds an unnecessary burden to busy medical and nursing staffs. Details such as alignment of results on a monitor screen or printout, placement of normal values for comparison, prior results, special notations, and date and time of collection must be easily decipherable. Input from outside the laboratory allows laboratory personnel to improve services, and pathologists are in a good position to receive such input.

Providing Education
Pathologists may also provide educational services to technologists and other laboratory workers through informal chats and/or formal presentations. Background medical information regarding particular diseases can be useful to laboratory workers, as can correlation of medical conditions and laboratory testing, and information regarding interpretive tests such as gram stains and blood smears. Likewise, pathologists can educate those outside the laboratory, providing insights into how to get the best use out of the laboratory.

The Future of Pathology
The manner in which both clinical and anatomic pathology is practiced is changing and will eventually be transformed by advances in molecular diagnostics. Use of the light microscope is already supplemented by other techniques that further delineate phenotypic expression of genetic alterations. Flow cytometry, for example, is a well-established tool for characterization of leukemias and lymphomas. As the field of molecular diagnostics expands, more and more direct assessment of the underlying genes is possible. Pathologists are now learning more molecular biology and how it relates to disease. Increasing reliance is being placed on techniques such as the polymerase chain reaction (PCR) and hybridization for diagnosis, monitoring, and identification in many areas including surgical pathology, microbiology, forensics, and the characterization of inherited disease.³⁴

The field of pathology will likely see much greater change, however, than the evolution of methods for determining diagnoses. Medicine itself is changing as molecular diagnostics and other forces lead away from the traditional practice of “reactive” medicine in which disease is diagnosed only after it is manifested. Although most of the substantive improvements expected remain mere predictions, traces of the reality to come are already evident. Fields such as genomics and proteomics are revealing gene defects, alterations of gene expression, and altered proteins, thus delving into the core of the disease process. At the same time, pharmacogenetics and pharmacogenomics are providing insights into how drugs work with an individual’s particular genetic makeup. Coinciding with increasing knowledge in these fields are advances in technologies such as electronics, imaging, and miniaturization. It is expected that the convergence of these expanding areas will lead to a new pattern of practicing medicine: personalized, prospective medicine, in which a healthy individual’s risk of a disease can be rapidly and economically assessed.

Although the reality of full-scale personalized, prospective medicine may be farther away than hoped, the concept draws closer each year and stimulates change in every medical subspecialty. Much of the current literature regarding future medical practice emphasizes increases in point-of-care testing, with simplified performance and rapid turnaround time. The results generated will be aimed at detecting diseases in organ systems before they occur in their earliest stage, with the aim of preventing or curing disease before it injures the body. Some researchers predict that within a decade physicians will be able to determine the risks for many common diseases.⁵

It may seem that this coming change would eliminate the need for the pathologist, whose role it is to evaluate pathologic change, but nothing could be further from the truth. Even “simple” tests will always require laboratory backup, and interpretation of test findings will always require experts; pathologists are specially trained in the implementation and interpretation of laboratory tests, and thus will fill a natural role in the molecular era.

Consider the possibility of the credit-card-sized test strip to which a drop of blood could be applied in an outpatient clinic.⁷ Results may be read by color changes that
indicate a well individual's propensity for the development of a dozen common diseases. No matter how simple such a test may sound, appropriate interpretation of results still depends on myriad factors: the integrity of the test pack, proper handling and application of the sample, verification of results by controls, correlation with other test methods, and investigation of unexpected results. The interpretation of laboratory test findings, whether present or future, can have far-reaching effects on the lives of individuals and requires circumspection. In addition, another layer of interpretive complexity is added when a disorder is not yet present but is merely a future projection. How certain is it that the disease this test indicates will occur in the future? How long will it be before the disease occurs? Will the disease occur in a form sufficiently severe to justify preventive measures now, especially if risk is associated with these measures? Pathologists are well-suited to continue their role as laboratory consultants as the field of medicine changes in our society. As the millennium stretches on, though, and our growing knowledge eliminates the diseases that once proliferated, the bulk of the pathologist's day may be filled not with assessing pathology, but with detecting "pre-pathology," with the goal of preventing actual pathology from occurring.

Conclusion
The present-day practice of pathology varies widely in different practice settings. The duties of a solo pathologist in a small community hospital may span a broad general spectrum of activities in anatomic and clinical pathology. Metropolitan centers may have a large staff of pathologists who subspecialize in various subdivisions of pathology. Large practices may have one or more pathologists who spend most of the time performing administrative duties. Some pathologists have large consultation practices, providing help to other pathologists on difficult cases. In teaching hospitals and academic settings, much of a pathologist's time may be dedicated to training residents and/or medical students and may include preparing lectures, writing grants, publishing articles and books, and performing research, or any combination of the above. But, whatever the health care setting, a pathologist is likely behind the scenes contributing to patient care.

References

Glossary
flow cytometry - a method for cell characterization in which a stream of suspended cells passes single-file past stationary detectors; light scatter and fluorescence signals are used for analysis. Cell properties that can be assessed with flow cytometry include size and granularity, surface markers, and cell cycle phase.

hybridization - the binding of strands of nucleic acid by complementary base pairing. Analysis involves combining short segments of single-stranded, labeled nucleic acid of known sequence (the probe) with nucleic acid strands of interest (the target).

lesion - general designation for any discrete abnormality or defect.

pharmacogenetics - the traditional study of variation in a single gene or small group of related genes suspected to affect the body's handling of a drug.

pharmacogenomics - the study of variation in the genome as a whole as it influences the body's handling of a drug.

phenotypic - the observable characteristics of an organism resulting from the underlying genotype (genetic makeup) and environmental influences.

polymerase chain reaction (PCR) - a method for amplifying DNA in order to identify or characterize extremely minute amounts. The development of PCR revolutionized DNA testing, and PCR is currently the premier method among molecular diagnostics.

proteomics - the study of all the proteins of a cell, including their structure, function, and interactions; a major goal of proteomics is the correlation of protein alterations with disease.
WHAT DO YOU THINK CONSTITUTES AUTHORSHIP?

By Tom Lang, MA
Tom Lang Communications and Training, Davis, CA

Awhile back (long enough ago that I do not remember the circumstances), I became interested in learning what AMWA members considered to be authorship. I created the questions below to test a range of options and then sent them to selected AMWA members who were experienced medical writers and editors.

Given the most recent of a long series of debates on ghost authorship, it seemed timely to publish the results of this pilot study. I invite you to compare your answers with the tallies of the original survey, which are presented at the end of the article.

THE SCENARIOS AND QUESTIONS

1. The Hip Pain Chapter. You are a freelance writer who has been asked to write a draft chapter on the causes, diagnosis, and treatment of hip pain. The client sends you 30 articles, most with sections highlighted for inclusion in the chapter. You are to prepare an outline for approval, write the first draft, and polish the final version after the client has reviewed and revised the draft.

   1a. Are you being asked to do authorship tasks?
   1b. Should you be named as an author on the submitted manuscript?

2. The Adverse Events Paper. You are a medical writer in a medical communications company. You have been asked to write a review article on the frequency and severity of a new drug’s adverse events. The pharmaceutical client is still looking for an opinion leader to be the first author of the paper but has given you a list of “talking points” to be included in the article so that you can get started. You will search the literature, select the articles to be cited, and choose the information from the articles that will appear in the draft.

   2a. Are you being asked to do authorship tasks?
   2b. Should you be named as an author on the submitted manuscript?

3. The Poster Project. You are a freelance writer who has been asked to prepare a scientific poster from the abstract, which has already been accepted for a meeting, and the associated data printouts. In reviewing the raw data and statistical analysis, you notice that they do not support the conclusions in the abstract. You present your analysis to the client, who knows nothing about statistics and had simply reported statistically significant results. Eventually, the client accepts your reasoning and conclusions and revises the poster content accordingly.

   3a. Did you engage in an authorship task?
   3b. Should you be named as an author on the submitted manuscript?

4. The Cardiac Surgery Paper. You are a medical writer in the department of cardiac surgery and serve the 33 physicians and surgeons of the department. One senior physician has recently completed a major research project. You attended all the department meetings on the research and even helped write the original grant. The primary investigator (PI) has now asked you to draft an article of the research, based on interviews with him, access to the statistician and the data printouts, and several articles about the procedure that was investigated. The PI and his group will carefully review and guide your work.

   4a. Are you being asked to do authorship tasks?
   4b. Should you be named as an author on the submitted manuscript?

5. The Case Report. You are a medical writer in the department of orthopedics. One of the staff physicians has treated a patient with a rare congenital anomaly and has written a case report on the patient. She has asked you to find all published cases on this anomaly and to write the literature review for the case report.

   5a. Are you being asked to do authorship tasks?
   5b. Should you be named as an author on the submitted manuscript?

6. The Clinical Study Report. You are a medical writer at a contract research organization. You and your officemate are preparing a clinical study report and have received all the raw data from the study. You have been asked to write the results and discussion section of the report. Others will review your work, but few if any will take the time to review the raw data to see if you missed anything.

   6a. Are you being asked to do authorship tasks?
   6b. Should you be named as an author on the submitted manuscript?

7. The Update Paper. You are a medical writer in the department of anesthesiology. One of the staff physicians, a non-native English speaker, has written a descriptive paper documenting the changes in anesthesia techniques and outcomes at your institution over the past 20 years. It is so poorly written that you reorganize and rewrite it completely, from beginning to end.

   7a. Did you engage in an authorship task?
   7b. Should you be named as an author on the submitted manuscript?
I based the questions on the premise that a scientific document has 2 broad aspects: the content and the presentation. Creating, selecting, or modifying content are authorship tasks. Examples include analyzing data, reviewing the literature, drawing conclusions, and abstracting facts and arguments from other sources. Organizing, clarifying, explaining, and condensing the content in words, tables, or figures, are the presentation tasks of writing or editing.

Here, writing and editing can be thought of as “packaging” the insight or information created by authors. By definition, authors create and select content and may also be writers or editors, but writers or editors deal solely with presentation. Also by definition, what makes an author an author is the tasks performed, not the person’s job title, academic preparation, or position in the organization.

On the basis of these descriptions, and in my opinion, only scenarios 2 (adverse events), 5 (case report), and 6 (clinical study report) involve authorship (Table 1). The rest are primarily presentation tasks that involve writing, rewriting, or editing someone else’s content.

The 16 writers and editors who participated in this survey agreed with me on these 3 scenarios but most respondents (13 and 11 of 16, respectively) thought that scenarios 1 (hip pain) and 4 (cardiac surgery) also indicated authorship. Four of the 16 respondents also thought that scenario 7 (update paper) involved authorship, whereas I did not.

Question “b” of each scenario asked whether the writer should be listed as an author. Thus, of interest here is the presence of “mixers,” or those who said the task involved authorship (the response to question “a”) but that the writer should not be identified as an author (the response to question “b”). Mixed responses were given for all scenarios, although scenario 1 (hip pain) received 5 and scenarios 4 (cardiac surgery) and 7 (update paper) each received 3 (Table 1). Some respondents indicated in their comments to me that the degree of physician oversight was not clear in Scenario 1, which may explain the 5 mixed responses.

Respondents were almost evenly divided on scenario 3 (poster project). In this scenario, the writer is basically acting like a peer reviewer. I included this scenario because no one has raised the issue of whether the contribution of the peer reviewers should be acknowledged or whether their names should appear on the article. In fact, many of my own queries to authors take this form. I raise the question, but the authors are free to act on the suggestion or not. Does that contribution constitute authorship? I don’t think so, but some others do, if the responses here are to be believed.

References
The definition of authorship most used in the biomedical sciences is that of the International Committee of Medical Journal Editors:

“Authorship credit should be based only on 1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Conditions 1, 2, and 3 must all be met. Acquisition of funding, the collection of data, or general supervision of the research group, by themselves, do not justify authorship.”[1]

Readers may also be interested to know that the earliest expression of these criteria comes from an AMWA member. In 1957, Richard M. Hewitt, MD, Associate Professor of Medical Literature, University of Minnesota and the Mayo Foundation issued The Medical Writer's Ten Commandments, which included the following [2]:

2. Thou shalt not allow thy name to appear as a co-author unless thou hast some authoritative knowledge of the subject concerned, hast participated in the underlying investigation, and hast labored on the report to the extent of weighing every word and quantity therein.

### Table 1. Responses Submitted by 16 Experienced Medical Writers and Editors to the 7 Scenarios and 14 Questions Posed in the Survey

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*A mixed response indicates that the respondent considered the writer to be doing an authorship task but should not be listed as an author on the work.*
What exactly is your vision for the Medical Publishing Cooperative?

My immediate goal is to get all the players at the table and have them present their sides. You need to understand other people’s roles and their professions before you start casting aspersions against them.

Little attention has been paid to what the different stakeholders have in common. For example, we all have an interest in generating publications that are fair and balanced. We all realize that what is published has the potential to directly affect the lives of patients. Instead of breeding an “us-against-them” attitude, we can seek cooperation. It should be possible to come up with solutions that respect the role that financial influence has in medical publishing, the role that academic influence has, and so forth, and to move forward in a positive direction. This group can serve as a bellwether for positive change in the medical publications arena.

Do you think some stakeholders will refuse to participate in the cooperative?

Yes. Some journal editors, for instance, have tremendous disdain for the pharmaceutical industry and for the services that publications planning companies like mine provide, which they term ghostwriting and ghost management. The NIH may also decline to participate. In 2005, the NIH decided that its scientists could no longer have any involvement with pharmaceutical companies from a consulting perspective—they can’t even hold pharmaceutical company stock. To me, that’s inappropriate. The NIH scientists are supposed to be the cream of the crop, so why wouldn’t they want to work with an industry that has deep resources and similar motivation to find cures, to come up with solutions to our challenges? We all need to understand different perspectives, and that’s what I’m trying to get to with the cooperative concept.

Cynics will say that, as a principal of a publications planning company, your main concern is not polarization in the publications arena but rather losing your ability to “place” ghost-authored/ghost-managed articles for your clients. How do you respond?

First of all, we don’t do anything “ghost.” We’re very clear about our involvement with manuscripts. We follow Good Publications Practice and the ICMJE criteria about authorship and acknowledgment, and our ethics are sound. I think the problem is a lack of understanding about why companies like mine exist. It wasn’t so long ago that medical writing was a small cottage industry. You had people, mostly freelancers, who picked up writing assignments directly from pharmaceutical companies. As the demand for their services and the expectation for good writing increased, combined with new regulatory requirements, there was additional demand placed on the companies to...
get their data published. The companies just didn't have the resources to respond, so they went outside for that expertise, and a thriving service industry was created.

It is important to remember that writing assistance does not come solely from the service industry. Many of the major academic institutions have a writing staff. There's no difference between what those writers are doing and what writers at companies like mine are doing, or what you do as a freelance medical writer. And, like us, those writers have potential biases. Investigators in academia need to get published in order to get grants, to get promotions, and so forth. As long as we understand what the biases are, and as long as we admit that everyone has their own set of biases, we're okay. That's another way the cooperative could help.

**What is your goal for the end results of the cooperative's work?**

My ultimate goal is to find common ground that will be marked by the acceptance of all of the players and the roles that they perform in medical publications. My idea is that the group will communicate the results of its discussions via a definitive publication in the medical and lay presses. There are probably many other possibilities, but I want to start simply.

**Have you taken any steps toward starting the cooperative?**

In 2006, I was an invited panelist at the annual meeting that Blackwell (now Wiley-Blackwell) Publishing holds for the editors of its journals. I presented the concept of the cooperative there to about 50 people. While I was expecting a hostile audience, it was surprisingly well-received; there were only 2 naysayers that I could readily identify in the audience. While people tend to think it's a very good idea, someone needs to get it off the ground and make it happen. I'd like to encourage anyone who has a view, whether it's similar to mine or the polar opposite, to contact me and talk about it. That's the way we can begin to move this idea forward.

Before founding Envision Pharma, Dan Donovan spent 12½ years with Pfizer in a variety of roles, including as a member of the Lipitor launch team and Director, European Team Leader of the cardiovascular portfolio. He can be reached at dan.donovan@envisionpharma.com.

**Why do you suggest in your poster that the dispute about the service industry has become more contentious?**

A good example is the Sismondo article that was in PLoS Medicine (2007;14(9):1429-1433, online at http://tinyurl.com/28mpx5, discussed in AMWA Journal 2007;22(4):186-188). It leaves the impression that companies like mine will do anything for the almighty dollar, which is just not true. That sort of accusation carries with it deeper allegations, because when people espouse positions like Dr. Sismondo's, what they're really doing is challenging the moral code of the people who do what we do. I find that offensive and think that if you are going to go there, you'd better be careful to fully understand the people you are discrediting.

Polarizing attitudes pervade our society today, so it's not surprising that we're seeing them in our microcosm of medical publishing. In national politics, for example, there's pressure to be either a Republican or a Democrat. There is not much acceptance for anyone who's somewhere in between—"you're either with us or you're against us." I even see polarization in discussions around my town. In fact, that's how the idea of the cooperative came to me. About 2 years ago, I was sitting in church—actually listening to the sermon—and the reverend, John Twiname, was talking about polarization as it related to problems relevant to the church. I thought, "Oh my gosh, this is the same thing that's going on in my industry!"

**My ultimate goal is to find common ground that will be marked by the acceptance of all of the players and the roles that they perform in medical publications.**
A “contributorship model” of disclosure for manuscripts submitted to biomedical journals is being endorsed by the International Society for Medical Publication Professionals (ISMPP). The model is described in a position statement released by ISMPP, an organization established in 2005 (see profile of ISMPP on page 81). According to the position statement, such manuscripts should include information about all contributors, including those who are not named authors.

In endorsing this model of disclosure, ISMPP seeks to redress the lack of a universally applied standard for crediting medical writers’ involvement in preparing journal articles. Although the contributions of medical writers typically do not meet the authorship criteria of the International Committee of Medical Journal Editors (ICMJE), in some cases they do, such as when writers plan a data analysis or interpret study results. Adding to the confusion, not all journals have adopted the ICMJE criteria.

ISMPP recommends compiling the following information on everyone who assists in researching, developing, or publishing a scientific paper:

- Full name and highest professional degree
- Affiliation/employer
- Specific role in the planning/conduct/analysis of the trial and in preparation of the manuscript
- Any compensation or consideration received and its source

The list should be included with the submission cover letter. “Because the contributorship model is not yet widely recognized, the manuscript submission should also comply with each individual journal’s requirements as they relate to authorship,” ISMPP cautions. It adds that BMJ, which pioneered the contributorship model, asks one or more contributors to designate themselves as “guarantors,” indicating that they accept full responsibility for the paper’s contents.

ISMPP has asked its members to make the model a standard operating procedure. It plans to host a consensus conference to encourage other organizations, notably biomedical publishers, to adopt the new standard.

In its position statement, ISMPP criticizes the “climate of mistrust” regarding medical writers’ assistance with manuscript preparation. ISMPP recognizes the importance of having writers collaborate with researchers “to develop clear and concise manuscripts in a timely fashion.” The position statement includes a list of specific tasks that should be expected of the medical writer:

- Thoroughly search the literature relevant to the topic
- “Ideally,” consult with the authors of record throughout manuscript development
- Perform time-consuming tasks such as preparing figures and tables, “thus freeing the researchers to focus on their primary task, which is to assume responsibility for the publication’s overall content, tone, and accuracy”
- Adhere to individual journal requirements, including disclosure guidelines
- Write articles according to generally accepted standards, including:
  - The ICMJE requirements for manuscript preparation (www.icmje.org)
  - The Pharmaceutical Research and Manufacturers of America principles for communicating clinical trial results (www.phrma.org)
  - “Good Publication Practice for Pharmaceutical Companies” (www.gpp-guidelines.org)
  - The AMWA Position Statement on the Contribution of Medical Writers to Scientific Publications (www.amwa.org)
  - The European Medical Writers Association guidelines on the role of medical writers in developing peer-reviewed publications (www.emwa.org)
  - The Consolidated Standards of Reporting Trials (CONSORT) statement for reporting the results of randomized controlled trials (www.consort-statement.org)

In a letter to the editor about the ISMPP position statement, Dan Donovan of Envision Pharma (see interview with Donovan on page 68) and his associate Tom Gegeny, AMWA secretary, say it “omitted a critical point”: that professional medical writers are now an “absolute necessity to the clinical trials team.”

Both for initial regulatory approval and in phase IV, there is increasing demand for clinical trials, Donovan and Gegeny observe. In addition, legislation has set stringent deadlines for publication of clinical trial data. As Donovan noted in his interview, a new section of the Prescription Drug User Fee Act (renewed in September 2007) requires clinical trial sponsors to show evidence of having submitted a report for publication within 1 year of last patient, last visit. Within 2 years, the results must be published or posted on a public Web site.
“Quite simply, these evolving requirements are placing a greater strain on the time and resources available for reporting clinical trials,” Donovan and Gegeny write. They add, “While Norris et al. rightly support transparent disclosure and the contributorship model, we would like to further that position and make an argument supporting both the necessity and honor of the medical writing profession.”

References

**Expert Link** is a new, online directory of child health experts based at the nation’s children’s hospitals. A product of the National Association of Children’s Hospitals and Related Institutions is designed especially for professional news media. **Expert Link** is searchable by state, an expert’s media experience and foreign language skills, and specialty areas such as asthma, obesity and cancer. With a few clicks, you can access information on pediatric specialists, researchers and other child health professionals and how to contact them through hospital public relations contacts.

To start your search for a credible child health spokesperson, please visit www.childrenshospitals.net/expertlink.
1. Position yourself in the marketplace
Your market position is how your product or service is perceived by your client. It is the position you want to have in your client’s mind and, by extension, in the marketplace. Positioning yourself in a market niche (or more than one niche) is like breaking down a large project into manageable segments. When you are clear about what you have to offer your clients, you will be better able to focus your resources on reaching the potential clients in that market segment.

What is your background and skill set? Do you have experience in the pharmaceutical arena or with medical devices, cardiovascular disease, respiratory disease, regulatory affairs, or antibiotics and antimicrobials? Are you skilled in Web site design, statistical analyses, computer systems, or videography?

What do you have to offer your clients? Do you write regulatory materials, standard operating procedures, continuing medical education materials, presentations for medical conferences, drug monographs? Are you a journalist with skills in interviewing and reporting? Can you take a project from conception to completion?

When you know your strengths, define your market niche and develop your message.

Foster Medical Communications—a partnership between medical writer/editor Rosie Foster and medical illustrator/animator Craig Foster—represents a good example of this approach. AMWA member Rosie Foster earned a master’s degree in journalism with a specialty in science and environmental reporting from New York University. She now produces public relations and media materials for academic medical and research institutions and organizations, especially those focusing on cancer. Craig Foster earned a master’s degree in medical illustration at the Medical College of Georgia. He creates and directs medical illustration and animation projects, including award-winning art for a series of TimeLife Medical patient education videos produced in the 1990s and marketing pieces for pharmaceutical clients. Foster Medical Communications (www.fostermmed.com) strives to meet all of the medical communications needs of its clients, “whether it be a simple printed piece or a full-length 3-D animated video.” The company is able to stake out a broad niche in medical communications, especially in its ability to offer the digital expression of medical information.

2. Create a memorable brand
Branding is an outgrowth of positioning. It’s what makes you memorable to the client. What are you passionate about? What drives you to do what you do? What do people associate with you? A successful brand is congruent with who you are and what you do. It resonates with the client as being “you.”

DendWrite Communications (www.dendwrite.com) is the clever and memorable corporate identity of AMWA member Dr. Michael Stillman. It is congruent with his background as a neuroscientist with expertise in psychiatry, neuropharmacology, and related disciplines. He leverages his biomedical knowledge to participate in a wide segment of the medical writing marketplace, “from GERD to molecular biology to medical devices.” He says, “I gave a workshop on building a Web site at an AMWA New England Chapter meeting. During a break, a participant came up to me and said, ‘You asked a question at the annual meeting in Boston a few years ago. I didn’t remember your name, but I remembered your DendWrite affiliation.’ I realize that there’s a risk with a name that is a play on words. But given that my marketing efforts are restricted to medical clients, I can live with it.”

“Fab Freelance Writing” and “Angela Booth” are two of the brands of freelance writer Angela Booth who runs a global online writing and writing education business from her base location in Sydney, Australia (www.fabfreelancewriting.com; http://angelabooth.com). The aim of Fab Freelance Writing is to “create a freelance writing resource based on experience of what works because there’s a lot of disinformation and misinformation about freelance writing, especially online.” Her tagline is “Fab Freelance Writing: When writing isn’t just a career, it’s a life.” Her brands are congruent with who she is and her passion for turning words into money.
Finding a brand takes time and effort, but a memorable brand is worth it. The more effort you put into identifying your business, the more words and ideas you will have for creating your brand identity.

3. Let your brand be known
Put your company name, logo, message, tagline, and contact information on every business card, e-mail, fax, receipt, invoice, check, bill, press release, handout, cover letter, and flyer.
Add a simple unobtrusive promotional pitch to your signature line on every e-mail. An excellent example is:

Tom Lang Communications and Training
Finely crafted medical writing----
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Add your pitch to your bio in the AMWA Freelance Directory. Provide a link to additional information available for free on your Web site.

4. Create sound bites
If you had 30 seconds to describe your services to a potential client, what would you say? This is commonly referred to as “an elevator speech” because it is brief enough to share on an elevator.
A sound bite or elevator speech has 3 elements: (1) you and what you have to offer, (2) the benefit to the client, and (3) what you want the potential client to do next. A 30-second sound bite is about 50 words. It should tell how your client will benefit by working with you and why you are the best resource. Try to identify what keeps your client up at night and how you can resolve the problem. The following is my sound bite.

My name is Lanie Adamson. I’m a writer and speaker specializing in medicine and health care. I help researchers write about complex studies with clarity and precision. I help marketers generate compelling, evidence-based materials. I help speakers create impactful, engaging presentations. If you have a message, I can help you touch your audience.

5. Network
Networking is relationship building among people who can help develop your business. Networking uses one of the most powerful tools in advertising—word of mouth. The 2007 AMWA annual conference in Atlanta had 1,000 potential networking contacts.
Networking isn’t always selling. It’s a personal way to let people know what you do. If you read an interesting article, for example, consider following up with an e-mail to the author to introduce yourself and open up a dialogue. Networking is particularly effective when you have something of value to give to the other person—an interesting Web site, a reference, a contact name.

Networking works. Lori De Milto (Writer for Rent) conducted a survey of the marketing tactics of 9 successful freelances and reported on it in the AMWA Journal. The most effective tactic was networking at AMWA chapter meetings and the annual conference, followed by referrals, repeat business, and direct mail.

6. Become a little bit famous
Share your knowledge and experience by teaching workshops at AMWA chapter meetings, regional conferences, or the annual conference, and on-site at your client’s or potential client’s facility.
Teaching at the AMWA annual conference resulted in unexpected publicity for me. One of the workshop participants, Lydia Anderson, writes a health column for a newspaper. She followed up after the conference and wrote a story about my experience with stroke that appeared in the November 21, 2006, issue of the Palo Alto Daily News.

Plan a research project and write an abstract for a poster to be displayed at an upcoming AMWA Annual conference. Follow-up your poster with a full-length manuscript to submit to the AMWA Journal.

Are you doing something newsworthy? Prepare a press kit and send it to the media and your potential clients.
Volunteer to lead a conference committee or participate on the publications committee for a professional organization.

Start a blog (Web-based diary) to share your thoughts and ideas. Consider starting a podcast (Web-based broadcast downloadable to an MP3 player).

7. Participate in online discussion groups
An online discussion group is a place to share ideas and solve problems. Headhunters and potential clients will get to know you by the questions you ask and the answers you give. The AMWA freelance listserve, and many other discussion groups, restrict the use of the forum to exclude commercial purposes, but your participation alone speaks to your skills, expertise, and what you have to offer. Your signature line with its subtle promotion is both good “net-etiquette” and good marketing.

8. Advertise your services
You can spend your advertising budget on any number of outlets: the local newspaper (print or online), local radio or television station, cable television, banner on a Web site, exhibit at a medical conference, the AMWA Freelance Directory, and so on. Spend your marketing dollars where they will reach the client’s eyes.
For many authors, the discussion section of a clinical manuscript—whether one reporting a drug trial, the natural history of a disease, or a new diagnostic approach—is the most challenging to write. The discussion is where the authors should place the study’s results into a context that is meaningful to the journal’s readers (eg, clinicians and other researchers). Unfortunately, some authors may use the discussion simply to restate the study’s findings. A discussion written in such a manner lacks depth and omits information that is important to the journal’s readers.

We outline here a template for a clinical manuscript discussion. The template includes 4 major areas, addressed in the following order, or with the 2 middle items reversed:

1. Conceptual Summary of the Study
   Within the first 1 or 2 paragraphs of the discussion, the authors should restate the study’s main findings. After doing so, the authors will be in a perfect position to put these findings into the proper context by following the remaining steps of the template.

2. Flies in the Ointment
   Clinical research does not always reveal what researchers expect. Moreover, no study is perfect. For example, drug trials generally include patients who were selected based on a strict set of inclusion and exclusion criteria, and thus the study may not be generalizable to a group of patients dissimilar to the study population. For these reasons, the authors should address the following questions in the next paragraphs of the discussion:
   - What are the limitations of the study, with regard to design, implementation, analysis, interpretation, and clinical application?
   - What are the implications of the study’s findings for clinical practice and research?

3. Comparison to the Current Literature
   The authors should compare their study to the current literature, highlighting the similarities and differences. This can help to place the study in a broader context and to identify areas for future research.

4. The Bottom Line
   The final paragraph of the discussion should summarize the key findings of the study and their implications. The authors should emphasize the clinical relevance of the study and its potential impact on patient care.

The graduate program in Biomedical Writing at the University of the Sciences in Philadelphia and the Board of Editors in the Life Sciences (BELS) certification are 2 ways to expand your credentials and enhance your credibility. The AMWA Professional Development Certificate is another source of credentialing for employers and potential clients.
• Were there unexpected or unfavorable findings?
• Are there explanations for these findings?
• Are these findings considered to be related to the drug, device, or other experimental treatment in the study?

3. Comparison to the Current Literature
The introduction will have summarized the current state of knowledge and the reason for conducting the study. In the discussion, the authors should draw on an extensive knowledge of the current literature to place the results of the new study into a meaningful context for readers. Questions pertinent to these paragraphs include the following:
• Are the results consistent with those of previous publications?
• If the results are not consistent, can the differences be explained?
• What do the new results add to the current state of knowledge?

4. The Bottom Line
So what? Who cares? These are the final questions to be addressed in a well-written discussion. The authors should conclude with a clear, concise explanation of why the research matters to patients and to the field of study and, where appropriate, should indicate what remaining questions need to be answered. The following questions should be considered for the final paragraph(s) of the discussion:
• How does the study change current clinical knowledge?
• What are the implications for patients? Which patients?
• Should the results change the current treatment or diagnostic paradigm?
• Where do we go from here?

Why Use a Template to Guide the Clinical Manuscript Discussion?
The template not only breaks the sometimes-daunting process of writing a clinical manuscript discussion into smaller, more manageable portions, but also focuses the authors’ attention on information that is most relevant to readers. Indeed, the template is consistent with both the Uniform Requirements for Manuscripts Submitted to Biomedical Journals—perhaps the most widely accepted (by more than 500 journals) guide to writing, publishing, and editing in international biomedical publications—and the Consolidated Standards of Reporting Trials (CONSORT) statement, devised to improve authors’ reporting by providing a checklist and flow diagram. Both the Uniform Requirements and the CONSORT statement highlight the need for clinical manuscript discussions to summarize the main findings, to explore potential explanations for these findings, to compare the results with those already published in the literature, to state the limitations of the study (including the generalizability of the findings, sources of potential bias, and sources of imprecision in the results), and to explore the clinical implications of the findings. The discussion template described here provides a framework for authors to evaluate the clinical relevance of new research findings in an accurate, balanced, and objective manner in order that they may be of greatest benefit to patients and future researchers. Medical writers can use the template to generate discussion and debate within their author groups regarding study findings and their clinical implications. Finally, the template is useful both as a coaching tool for new writers and as a reminder to more experienced writers.

Acknowledgment
The authors thank Ms. Erin Walls (Manager, Global Medical Communications, Eli Lilly and Company, Indianapolis, IN) for her advice regarding manuscript content.

References
Cool Web 2.0 application: Meet-O-Matic is a Web-based system for scheduling conference calls and meetings that doesn’t require participants to share a common platform. It generates e-mail invitations, and the invitees simply click dates on a calendar to indicate their availability. Free, private, no registration, no set-up. Take the tour at www.meetomatic.com.

More seismic activity in the continuing education (CE) community: “Accredited organizations that provide CE should not accept any commercial support from pharmaceutical or medical device companies, whether such support is provided directly or indirectly through subsidiary agencies,” a group of physicians and nurses has recommended. Dreamers? Cranks? No, they’re leaders in medical education and publishing who were convened by the Josiah Macy, Jr. Foundation, a New York philanthropy that supports improvement of medical education. The ad hoc group is also calling for radical changes in CE methods and accreditation. A full report on the November 2007 meeting will be published later this year; an advance summary is at http://tinyurl.com/2fqzw2.

PubMed is experimenting with drugs. During randomly selected sessions, PubMed’s AbstractPlus display format is offering links to “Patient Drug Information” from MedMaster, a publication of the American Society of Health-System Pharmacists. Over 2 million citations link to this resource. The experiment began in October 2007; the feature will be expanded to all sessions if it becomes popular.

Attention book authors: The world’s largest provider of text-licensing solutions is looking for a few good books. The nonprofit Copyright Clearance Center (CCC, www.copyright.com) has introduced an annual copyright license for academic institutions and is in the midst of building a repertory for books and other works frequently used in paper and electronic coursepacks, e-reserves, research collaboration, course management systems, and more. If you are the copyright holder for such works, you can list them with CCC at no charge on a non-exclusive basis. Details are at http://beyondthebookcast.com/?page_id=76, where you can subscribe to CCC’s free podcast series “Beyond the Book.”

The CONSORT Group (www.consort-statement.org) has published 2 extensions to the CONSORT Statement, which is an evidence-based, minimum set of recommendations for reporting randomized controlled trials (RCTs). The first extension [free online at PLoS Med. 2008 Jan 22;5(1):e20] presents guidance for preparing journal and conference abstracts, including a table of 17 items that should be included in abstracts. The second extension [Ann Intern Med. 2008:W60-W67] discusses how to report on RCTs that assess nonpharmacologic treatments such as surgery, rehabilitation, psychotherapy, medical devices, and complementary medicine. The CONSORT Group writes that “assessing these treatments raises specific issues such as difficulties of blinding, complexity of the intervention and influence of care providers’ expertise and volume of care of centres on treatment effect.”

Journal impact factors are often misleading, according to 2 articles available free online. Rossner et al [J Cell Biol. 2007; 179(6):1091-1092] bought the dataset that Thomson Scientific uses to establish impact factors for certain science journals. The dataset revealed 2 problems: numerous misclassifications of front matter as primary research or review articles, and an incorrect total number of citations for each journal. The discrepancies affected the impact factors for several journals. Separately, Greenwood [BMC Med Res Methodol. 2007;7(48)] used Markov chain Monte Carlo methods to estimate the uncertainty associated with impact factors. He found that “only the top and bottom few journals could place any confidence in their rank.”
Naturally there have been many days when I decided never to read or write another word or go near a computer again! I've tried myriad ways to keep the romance alive over the years—here are 9 that I have found helpful.

1. **Vary the Types of Projects You Take!** For example, accept projects in multiple therapeutic areas, for varied audiences, and in different media. Especially when the range of therapeutic area is broad, your learning curve never stops. Our “expertise,” obviously, is in communication, writing, editing, and/or educating. For the first several years as a freelance, working on multiple topics is an excellent way to keep learning. Nonetheless, it’s also useful to focus or specialize in a specific disease area or a single media: This allows you to become quite expert in a single field, while continuing to learn as research uncovers new data in that area.

2. **Solicit Projects That Interest YOU!** Based on your own interests, try to find projects that you actually want to do. Do you want to explore a particular topic, such as nutrition, pet health, alternative medicine, or heart disease? Do you want to write consumer articles? Maybe you want to try scriptwriting and film production or developing interactive education media. Or perhaps you want to work on projects in the nonprofit arena. It is imperative after 10-15 years of freelance medical writing that at least a reasonable percentage of projects you undertake represent something that is meaningful to you and that you feel good about.

3. **Never Stop Learning in Your Profession!** Whether it be a new medical topic, a new computer program, new communications media, or a new industry . . . always remain open to something different. It keeps you on your toes, prevents you from becoming a Luddite, and helps you stay up to date. Attend professional meetings (eg, AMWA), local networking and business meetings, workshops and classes. Never let a single year pass without having taken at least 1 workshop, seminar, or class.

4. **Never Stop Learning in Your Life!** Not only is it fun to learn but it also helps prevent Alzheimer’s disease. Several of my friends have taken up knitting, for instance, which isn't for me but I took a calligraphy class this summer. Learn gardening, motorcycle mechanics, golf—or start a book club. Ten years ago, I initiated a study group: 9 of us have continued to come together monthly over all these years. Studying a serious topic with others is both intellectually stimulating and personally satisfying.

5. **Take Wonderful Vacations!** To me, taking healthy, relaxing, and frequent vacations is not only important, it is a sine qua non to working. It doesn’t matter where you go or what you do, as long as it’s refreshing and fun.

6. **Choose to Work with Decent People!** Yes, I mean this. You can actually plan and succeed in choosing primarily people you like, or at least respect, and with whom you have good rapport. In the beginning, you take whatever jobs come your way because you need the work/income, so sometimes you tolerate a few monumental egos and even some nasty temperaments. Later you may prefer not to work with certain types of people. Make a decision to seek honest, amicable, intelligent, courteous, decent people as clients (or as team members). Individuals have a huge impact on how you feel about your projects! Once you find a good client, stay with him or her by providing good service, courteous and cheerful communication and conversation, and reasonable rates and turnaround times.

7. **Get Rid of Insufferable Clients!** Yes, I mean this, too. A singular advantage of a long career is that you learn that for every unfortunate situation or client, there are 10 good situations or clients waiting in the wings. Discontinue your relationship with any client who is

• Rude, crude, vulgar, or mean-spirited.
• Disingenuous or frankly mendacious.
• Unreasonably demanding or stridently “controlling.” While I have empathy and can accommodate anyone under extreme stress, adult professionals need to grow up and not make everyone around them pay for their bad moods.
• Unethical in any way! I don’t need to elaborate here—everyone knows what this means, and it is not unique to any one industry or type of work.
• Unresponsive to paying your invoice on time. If a client makes you “hunt down” your check by contacting someone other than the person who assigned the project to you, let your intuitive antennae rise up! Very likely the person cared only about getting what s/he wanted from
you and could care less whether you’re paid now that s/he has gotten it. Unless you have a long-term contract that includes a relationship with accounts payable for invoice processing, the client should take personal responsibility for your payment, not foist you off on a stranger. Keep in mind that a client who likes and respects you, and intends to hire you again, will not be blasé about ensuring that you receive payment. So prepare to sever your relationship with a client as soon as you detect a ho-hum attitude about your payment (of course, get the check first and don’t announce your intentions—just be too busy if and when she or he calls again).

- A poor, disorganized, inexperienced Project Manager too arrogant to acknowledge his or her deficits in this role. One exception is when you want to help the client by acting as the Project Manager yourself, and it is understood at the outset that you’ll provide more than background research and writing/editing. (Project management can be charged at a higher hourly rate, by the way; so adjust your rate for such time accordingly.)

8. Minimize Stress and Take Care of Yourself! Get regular massages. Take frequent walks or participate in other physical activities as appropriate. Sit quietly for some part of every day, either in the silence of meditation, or listening to soothing music, or by reading something truly uplifting. Have regular chiropractic adjustments (or other physical therapy) to repair the damage from sitting in front of the computer all day and to ensure that your back, neck, shoulders and arms/ hands/ wrists are functional and pain-free. See a counselor if your stress level cannot be mitigated. The bottom line: Remember to relax and have fun so that freelance medical writing is NOT the most important thing in your life.

9. Help Others. Most of us who have been in any profession for 15-20 years definitely have something to teach others—and it is gratifying to help another person and see him or her learn and develop. You could act as mentors to younger people, teach workshops (eg, at meetings of AMWA and other professional organizations), or perform community services in an arena of meaning to you personally. It doesn’t matter what you choose—what matters is that you “pay back” for all that you’ve learned and experienced in your life and career.

— Cathryn D. Evans

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What is your education and work background?
I went to Rice University, where I double-majored in biochemistry/cell biology and English. Then I entered the doctoral program in pharmacology at the University of Michigan-Ann Arbor, but after a year and a half, I surrendered to destiny and spent the next semester writing a thesis so I could leave with a master's degree. I spent a few months working as a textbook sales associate at Michigan Book and Supply during my job search, but I don't think that really helped me become a better medical writer. Everything I needed to know about being a medical writer, I pretty much learned by doing.

How did you find out about medical writing as a career?
During my pharmacology PhD program, I realized that I didn't want to spend the rest of my life in a lab. Several of my professors agreed that I was too creative to be stuck in the rigorous land of experimentation. I decided to leave the program and pursue a career in science writing; I even wrote some articles for the Michigan Daily. But then I realized that science writing was a difficult field to break into and it wouldn't end up being very lucrative for me. I turned to the Internet to see what the pharmaceutical industry had to offer. I first came across medical science liaisons, who seemed to be responsible for communicating science to various parties. When I saw that those jobs were out of my league because I was fresh out of graduate school, I clicked around the Internet and stumbled on the existence of medical writers. Medical writing seemed like a field that would engage both sides of my brain, just like science writing, but would also afford me the ability to eat. It could have gone on much, much longer if I hadn't known someone at the company. Networking is essential.
Initially, I signed up at several job search Web sites and biotech-specific job search sites; Medzilla (www.medzilla.com) was the most useful to me. Every day, I found new positions and e-mailed my résumé and cover letter; at times, I was notified that companies had pulled my résumé from the site themselves. I sent out dozens and dozens of e-mails with very little response, since all the positions required prior experience, and I had none. I also went straight to pharmaceutical company and contract research organization Web sites and submitted my résumé there. If I found a phone number, I called. I remember one phone call to a recruiter that resulted in my being dug out of a big pile and put on top; calling gets you noticed. I found out about one position from the cousin of an online friend. I asked a previous interviewee from an article to pass my name along. I did several phone interviews and talked to a few recruiters, but, again, everyone was looking for someone with more experience. Job hunting was a grueling, thankless process that only ended when an uncle who worked at Onyx heard that I wanted to be a medical writer at a time when Onyx needed someone to write safety narratives. I was flown in for a day of interviewing and then brought on as a medical writer intern. Onyx hired me as an employee 6 months later.

How did you job search for your first position?
I finished my master's thesis in May 2005, but I don't think I began actively looking for a job until June. My interview with Onyx was in February 2006, and I started work there in March. So that's about 9 months from start to finish, give or take. That's because it's not a real position! They created the title for me because they had never had an inhouse medical writer before; it's a very small company (100-200 people). I was essentially a consultant, paid by the hour with no benefits. This worked to my advantage when I had 4 reports due within days of each other and ended up working 26 days in a row (plus 2 nights), clocking a crazy amount of overtime. Once I proved my mettle (and after they determined the best group/department for me to be in), I became a full-fledged employee. I'll admit mine is a special case, but I
think the lesson to be learned here is that if you have skills that a company needs, they will find a way to use them.

**What surprised you most when you first started working?**
How much of the job was just copying and pasting! Coming from an academic background and having majored in English, I was instinctively worried about plagiarism, but there is no need to reinvent the wheel with every new report; you can just paste in the old report and update the appropriate fields and numbers. The other surprise was how ungrammatical some of the original documents were. Although these documents got the message across, much of the “standard” verbage could be difficult to parse for the uninitiated reader. In addition, some of the material had been written by people without a strong grasp of the English language. As I updated the reports, I made sure to insert serial commas and hyphens where they were needed in addition to clarifying some of the more confusing language that, despite being seemingly acceptable to the industry, I didn’t want attached to my name.

**What is a typical work day like for you?**
Is this a trick question? I cannot even conceive of a “typical” work day. Work as a medical writer seems to alternate between weeks of so little activity you run out of ways to fill the time and weeks of intense flurries that keep you so busy you’re surprised when 5 o’clock rolls around. Work comes in waves because reporting requirements set certain dates and deadlines, and you’re usually responsible for multiple trials.

If there were a typical day, it would begin with checking e-mail for new adverse event reports. Since I have drug safety responsibilities, when I have a new adverse event, I enter it into the safety database and send off a sponsor assessment form. Then I get to work on whatever documents need working on, be they Annual Safety Update Reports, medical monitoring plans, or dozens of safety narratives. I generally work alone, but if I need clarification, I can usually walk a few feet to my boss’ office and ask him a question or send an e-mail to him or someone in another department. If I’m feeling particularly industrious, I’ll have lunch at my desk while continuing to work; this is especially easy if I’m just reviewing a document for someone and making edits and suggestions. In the afternoon of this hypothetical day, I probably have a meeting to be kept abreast of what’s going on in our trials so that I’m aware of any impending reports. I try to make sure I’ve completed something by the end of the day and achieve a sense of finality.

**What do you find most rewarding and most challenging?**
The most rewarding aspect of my job is that, working in drug safety, I know I’m benefiting patients by helping to ensure that a drug is safe. I feel important and useful because I know that the documents I work on are submitted to regulatory authorities around the world. It’s a far cry from helping people find their textbooks.

The most challenging part of my job is the fact that I am always learning as I go along, adapting to new tasks by building on what I’ve done before. This constant learning is more of an ordeal because of the necessity of multitasking; I am often working on multiple reports from multiple studies at the same time, and I have to keep everything straight in my head.

**What resources do you recommend?**
Google! Seriously, I have learned so much from Google. Adverse event terms, generic names for drugs, interpretations of lab tests, etc. The AMA Manual of Style is, of course, essential, and I’ve also found the AMWA grammar workshops helpful as resources. (Just yesterday, I flipped through my workshop materials to remind myself of the difference between “due to” and “because of.”)

**Any final advice?**
Learn as much as you can and always let people know you are open to new projects! The more you know how to do, the more valuable you are. Remember, the reason we even have jobs is because most people can’t write. And here we are, getting paid to mess with words. It’s a pretty sweet gig.

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For more information, contact Leslie E. Neistadt, ELS, Hughston Sports Medicine Foundation, Inc, 6262 Veterans Parkway, Columbus, GA 31909. Phone: (706) 494-3322; Fax: (706) 494-3348; E-mail: lneistadt@hughston.com.
The International Society for Medical Publication Professionals (ISMPP) was established 3 years ago as a nonprofit organization dedicated to medical publishing professionals. Its mission is to support medical publication professionals through education and advocacy and to promote integrity and excellence in medical publishing through author and contributor transparency and open exchange of data. ISMPP is open for membership by professionals from journal publishing; medical communication agencies; and the biotech, device, and pharmaceutical industries, as well as independent writers and editors. The number of members has already reached nearly 600, about 15% of whom work outside of the United States. Many ISMPP members also hold membership in AMWA.

ISMPP offers its members a variety of programs to help them remain current on trends and debates in the field. One such program is a series of free monthly Lunch and Learn Webinars that provides a unique opportunity for members to view hourlong seminars from their offices. These Webinars focus on cutting-edge topics related to publication planning and are typically practical in nature. Recent topics have included “Open Access and the Future of Scientific and Medical Publishing,” “Composition of the Publication Team: Round Table on Best Practices,” “An Investigator’s Perspective on Working with Pharma and Agencies,” and “Utilizing Competitive Intelligence to Strengthen Your Publications.”

Annual meetings offer an additional venue for member education and networking. The 2008 annual meeting, held at the end of April, addressed such topics as the recent changes in clinical trial registries, technology advances affecting publication professionals, and global publication planning. Pre-meeting workshops offered members new to publication planning and experienced members opportunities to enhance their skills and knowledge. Currently, attendance at annual meetings requires an ISMPP membership.

ISMPP shares AMWA’s goal of defining the role of a medical writer in scientific publications. In an effort to achieve this goal, it recently released both a position statement, “The Role of the Professional Medical Writer” (see page 70), and a Code of Ethics (available on its Web site, www.ismpp.org). ISMPP also creates other opportunities for the continued discussion of best practices in publication planning. For example, the organization sponsored a recent 1-day forum in Washington DC to address the implications of the 2007 Food and Drug Administration Amendments Act. Highlights of this forum are posted in a public area on the ISMPP Web site.

Annual membership dues are $195 (US dollars). No student memberships are currently offered. Benefits of ISMPP membership include the Lunch and Learn Webinars; access to the members-only area of the Web site, which contains archives of the Webinars and newsletters and a membership directory; and eligibility to attend the annual meeting. ISMPP is working on developing additional initiatives, including a member listserve, a journal, and a professional credentialing program.

Add to Your Experience—and Your Portfolio

Make the most out of the 2008 AMWA Annual Conference by covering a session or speaker for the AMWA Journal. Not only will the experience give you a published piece to add to your portfolio but it will also help bring the conference to hundreds of AMWA members who are unable to attend. If it will be your first conference, write about the experience to help promote the value of the conference to others who have not attended yet. If you are interested in either opportunity, send an e-mail to the AMWA Journal editor at amwajournaleditor@hotmail.com.
As a good way to start, I want to quote Mark Twain, who observed that, “Only one thing is impossible for God – to find any sense in any copyright law on the planet. Whenever a copyright law is to be made or altered, then the idiots assemble.”

Well, even Twain occasionally misspoke. It must be conceded that the Founders who wrote the Constitution of the United States were hardly “idiots.” They chose, after all, to include a provision for copyright protection directly into that august document.

“The Congress shall have the power,” states Article I, Section 8, Clause 8, “… to promote the progress of science and useful arts, by securing for limited times to authors and inventors the exclusive right to their respective writings and discoveries.” At the very first session of Congress, indeed, legislators passed the Copyright Act of 1790, which provided for a copyright protection term of 14 years, renewable for another 14.

Times do change, and the copyright laws have regularly done likewise. Today, copyright protects a work for the lifetime of its “author” plus 70 years, and registration of that copyright in the US Copyright Office (itself an arm of the Library of Congress) opens the door to the courts for the copyright holder to sue an infringer. If the work was “made for hire,” then the employer of the writer is considered the “author” and a corporate “author” receives a copyright term of 95 years.

In other words, a hit song written in 2008 by a self-employed 20-year-old will remain protected by copyright under US and foreign law.

2. If you are a self-employed freelance journalist, the copyright registration on the newspaper in which an article is published will likely not protect your own work.

3. As an incentive for registering copyright, the law provides that attorney’s fees as well as statutory damages (which, in cases where “actual damages” are too hard to prove, can rise as high as $150,000 per infringement) may be paid in any successful court action for infringement if the registration occurred before the infringement.

4. Copyright ownership is not limited solely to the creators of works. For example, a writer may sign either a “Work For Hire” contract or an “All Rights” contract with a publisher or syndicate. In the first case, the employer is the “author” for purposes of copyright from the very beginning and the writer has no rights; in the latter, the original author initially holds copyright rights and transfers them to another person (but matters like the length of copyright term continue to be measured by the original author’s life).

5. On the other hand, a publisher or syndicate does not automatically acquire copyright simply by publishing material. Unless there is a signed contract to the contrary, the original author retains copyright ownership and the publisher or syndicate acquires only a license.

Finally, because the law can change almost as often as Madonna’s hair color and is open to nearly as much interpretation as a Florida presidential election ballot, trust THIS advice most: Always verify the currency and accuracy of any amateur copyright advice that you may receive from your editor, agent, or attorney.

See you in the next issue!

*At the Copyright Clearance Center, Christopher Kenneally is responsible for organizing and hosting programs that address
the business needs of authors of all backgrounds. He is the host and moderator for an ongoing series of writing conferences called “Beyond the Book” (www.beyondthebook.com) that are frequently broadcast nationally on C-SPAN’s Book-TV and in Canada on BookTelevision. An award-winning journalist and author of “Massachusetts 101,” he has reported on education, business, travel, culture, and technology for The New York Times, Boston Globe, The Los Angeles Times, The Independent of London, and many other leading publications, as well as for WBUR-FM (Boston), National Public Radio, and WGBH-TV (Boston).

➲ Do you have a copyright question?
Ask the experts at Copyright Clearance Center.

Send your copyright questions to amwajournaleditor@hotmail.com.

ERRATUM

Two errors appeared in the summary of the annual conference session, “Heart Disease in Women and AHA’s Guidelines for Cardiovascular Disease Prevention in Women,” which begins on page 167 of the December 2007 issue of the Journal. In the discussion of major risk factors (page 168), the following 2 sentences should read as follows (italics indicate the correction):

Pharmacotherapy is indicated when the blood pressure is higher than 140/90 mm Hg.

...the high-density lipoprotein-cholesterol (HDL-C) level should be greater than 50 mg/dL.
I'm sure all my wordsmith-colleagues out there are aware of, and do not get taken in by, advertising buzzwords. But most of us are so swamped by mailings, offers, brochures, and other promotional pieces (that are not what they seem) that we may forget or overlook the obvious. Writers, in their personal and professional lives, are not immune to such bombardment. So it is worth looking at the issue of buzzwords.

Probably one of our greatest modes of communicating is verbal. With words, we can transmit ideas clearly and distinctly so they can be instantly recognized and understood. But, with devious intent, some words can be made to mislead—to give impressions that are not exactly true to their real meaning, to impress readers with a meaning other than the writer's intent.

Among these are a number of buzzwords ("important-sounding words of little meaning used chiefly to impress laymen," Webster). These are commonly used in advertising and marketing and not always true. Here are a few you should be aware of.

• **Free.** "Free" rarely means actually "free." The word free really means without charge or obligation but, used in promotions, it does not mean that, even though the originators want you to believe that. Take a recent mailing from a book club (a highly respected one). The front of the mailing envelope includes a list, in half-inch-high colored letters that reads first book FREE, a 2nd book FREE, and a 3rd book FREE. Then in small print: NO OBLIGATION. A similar large-lettered message appears on the back of the envelope. The first page of the brochure repeats this information, listing the 3 free books but winding up with "a 4th book for only $11.99." Really free? Hardly. Any obligation? Of course. There is an obligation to buy a fourth book or more books over the course of time.

Then there's "Buy one, get one free," now widespread in retail business. The obligation is right there—the item is not free, it is attached to a condition.

Actually, there are some really free things: From time to time, we read a newspaper story about a team of athletes giving away free filled-backpacks to children in a poor neighborhood. That's "free"—and to be commended.

• **Guaranteed.** "Guaranteed" rarely means actually "guaranteed." Look here, look there, look everywhere. Almost everything that's for sale is guaranteed. By whom? And under what circumstances?

A retirement home carrying the name of national hotel chain guarantees a return of 90% of the entrance fee (sometimes approaching 7 figures). Inquiry reveals that it is not backed by the billion-dollar chain but only the local, one-location corporation operator. Another retirement village returns your money only after the corporation receives another entrance fee from another applicant for your specific apartment. Not very reassuring "guarantees" for one's life savings.

I am often amused by an advertised guarantee of home repair work or something similar by a one-man organization in business for just a few years and who proclaims "lifetime guaranteed!" Whose lifetime and how long will the business last?

• **Independent.** "Independent" rarely means actually "independent." As used, the intent is to create a mental picture of a supposedly hassle-free operation. Almost everything in life is dependent on other things—government rules, state laws, organization bureaucracy. One must ask: Independent of what? Is there really something to be independent of? Does it make a difference if the operation is independent? Better or worse?

• **Nonprofit.** "Nonprofit" rarely means actually "nonprofit." The assumption is that nonprofit means better operated, free of egregious interferences, and working at lower cost than if it were a for-profit. None of these are "guarantees," as any nonprofit group can run counter to these euphemous ideas. For example, by law a nonprofit organization cannot show a profit. The term simply means that no individual shares the bottom line. However, if the bottom line happens to be a positive number (even a large number), accounting procedures refer to it as "excess of income over expenses"—no, not a profit. The one consistent thing that occurs, I think, is that no individual "profits" from the success of the organization, even though managers and officers may sometimes draw oversized salaries offered in appreciation of their successful operation.

• **No obligation.** "No obligation" rarely means actually "no obligation." Examine carefully all claims of "no
obligation." Very often, there is a hidden obligation. In the book offer reported earlier, in spite of the claim of no obligation, you must buy 1 book to get the 3 “free” ones. Again, the words are used to entice consumers with the mental picture of no obligation.

There is no suggestion here that there is any nefarious or fraudulent implication (although it could be so used). I merely point out that advertisers are attempting to create an attractive market with suggestive wording. Not every use of these terms is misleading or meant to be misleading—but so often they are. All of us—wordsmiths included—should be alert to the possibility of problems when we see these words—and just be careful. We must read all the small (and large) print.

Although these words are not ones that medical communicators typically use in their writing (although perhaps occasionally), the words illustrate the need to ensure the accuracy of all our words. We should tread carefully in our use of these words and all words, so that we can never be suspected of anything deliberately misleading. We must never use words casually or carelessly. For our own protection, let our words always be true. That will help keep us out of unexpected trouble.

The Endowment Fund is a crucial feature of AMWA’s plan to serve its members by expanding AMWA’s reach, capability, and services. This self-sustaining fund provides long-term support for strategic initiatives that directly benefit members.

A task force made up of AMWA members makes recommendations to the Board of Directors regarding how to apply interest from the Endowment Fund to activities consistent with AMWA’s mission that will benefit the entire membership. The first recommendation was to create a searchable index for the Dear Edie column, a project now underway. Other ideas include developing distance-learning workshops for the Web, bringing speakers to the annual conference, or setting up student scholarship programs.

By supporting the Endowment Fund, you can help AMWA provide other valuable benefits and services.

To contribute to the Endowment Fund, visit www.amwa.org.
In medical writing, there is no danger in being too precise—only in being imprecise.

By Edie Schwager

Institutional affiliations are given for information and convenience only. The views expressed, being solely those of the correspondents, do not represent those of any institution named or of the American Medical Writers Association. All queries, unless otherwise specified, were received and replied to by e-mail.

DEAR EDIE: I have a question about the use of the word “significant” in text that features statistical information. The passage in question reads as follows: “Adverse events occurred in 79% of patients treated with [agent], as compared with 72% of patients in the placebo arm (P =0.19), a difference that was not deemed significant. Similarly, there was no statistically significant difference in serious adverse events between the two groups.”

Is statistical significance a matter of judgement (or, if you prefer, judgment) and thus subject to being “deemed”? The second sentence presents statistical significance in what seems to me a more straightforward fashion. Could that second sentence be read to suggest that statistical significance, and not significance of a more subjective variety, is in play in the first sentence?

MONTGOMERY FITZPATRICKSON
Wells Associates
Malvern, Pa.

DEAR MONTY: When statistics are actually given and statistical comparisons are made, the significance might be assumed to be statistical. Contrariwise, if not so stated, “significance” can mean clinical significance, which is vastly different. Therefore, the first sentence could have read “. . . a difference that was not deemed statistically significant.” The word “statistically” must always be used up front. “Similarly” in the next sentence doesn’t cut it. Statistical significance is dependent primarily on the size of the sample, but there are of course many other variables in a study. Some readers might say that “statistically” would be understood, but I beg to differ. That’s the reason for my slogan at the head of this column.

The reader shouldn’t have to assume that clinical significance wasn’t considered in that paragraph of the article. Naturally, it is most likely discussed in another part of the same work.

As for “deemed,” the judgment is made by the author or the statistician on board. English is a wondrous language; “significance” has many meanings, including a figurative one, which has no relevance in this context.

Ripples: (1) “Judgment” isn’t the only word in U.S. English (British style is different) that doesn’t retain the “e” after the “g”: fledgling, acknowledgment, lodgment and abridgment are other examples. (2) Don’t forget to include the “u” after the “g” in “Portuguese” and “de rigueur.” (3) I work with “U.S. English” because most people use “Americans” in referring only to United States inhabitants, despite the fact that inhabitants of Canada are also Americans.

DEAR EDIE: There is a debate among Chinese translators (on www.proz.com) about the meaning of the following commonly used sentence in manuals of medical devices sold in the United States: “Federal [‘(USA)’ is included in multilingual documents] law restricts this device to sale by or on the order of a physician.”

The sticky point is the phrase “by or on the order of a physician.” Is it equivalent to “by a physician or on the order of a physician” or “by the order of a physician or on the order of a physician,” or something else? I have been translating it as “by a physician or on the order of a physician.” I hope you can confirm that my reading is correct.

MANYEE TANG
Wayland, Mass.

DEAR MANYEE: Your query is an interesting one, since it points up the value of clarity and of a comma. The sentence can be clarified by simply using a comma, thus: “Federal [USA] law restricts this device to sale by, or on the order of, a physician.” Your version would also be correct: “. . . sale by a physician or on the order of a physician.”
I believe that the latter part is ambiguous, since “sale by” could mean that a particular medical device can be bought by, or on the order of, a physician, or sold by, or on the order of, a physician. Which is it? Either? Both? I sent e-mail messages about this question to the branch of the FDA that handles these matters, but never got a reply. So the answer for me remains in limbo. Am I missing something here?

FDA: Are you listening?

DEAR EDIE: Why do so many words have the prefix “in,” which negates the meaning of the root, while a few words are instead intensified by the “in” prefix? Perhaps the most notable—and confusing—example is “inflammable”; clearly the prefix “in” does not negate the meaning of the root. Is there some way to tell without the aid of a dictionary?

JOHN DOTTIS HAGAN
Computer Consultant
Trilon, Inc.
Media, Pa.

DEAR JOHN: As a teacher, engineer, and the “Father of PennNet,” I’m sure you’ll understand my verbomaniacal prolixity. First of all, I must explain that, unfortunately, the Romans came up with a bothersome something that confuses English speakers: a prefix, “in-,” which can have either a positive meaning (in, inward, within, toward, on) or a negative one (not, non). As you point out, one outstanding example is the confusion over “inflammable” and “flamma- tive” (not, non). As you point out, one outstanding example is the confusion over “inflammable” and “flammable.” They mean exactly the same thing, but the latter is the modern version, and a good thing too.

I turned to my trusty Webster’s Third New International Dictionary of the English Language (mercifully shortened in the vulgate to Webster’s Third), which necessarily sits on a stand next to my computer. Here are some in- words with a positive meaning: incoming, influence, indoor, indwelling, indurate, inane and induce. The reason there are so few is that in English the prefix changes for euphony:

Assimilation (this kind has to do with etymology, not the gastrointestinal kind) also operates when the privative prefix in- changes to il-, im-, or ir- to match the first sound of the next syllable: illogical, imprecise, irrelevant [Medical English Usage and Abusage, p. 95].

One kind of in- is a spatial prefix, meaning in, on, or into, as in such Latin-derived words as insurrection (from surrectus, the past participle of surgere, to rise), inflammable (from flamma, flame), induration (durare, to harden), and injection (jacere, to throw). ¶ Another kind of in- is an antonymous or privative prefix, as in insensitive (sensus, senso, perception), immature (maturus, ripe), illegible (legibilis, capable of being read), impossible (possibilis, from posse, to be able), injury (iura, juris, right, justice), irreverent (revereri, to stand in awe of). ¶The suffix -less is a privative suffix. [Ibid., p. 177]

DEAR READERS AND JOHN: Of course, you knew all of this. However, I’ve gone on to such lengths for a self-serving reason: I usually give chapter and verse when I answer similarly complicated “Dear Edie” queries. When I get a question such as this again, all I have to do is to refer back to this column, for which I’ve already done the research. My apology to you busy people for this verbose disquisition. As usual, I couldn’t resist. Just thought you’d like to refresh your memory about a little Latin.

DEAR EDIE: I came across this photo caption in the St. Louis Post-Dispatch and I just had to share it with you. It reads: “[Name], a senior biology student at St. Louis University, works on an enzyme essay in the university’s Edward A. Doisy Research Center.” Obviously, it should be “enzyme assay.”

Before I became a medical writer, I worked as a research scientist for many years. While I conducted many enzyme assays, I did not do any enzyme essays. (Maybe that was an English course I missed!)

Joseph Pulitzer, the founder of the newspaper, would not have been pleased.

JOANNE M. MCANDREWS, PhD
St. Louis, Mo.

DEAR JOANNE: Thanks for the best laugh of the day. I’ve seen “essay” used mistakenly for “assay” (and vice versa, although I hesitate to bring vice into this discussion) so many times that I had to stop clipping the examples. As editors, reporters, and other writers should know, an “essay” is an intellectual exercise involving writing. An “assay” may have many meanings, but none approaching those of an essay. In medical language, an assay is a “determination of the amount of a particular constituent of a mixture, or determination of the biological or pharmacological potency of a drug” (Dorland’s Illustrated Medical Dictionary, 29th ed.).

Funny you should mention Pulitzer. In 1994 The Journal of Irreproducible Results (the irrepressible science humor magazine, Norman Sperling, prop.) published a 1992 poem by Jerrold H. Zar, which never fails to make me howl with

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laughter, no matter how often I read it. The title was “Candidate for a Pullet Surprise.” The poem, sometimes referred to as “Owed to a Spelling Checker [or Chequer],” has been published and republished innumerable (literally) times. Google has about 80,600 entries for “Pullet Surprise.” One can get the entire poem by just putting those words in the address panel.

The poem does a job for me. I’ve inveighed many times against the reckless and feckless use of electronic spell-checking systems, and have advocated the services of a real, live editor instead. Here are the opening stanzas of the poem, which I may set to music some day:

**CANDIDATE FOR A PULLET SURPRISE**

I have a spelling checker,
It came with my PC.
It plane lee marks four my revue
Miss steaks aye can knot sea.

Eye ran this poem threw it,
Your sure reel glad two no.
Its vary polished in it’s weigh.
My checker tolled me sew.

The last two stanzas were irresistible to this writer-editor, so here they are:

To rite with care is quite a feet
Of witch won should bee proud,
And wee mussed dew the best wee can,
Sew flaw’s are knot aloud.

So ewe can see why aye dew prays
Such soft wear four pea seas,
And why eye brake in two averse
Buy righting want too pleas.

Thanks for the exercise, Joanne.

**DEAR DAVID:**

Ted (Theodore M.) Bernstein, the Supreme Court of American editors, had a syndicated column in The Philadelphia Inquirer in the 1970s, in which he answered queries about usage. He wrote this gem, which I have excerpted, italicized, and punctuated to suit myself and our times. I don’t think Ted would have minded. Newspapers in those days didn’t have the appropriate technology, and editors bolded where today we might use italics or quotation marks.

F. M. Cole of Toronto writes, “Could you say a word in your excellent column about the pronunciation of what are no doubt the two most common words—the definite and indefinite articles (“the” and “a”)—before a consonant?” (The fact that the phrase “your excellent column” is printed here proves that flattery sometimes works.) Mr. Cole’s point is that speakers on TV and radio seem to think that “a” always rhymes with bay and that “the” must always be pronounced thee.¶ As a matter of fact, a is almost always pronounced like the final a in “bandana.” It is pronounced thee only before a vowel or again when extra stress is desired.

And in his The Careful Writer, he wrote this about the omission of a or the preceding a noun:

When an article is normal before a noun, it is as necessary as a tail to a puppy, and amputating it hurts. Ask any pup. Above all, remember what the Bible says: “If I forget the, O Jerusalem, let my right hand forget her cunning.”

You will have noted that the final “a” in bandana is actually a schwa, which is no relative of mine, although I love it dearly and use it in speaking all the time.

Edie Schwager, a freelance writer, medical editor, and workshop teacher, lives in Philadelphia. She is the author of Medical English Usage and Abusage and of Better Vocabulary in 30 Minutes a Day. Queries and comments, which will be edited, should be sent directly to her in publishable form and preferably by e-mail. Edie answers queries as soon as possible.

To avoid back-and-forth, time-consuming messages, please include permission to publish (or instruction not to publish) with the questions or comments. For verification, correspondents must provide all addresses, especially the city and state, of the correspondent or the affiliate. The name of the affiliate and other data may be published unless Edie is otherwise directed. Edie’s e-mail address, not surprisingly, is dearedie@verizon.net.
Medical Writing 101: A Primer for Health Professionals
Arnold Melnick, DO, MSc, DHL (Hon), FACOP

In his book, Medical Writing 101: A Primer for Health Professionals, Arnold Melnick provides an introductory course covering the fundamentals of medical writing. He addresses this book to all medical writers, regardless of whether the person is a beginning student or a seasoned veteran from one of a variety of professions.

His introduction intends to shock: In promulgating your esoteric cogitations or articulating your superficial or philosophic sentimentalities, beware of platitudinous ponderosities. Eschew all conglomerations of flatulent garrulities. He explains that he uses these sentences as his opening in speaking about medical writing in courses or in a single lecture. He then describes his simple meaning: Don't use big words, talk plainly.

That is exactly what he does in his readable book of 11 brief chapters. He divides the book into 2 parts: scientific medical articles and other medical articles. Part I features discussions of such questions as "What will I write about?" "How will I write it?" and "Where shall I submit it?" He encourages the use of informal writing and plain English, noting, "Informal writing is personal and easier to comprehend, yet it must preserve the accurate and scientific." Melnick reviews many of the rules and common errors that medical writers must avoid and presents several guidelines for beginners:
• Use shorter sentences
• Use familiar words
• Avoid the passive voice
• Use strong nouns and verbs
• Use English forms instead of Latin

Melnick was Dean of the Southeastern College of Osteopathic Medicine and introduced and taught one of the first medical communication courses in a US medical school. Now retired, he writes columns on medical communication for 3 publications. In this book, he has created an interesting "how-to" book and review course. Although it is short, it is quite comprehensive, and medical writers can benefit from the inspiration of this seasoned and experienced writer.

— Evelyn B. Kelly, PhD
Evelyn is a medical writer in Ocala, FL, and serves as the Book Reviews Editor for the AMWA Journal.

Sustaining the Dignity and Nobility of Medical Care: A Collection of Essays
Joseph V. Simone, MD

Dr. Joseph Simone's book, Sustaining the Dignity and Nobility of Medical Care, could not have come at a better time. The need for health care reform is once again in the national headlines as candidates vie to become the next President of the United States. Everyone agrees something needs to be done about the economic impact of the spiraling cost of medical care and the 47 million uninsured Americans, but few people agree about how it should be done. As Dr. Simone and other health care professionals dealing with these issues on a daily basis know, there are no easy solutions. So what does this debate about health care reform have to do with "sustaining the dignity and nobility of medical care?" The answer is: "A lot."

In this collection of essays—originally published in Oncology Times, a trade paper for cancer physicians and nurses—Dr. Simone makes it abundantly clear that any attempts at meaningful health care reform must not lose sight of "the essential nobility of providing medical care." In his introduction, he notes that, for a number of reasons, "it is challenging today to sustain the spirit of care and to put trust in the system of care."

According to Dr. Simone, who spent his career as a pediatric oncologist, many of the challenges currently facing physicians have to do with ethics and money. Although this has been true since the practice of medicine began, these issues seem more relevant today because the amount of money at stake in the medical marketplace is greater than ever.
before. Dr. Simone tackles these challenges both directly and indirectly in the well-written, engaging, and informative essays included in this book.

Although his essays were originally directed toward cancer specialists, Dr. Simone delves into topics that are relevant to anyone responsible for providing medical care today, and anyone interested in gaining some insight into the complex issues related to the delivery of health care in the United States. Should something be done to contain medical costs? If so, what should be done; how should it be done; and who should decide? How truthful should physicians be with their patients, especially those who are dying? What are the solutions to providing basic health care for everyone? What is the best way to assess the quality of care provided by physicians and health care organizations?

Why has the public seemingly lost trust in the medical community?

The essays, each ranging from 2 to 4 pages in length, are arranged into 7 chapters that cover such important topics as the practice and policy of patient care, the quality of cancer care, living with dying, being a doctor, medical ethics and values, leadership in medicine, and cancer research. Along the way, Dr. Simone provides some personal insight into the life experiences that led him into medicine and influenced his evolution into a physician who believes in the nobility of the medical profession and views caring for patients as a privilege.

— Donna Miceli

Donna is a freelance medical writer in Fort Myers, FL.

Ethical Problem in Pediatrics: A Dozen Dilemmas
Arnold Melnick, DO, MSc, DHL (Hon), FACOP

In his book, Ethical Problem in Pediatrics: A Dozen Dilemmas, Arnold Melnick acknowledges that so much is controversial and confusing about ethical problems. Interpretation of what is and what is not ethical depends on our backgrounds, our experiences, our training, and even our prejudices.

In this very readable book, Melnick discusses 12 ethical situations that a pediatrician may face. For example, situation 1 presents 14-year-old John, who comes to you, his physician, in confidence and says he believes he has gonorrhea. You have known his family and have a great relationship with them. However, you know that if his parents find out, it will cause great turmoil. What do you do?

Melnick lays out 5 options to consider and then discusses each of the options. At the end of the section, he gives his opinion of the best way to handle the situation but also presents a second opinion. All 12 ethical issues are challenging. As one who has studied ethics, I was especially interested in his exposition of the cases and options. I also appreciated the second opinions, which showed that, in some situations, there is no one answer. I think medical writers will enjoy reading this book. It will certainly make the reader think, which is Melnick’s goal.

— Evelyn B. Kelly, PhD

Evelyn is a medical writer in Ocala, FL, and serves as the Book Reviews Editor for the AMWA Journal.

WEB SITE
folders. It’s also possible to import your Favorites or bookmarks from your browser so that you can access them anywhere, on any computer.

MyStuff has an easy to navigate FAQ page that is useful for novices and pros alike. For easy access to MyStuff, you can add it as a toolbar or icon to your browser. You can use MyStuff without registering. However, registering gives you the ability to access your “stuff” from any computer. Having your own “personalized Web” is a handy thing. Not only can you access your stuff from any computer, you can also access it from any location. All you need is Internet access. It’s definitely better than carrying your file cabinet around!

**Del.icio.us**

Del.icio.us is a “social bookmarking” Web site. This means that the information you store on Del.icio.us is stored on the Web, not on your browser and, if you choose, your information can be accessed by anyone. When you bookmark or save a Web site on Del.icio.us you use “tags,” which are 1-word descriptions of the Web site. You can use recommended tags or make up your own. Because your saved Web sites and/or tags are saved on the Web, not on your computer or browser, anyone who is looking for information on the same subject will find your Web sites by entering that tag into the Del.icio.us search tool. The search will also retrieve any other Web sites with the same tag and tell you how many people saved each Web site! Once registered on Del.icio.us, you can access your tags and saved Web sites from anywhere on any computer. When you save a Web site, you can add notes, share the Web site with your network (your chosen group or groups of people) or choose not to share it at all. Del.icio.us offers a video explaining social bookmarking. Icons can be added to your browser’s toolbar to make both tagging and retrieval easier. From your Del.icio.us home page you can search within your own tags, within Del.icio.us or on the Web (via Yahoo!).

Both MyStuff and Del.icio.us are useful tools for organization and rapid retrieval of information. The sites are differentiated by the amount of openness to community and the method of retrieving search results. The MyStuff user has to make an active choice to share information. The Del.icio.us user has to make an active choice not to share information. In addition, Del.icio.us has a link for popular searches and recent searches by the community. MyStuff lacks this feature. As mentioned, MyStuff uses the familiar folder format for saving search results. Del.icio.us saves search results by the tag or tags assigned to the Web site. The tags can be displayed as either a list or a “cloud,” with tags in bold to indicate that there are multiple Web sites under the given tag. Unless the user is very accurate in using the tag descriptions, the tag method of retrieval is cumbersome for rapid retrieval. While Del.icio.us is fun and can be used to throw the net widely in a search, MyStuff is faster for retrieving information specific to a given topic. Both are useful in their own way, and both are worth adding to your toolbar.

— Mary Lou Bernardo, PhD, MSN

Mary Lou is a freelance writer in Branford, CT.
Save a Tree

Receive Your Copy of the AMWA Journal Online Only

In response to requests from environmentally conscious members and in keeping with its continuing efforts to “go green,” AMWA is now offering members the option to receive their AMWA Journal online only, with no hard copy sent by postal mail. Members can indicate their preference for this option on the membership application form, membership renewal form, and membership account update form, all found on AMWA’s Web site (www.amwa.org→Membership). New issues of the Journal (and past issues back through 1999) are available in PDF format on the AMWA Web site. All members will continue to receive an electronic announcement when the latest issue is posted (via either the AMWA Update or a separate e-mail). Please review your account information on the membership account update form and update it if necessary, and at the same time check the box for the Green Initiative if you want to save a tree!
AMWA Launches Freelance Opportunities Listserve

AMWA has recently implemented the new Freelance Opportunities Listserve. This new listserve is available at no extra charge to all AMWA members who have a listing in AMWA’s Freelance Directory. Subscribers may post notices offering their services, seeking subcontractors, or referring overflow work. In addition, this listserve will also alert subscribers when a new freelance job has been listed in AMWA’s Jobs Online. Messages are restricted to information about freelance opportunities; posting information about full-time or part-time employment is not permitted. Such information should be communicated by means of AMWA’s Jobs Online service. The Freelance Opportunities Listserve is an announcement-only listserve; that is, all responses are sent to the sender only and not to the listserve.

If you already have a listing in the Freelance Directory and wish to subscribe to the new listserve, visit the Freelance Directory Subscription page of AMWA’s Web site (www.amwa.org→Freelance Directory→Need Clients?→Update Your Listing). Once you are on the Freelance Directory Subscription page, scroll down to the bottom of the page and indicate in the box that you would like to subscribe. If you do not have a listing in the Freelance Directory and wish to purchase one, go to the Freelance Directory Listing Signup form page (www.amwa.org→Freelance Directory→Need Clients?→Post Your Listing) and complete the form. Once you have purchased a listing in the Freelance Directory you will be eligible to subscribe to the Freelance Opportunities Listserve. You will find instructions for using the new listserve on the Freelance Opportunities Listserve page of the Web site (www.amwa.org→Freelance Directory→Need Clients?→Freelance Opportunities Listserve). Users of the Freelance Opportunities Listserve should adhere to the guidelines established (see box below).

RULES AND GUIDELINES for AMWA’s Freelance Opportunities Listserve

The Freelance Opportunities Listserve is dedicated to postings from members listed in the AMWA Freelance Directory who are seeking freelance help or offering freelance services. Only members with a listing in the Freelance Directory may post or receive messages on this listserve. The rules and guidelines for AMWA’s other listserves also apply to this one. In addition, please observe the following additional rules and guidelines:

- Restrict postings to information about freelance opportunities; postings about full-time or part-time employment are not permitted. [Employment information should be communicated through AMWA’s Jobs Online service.]
- Post only announcements or inquiries to the listserve. Responses should be sent directly to the individual who sent the original post. All communications subsequent to the initial post should be communicated privately, off list.
- Do not post advertisements for services on behalf of nonmembers. However, subscribers may refer work that they are too busy or not qualified to do, with their client’s permission. In these cases, the posting may contain the client’s contact information so that interested freelancers may contact the client directly. (It is expected that subscribers will not routinely post assignments on behalf of a client.)
- Posts asking for recommendations about people or companies that provide allied services, such as graphics, literature searching, or printing, are permitted.

AMWA reserves the right to terminate access to this listserve for any user who does not abide by these guidelines.
Each year, the slate of AMWA officers is chosen by the Nominating Committee, which consists of the President-Elect (who serves as chair) and 6 voting members who are not members of the Executive Committee (EC). The Nominating Committee receives from AMWA headquarters the names and biographies of all members meeting the criteria for the 3 elective offices: President-Elect, Secretary, and Treasurer. Members of the committee discuss the potential candidates and select 1 candidate for each position. The names of these candidates are then presented to the Board of Directors for approval at its spring meeting.

The president-elect automatically assumes the office of president at the annual business meeting held during the annual conference of the following year. The 2008-2009 AMWA president is Cindy W. Hamilton, PharmD, ELS. Hamilton has served AMWA in many capacities on the national level. Before becoming president-elect in 2007, she served 4 terms as treasurer. She has also served as administrator of the annual conference (2002-2003), administrator of chapters (2001-2002), and local arrangements chair for the annual conference (2000-2001). She chaired the task force that, in 2002, developed a position statement on the contributions of medical writers to scientific publications. She has also served on several committees, including the Web and Internet technology (WIT) committee (2003-2006; chair, 2005-2006), the constitution and bylaws committee (2005-2006), the elections task force (chair, 2003-2005), and the grants task force (2004-2005). She has also led AMWA workshops, open sessions, and breakfast roundtables at annual conferences.

An active member of the Mid-Atlantic Chapter, Hamilton was instrumental in organizing a satellite group of AMWA members in southeastern Virginia. She was awarded fellowship in 2005.

Since 1990, she has been principal of Hamilton House, a medical writing and editing firm in Virginia Beach. Before then, she worked at a medical communications company, taught pharmacy courses, was a clinical pharmacist, and was a clinical research scientist at a major pharmaceutical company. She is accredited by the Board of Editors in the Life Sciences (BELS) as a life sciences editor. She holds a doctor of pharmacy degree from the University of the Sciences in Philadelphia and a bachelor of science degree in pharmacy from the University of North Carolina at Chapel Hill.

The following candidates were approved by the Board of Directors at its spring 2008 meeting:

**President-elect:** The president-elect must be a Fellow of AMWA, must have held at least 2 different positions on the Executive Committee (EC), and must have served on the EC for at least 2 full years when his or her name is being considered by the Nominating Committee. In either case, he or she must be an EC member when nominated as president-elect.

Thomas Gegeny, MS, ELS, a member since 1998, has been AMWA’s secretary since 2006. He has also served as the WIT administrator (2005-2006), annual conference administrator (2005), administrator of publications (2002-2003), and administrator of membership (2001-2002). He is currently a member of the task force on partnering with academic institutions and has served on the education committee (2003-2004 and the WIT committee (2004-2005 and 2006-2007), serving as chair of the latter committee in 2003-2004. Gegeny has also been extensively involved in the annual conference as a workshop leader, open session speaker, coffee and dessert klatch leader, and roundtable leader; he was a breakfast roundtable coordinator in 2001 and again in 2004. He was awarded Fellowship in 2004. He was active in the Southwest Chapter, including serving as Webmaster, program chair, president-elect, and president.

Now a member of the New England chapter, Gegeny is a medical writer at Envision Pharma in Southport, CT, after
working for more than 6 years at The Center for AIDS Information & Advocacy in Houston, TX. He holds a master’s degree in biomedical sciences from The University of Texas Houston Health Science Center. He earned BELS certification in 1999.

Secretary: The secretary must have served in at least 2 different positions on the EC within the 5 years immediately preceding his or her consideration by the Nominating Committee and should be a fellow of AMWA.

Mary G. Royer, MS, ELS, a member since 1987, is currently serving her second term on the EC as the WIT administrator and has also served as the publications administrator (2003-2004). Royer is currently a member of the task force on partnering with academic institutions and has also been a member of many committees, including the long-range planning committee (4 terms), publications committee (6 terms), publishing committee, nominating committee, fellowship committee, elections task force, Swanberg committee (2 terms, one as chair), and the WIT committee. She was also a member of the task force that developed AMWA’s position statement on the contributions of medical writers to scientific publications. She has participated in annual conferences as a workshop leader (2004-2007) and a roundtable leader and has been a roundtable coordinator, freelance section chair, and special interest session coordinator. She has also been a Journal peer reviewer since 2003. At the chapter level, she served as the 1990-1992 Delaware Valley Chapter secretary. She was awarded the President’s Award in 2000 and Fellowship in 2001.

Royer is a freelance medical writer in Ithaca, NY. Before starting her business, Royer held positions at Sterling Drug, the New York State College of Veterinary Medicine, and Norwich Eaton Pharmaceuticals. A graduate of Tufts University, she also holds a master’s degree in technical communication from Rensselaer Polytechnic Institute. She received BELS certification in 1992.

Judi M. Pepin, PhD, has been a member since 1997 and currently serves as AMWA’s treasurer. She served on the 2006-2007 EC as development administrator, held 3 terms as a member of the B&F committee (2003 to 2007), and was a member of the WIT committee (2005-2006). Pepin also served 6 years as treasurer for the Ohio Valley Chapter (2000-2006) and was the Ohio Valley Chapter delegate for 3 years (2003-2006).

Pepin is currently a medical writer at Procter & Gamble Pharmaceuticals in Mason, OH, where she has been employed since 1990. She holds a doctorate and a master’s degree in pharmacology and toxicology from the University of Connecticut School of Pharmacy, Storrs, CT, and a bachelor of arts degree in biochemistry from Smith College in Northampton, MA. She completed her postdoctoral training in the department of vascular cell biology and atherosclerosis at Cleveland Clinic.

Procedure for Additional Nominations
According to AMWA’s Bylaws (Article III.1b), additional nominations for president-elect, secretary, or treasurer may be made by any member whose dues and special assessments are current, provided that any such nomination is submitted in writing to the secretary of AMWA at least 30 days before the annual business meeting (at the annual conference [October 23-25, 2008]). Such a nomination must state clearly the qualifications of the candidate, must be signed by 50 members in good standing as of December 31 of the previous year, and must be accompanied by a letter from the candidate stating that he or she is willing to serve if elected.

Questions about the structure and governing bodies of AMWA? Review 2 articles previously published in the AMWA Journal.1,2 Questions about how the AMWA election works? Visit www.amwa.org and review new Election Process FAQs posted this year in the members only section.

References

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Note from the President
by Sue Hudson

I’ve just returned from the spring 2008 meeting of the AMWA Board of Directors (BOD). At this meeting, delegates from every chapter and members of the Executive Committee (EC) spent 2 days doing the work with which we’re charged in the AMWA constitution: formulating the policies and programs of AMWA in accordance with the organization’s objectives. Here are some highlights:

• An important BOD responsibility is to monitor AMWA’s financial health. With the help of Treasurer Judi Pepin, we examined AMWA’s current financial statements, learning that AMWA is operating within its budget and has adequate reserves in place to cover contingencies. We also reviewed next year’s budget, which will be in effect from July 1, 2008, through June 30, 2009. The BOD approved AMWA’s plans for generating income (primarily through dues and revenue from the 2008 Annual Conference in Louisville) and its planned operating expenses for the year, including annual conference costs and the programs described here. (For more information, read the 2006-2007 AMWA Financial Statement in the March 2008 issue of the Journal.)

• The BOD learned that the first 2008 Webinar will feature “Dear Edie Live,” led by AMWA’s perennial favorite workshop leader, Journal columnist, and English usage maven Edie Schwager. Development Administrator Barbara Snyder also told us that details are being confirmed for the second 2008 Webinar, which will focus on a regulatory writing topic. AMWA members will be able to participate in these Webinars for a $50 registration fee ($100 for nonmembers). By charging a small fee, AMWA can offer a rich and varied Web-based educational program throughout the year.

• Interest from the AMWA Endowment Fund will be used in 2008 to index the “Dear Edie” columns that have appeared for many years in the Journal. (Learn more in Web Watch, which begins on page 92.)

• An overall index of the Journal is also being developed to make it easier to access Journal articles online. (Learn more in Web Watch, which begins on page 92.)

• BOD members were enthusiastic about plans for the 2008 Louisville conference, described by Annual Conference Administrator Robert J. Bonk, PhD; new workshops and a compelling roster of open sessions, roundtables, posters, and coffee klatches will be accompanied by health fair activities in line with this year’s theme of “Setting the Pace.” (See Conference Preview, beginning on page 56)

• In a chapter delegates’ meeting led by Membership/Chapters Administrator Michele Vivirito, the delegates voted to allow chapters to apply for financial assistance from the Chapter Fund to send a delegate to the fall BOD meeting. Previously, such assistance was available for only the spring BOD. The Chapter Fund consists of a small percentage of members’ dues set aside to assist chapters who need financial help; it was created several years ago to ensure that every chapter would be represented at BOD meetings. Applications for assistance are reviewed by the Budget and Finance Committee.

• The budget for the Journal was increased by approximately 10% over the 2007-2008 level. Publications Administrator Melanie Ross noted that this increase will allow the inclusion of more content in each Journal issue.

• Web and Internet Technology Administrator Mary Royer described enhancements to the AMWA Web site that are in progress, including the new Freelance Opportunities Listserve. (See Web Watch beginning on page 92.)

• As prescribed in the Bylaws, the nominating committee presented the BOD with the proposed slate of officers for 2008-2009. The slate was unanimously approved by the BOD. (See page 94.)

Maintaining the high quality of AMWA’s education program is a constant concern of AMWA’s leadership and staff. Education Administrator Larry Liberti and Annual Conference Workshop Administrator Susan Aiello shared news in this area:

• The education committee has approved 8 new workshops for presentation in Louisville and is in the process of reviewing several more. Every proposal for a potential new workshop is reviewed by the committee to ensure that it meets AMWA’s standards.

• A new self-study module is in the works. “Statistics for Medical Writers and Editors,” developed by Bart Harvey, will be introduced in 2009.

• A new handbook for workshop leaders will soon be available on the AMWA Web site. The handbook will contain the information and tools that current and prospective workshop leaders need to develop and deliver AMWA workshops.

The BOD meeting was stimulating and productive. I thank all the participants for their contributions, and I look forward to our next meeting at the annual conference in October. I also add my voice to those of all the BOD members in expressing our appreciation to AMWA’s headquarters staff, whose professionalism, skill, and gracious service are essential to all of AMWA’s programs.
On March 6, the Carolinas Chapter was proud to sponsor a lecture called “Turning Pages” by Dr. Oliver Smithies, co-winner of the Nobel Prize in Physiology or Medicine for 2007. An enthusiastic audience of about 175 AMWA and community members attended the talk at the Friday Center in Chapel Hill, NC. The event was organized on the initiative of chapter member Jenny Walker, who introduced Dr. Smithies (see photo).

Dr. Smithies is from the department of pathology and laboratory medicine at the University of North Carolina at Chapel Hill. He and Dr. Mario R. Capecchi and Dr. Martin J. Evans shared the Nobel Prize for their discoveries concerning embryonic stem cells and DNA recombination in mammals, which led to the ability to target genes in mice. Gene targeting allows scientists to produce almost any type of DNA modification in the mouse genome, making it possible to establish the role of individual genes in health and disease. In particular, Dr. Smithies has used gene targeting to develop mouse models for diseases such as cystic fibrosis, thalassemia, hypertension, and atherosclerosis.

Dr. Smithies used pages of his actual lab notebooks within his slide presentation to illustrate points in his career at which insights had occurred to (or eluded) him. Hence, he titled his talk “Turning Pages,” to highlight the actual pages of the notebooks. The first page we saw was in lab notebook 18, and the last in lab notebook 90-something. The notebook pages were skillfully used, like family snapshots of children as they grow, to illustrate the passage of time. As one chapter member noted, “What a refreshing change, to have a speaker who knows that it’s all about the story and not the PowerPoint slides.”

The main themes of Dr. Smithies’ talk were chance, opportunity, and planning. As he admitted with good humor, many of his breakthroughs were results of the first 2 concepts, not the latter. For example, although he won the Nobel Prize for other work, Dr. Smithies also invented the now nearly ubiquitous laboratory technique of gel electrophoresis. The idea came to him, he related, when he remembered that his mother used to mix up a starch mixture in doing the family laundry, and that by the time she was done, the starch was a gel. This, plus some low-tech plastic gear and tubes in the lab, was the genesis of an incredibly powerful tool. However, Dr. Smithies noted ruefully, someone else patented the technique for gel electrophoresis, as was also true for the autopipette apparatus description he published in 1953—but was patented by someone else 20 years later.

In a question-and-answer session after his talk, Dr. Smithies shared some of his “secrets of success” with the audience.

- “Make sure that you enjoy your everyday work—but don’t expect to enjoy it every day.”
- “There is no substitute for hard work.”
- Try for a big goal, but settle for something smaller. “Just make sure you can publish it,” he added with a smile.

Surprisingly, failure was a recurrent theme in Dr. Smithies’ talk, as it is for everyone who “thinks big” and generates many creative ideas. Not all ideas work, and acceptance of that cannot deter one from continuing to try, he said. An equally recurrent theme in Dr. Smithies’ career is dogged perseverance. One wonders, in the current challenging climate for funding of research, whether the Dr. Smithies of tomorrow will get from his department chair or university dean the 3 or 4 years he might need to perfect his ideas. Amazingly, even after winning a Nobel Prize, Dr. Smithies’ last National Institutes of Health grant application was rejected for funding. Undaunted (and not even apparently very miffed), he plans to resubmit it this year for the third time, which will be the final try for this proposal.

Perhaps the most astonishing thing about Dr. Smithies’ talk was his modesty. He conveyed the impression that anyone could have come up with his ideas, given the same circumstances. While unlikely, this was an inspiring message nonetheless. As one audience member said after the talk, “It is wonderful that a person of his caliber at 82 years of age is still excited by his work.” And he still works at least part of every day—although, as an accomplished amateur pilot, he still finds time to fly his glider often as well. Intellectual
When I joined AMWA in 2004, the Michigan Chapter was beyond needing revitalization; it needed out-and-out resuscitation. This became painfully apparent at the 2005 Annual Conference when I went to the Chapter Meet and Greet, hoping to meet, greet, and unwind with colleagues from the Great Lakes state. When I reviewed the program earlier that day, I spotted 8 or 9 members from Michigan on the attendee list, but there I sat at the Michigan table, a solitary figure munching on pretzels and watching the other tables fill. Perhaps out of pity, the Rocky Mountain Chapter eventually called me over and pulled out a chair. They explained that as a chapter, they were pretty spread out, and that they might as well take in a Michigander.

What Had Happened to the Michigan Chapter?
I was told that it had once been a thriving chapter, with strong leadership and robust educational offerings. Then, sometime shortly after the turn of the century, the chapter had suddenly and unexpectedly “gone inactive.” Some said the chapter’s fate had been sealed as Michigan-based pharmaceutical companies merged, downsized, and, in the end, left the state altogether. Others said that a core group of leaders had fatigued after years of service, and that no one had stepped in to replace them. Whatever the reason, Michigan’s 90-some AMWA members were chapterless.

Initiating Resuscitation
Shortly after the conference, and with the encouragement of AMWA, I sent a survey to Michigan members asking who they were, what they did, what AMWA experience they had, what a state chapter could do for them, and what they could do for the chapter. Finally, I asked whether the Michigan Chapter should be restored, be merged with another nearby chapter (we had plenty of great ones from which to choose), or be abandoned altogether. The response rate was surprisingly good, almost 30%. I collated the data and provided a summary of findings for AMWA headquarters. Two findings surprised me; the high percentage of freelance writers in a state previously dominated by the pharmaceutical industry, and the strong level of interest expressed by writers who had previously served as leaders in the Michigan chapter. Numbers 1 and 2 on the request list were educational events (especially workshops) and networking opportunities. Regarding the future direction of the chapter, responders were split equally between restoring the chapter and merging with a neighboring chapter.

An unanticipated benefit of my survey work was deepened involvement with AMWA at the national level. I was asked to serve as an unofficial chapter delegate at Board of Director meetings and to serve on a newly convened Chapter Revitalization Committee. At every turn, I was offered support and encouragement, especially by Vicki White who served as the chapter/membership administrator during that period. My interactions energized me and strengthened my resolve to explore the Michigan chapter’s potential.

Prior to the next annual conference, I sent e-mail notes to AMWA members from Michigan who had registered to attend and urged them to come to the Chapter Meet and Greet. I told them how I had sat alone the previous year, enduring sneers from the Ohio Valley Chapter. A lie? Yes. But it was an effective lie. Thirteen Michigan members gathered at the Meet and Greet to defend our state’s honor. We shoved tables together and set about the happy work of curiosity and a wry sense of humor are clearly large components in his love of life.

Dr. Smithies’ talk for AMWA was based on his Nobel Prize lecture (different from a Nobel Prize acceptance speech, and intended for a lay audience). If you wish you had heard him in Chapel Hill, go to the link below for Dr. Smithies’ 2007 Nobel Prize lecture: http://nobelprize.org/nobel_prizes/medicine/laureates/2007/smithies-lecture.html

If you prefer not to listen to the 43-minute lecture, you can view the slides only.

Karen is the assistant director, Grant and Publication Development in the Office of Research, Wake Forest University Health Sciences, Winston-Salem, NC. She also serves as the current AMWA awards administrator.

Resuscitation of the Michigan Chapter:
A Heart-warming (Mostly) True Story of Fits and Starts

By Tamara Ball, MD

Log onto the AMWA Web site at www.amwa.org to find details on upcoming chapter conferences.
organizing. We debated the pros and cons of various formats for a first event. Should it be educational? Should we invite someone from the national level of AMWA to address the chapter? Or should the event be purely social? In the end, we decided on a food-centered event with in-depth introductions to assess our strengths and a call for leadership. We chose a time (late spring: anything sooner in Michigan is a complete gamble) and a place (Lansing, a very central location in this very large state). The atmosphere bristled with possibility, as people stepped forth to make the event a reality.

Progressing in Fits and Starts

Things ground to a halt as several key figures underwent major life changes—moves, job changes, health issues, and such. I was one person moving, 3 hours east from a little town on the shore of Lake Michigan to Ann Arbor. It didn’t take long before 3 Ann Arbor AMWA members discovered I’d moved to town, and soon the 4 of us were meeting regularly after work in small cafes to eat, drink, laugh, and discuss jump-start plans first conceived at the Meet and Greet.

In September of 2007 29 people, nearly a third of the Michigan membership, gathered for brunch. Our bets on time (Sunday, early afternoon) and place (Ann Arbor, an eclectic, quirky college town that most members can reach in under 3 hours) appeared to have paid off. Oh, and did I mention the food was free? We paid for it with funds from our chapter membership rebates that had been accumulating over our years of chapter inactivity.

When I arrived—a little late, I must confess—I had no problem locating our group. With all the shouts of recognition, hugs, catching up, and welcoming that was going on, I immediately set aside fears of a stilted, awkwardly silent start. As planned, we enjoyed a leisurely brunch, after which people shared “mini-biographies in 5 minutes or less.” The amount of experience and diversity in the room was astonishing. Then came the tough subject of service. I outlined the duties of president, president-elect (“just a heartbeat away from the ultimate seat of power”), treasurer, and secretary and described the function of 4 committees (membership, education, communication, and programming) that we had identified as critical. Just before passing out sign-up sheets, I announced a service incentive: AMWA dollars. These monetary tokens of appreciation are redeemable for $50 (committee members) or $75 (Executive Committee and committee chairs) worth of anything that can be purchased through AMWA (Figure 1). Another great use of our languishing chapter rebate fund!

Coming together is a beginning.
Keeping together is progress.
Working together is success.

- Henry Ford

The medical communicators of Michigan have come together and have not only kept together, but grown in number. Now we’re working together, and the magic is underway!

Tami currently resides in Ann Arbor, in the great state of Michigan. She works as a senior medical writer for i3 Statprobe.
Virginia T. Eicholtz was President of AMWA in 1973. She did not plan it, nor did anyone else. She did not realize it was happening. But Virginia Eicholtz was changing forever the complexion of the American Medical Writers Association, for the better.

In the first 30 or so years of its existence, AMWA never had a female chief executive. And it did well. Her election challenged, unconsciously, the tradition of all presidents being male. Her very successful year in office, plus her years of notable service as she worked her way up to the presidency, paved the way for other women to head the organization. Since she served—25 years ago—more than half the presidents have been women. And AMWA has done even better. What a sublime accomplishment!

Ginny died on March 3, 2008 at the age of 89.

Pleasant, friendly, soft-spoken but dedicated, intelligent, and focused—that was Ginny. She was well-liked by all who knew her and by many who did not have the pleasure. She conducted herself and her meetings with humor and dignity and fairness.

Ginny was born in Perry, KS, and attended Kansas State University, Northwestern University, and Washburn University. She was with the Menninger Foundation from 1956 to 1988, starting as copyeditor of the Bulletin of Menninger Clinic, a journal for the mental health professions, from 1956 to 1960 and then became editorial secretary, assistant editor, and managing editor of the journal. In 1983, she became director of Menninger’s Division of Scientific Writing, retiring in 1985. From then until 1988, she was instructor in scientific writing for the Karl Menninger School of Psychiatry and Mental Health Sciences.

Ginny joined AMWA in 1964 and was honored with AMWA fellowship in 1974. In addition to her activities in AMWA, she was a member of the Council of Science Editors and the American Association for the Advancement of Science. She was also a member of the Kansas Press Women, the National Federation of Press Women, and the Board of Directors of the Capital Area Chapter of the American Red Cross.

Ginny married George H. Eicholtz in 1937, who died in 2002. Surviving her are 2 sons, Jon T. Eicholtz and William H. Eicholtz, 10 grandchildren, 20 great-grandchildren, and 12 great-great-grandchildren. She was preceded in death by her son James R. Eicholtz.

Virginia Eicholtz was a distinguished lady, a wonderful leader, an outstanding human being, and a beloved friend. Ginny was a grand dame. She left her mark. And also many broken hearts.

— Arnold Melnick, DO
1975-1976 AMWA President

Ginny Eicholtz was a Woman who cast a huge imprint of worthwhile deeds during her lifetime. She was a Woman who was tremendously loved and respected by all who knew her. She was a Woman who courted cooperation, love, and understanding amongst all of us. She was a Woman who was an understanding listener and counselor. And finally, she was a Woman of love and peace...love of family and a multitude of friends.

— William D. Nelligan
Former AMWA Treasurer

“Now You Listen to Mother” was Ginny’s frequent but gentle counsel to me as she carefully mentored me in preparation for my responsibilities as president of AMWA. Her guidance and friendship was steadfast and in large part helped to launch my career in medical communications and education. AMWA has lost a true pioneer, a leader who set the foundation for its future success. I am saddened by her loss.

— Robert F. Orsetti, MA
1978-1979 AMWA President

Ginny Eicholtz was a dear and close friend. There was much to admire in her. Let me just mention 3 things. She always put on a cheerful and happy face no matter what challenges she may have been enduring. In that sense, she was a private person and kept her troubles to herself.
She was someone who knew how to get things done. Who but Ginny would get then-senator Bob Dole to come to Topeka and celebrate Dr. Karl Menninger’s 90th birthday. The Senator said that he discovered that he and Dr. Karl shared the same birthday, albeit 30 years apart.

Ginny’s sparkling sense of humor never left her. When I spoke with her a few months ago, she asked when was I going to get a wheelchair, because she wanted me to come out to Topeka so we could wheel around together.

All of us who knew her will miss her. I know that I will miss her very much, indeed I will.

— Milton “Red” J. Schiffrin, PhD
1973-1974 AMWA President

Ginny was a superb editor and a great and interesting companion. I loved spending time with her.

— Lillian Sablack
Former Executive Director, AMWA

MEMBER ANNOUNCEMENTS

Jonathan Gitlin, PhD, Elected to Board of National Postdoctoral Association

Jonathan Gitlin, PhD, of the Ohio Valley Chapter, has been elected to serve on the Board of Directors of the National Postdoctoral Association (NPA). Dr. Gitlin works as a postdoctoral researcher at the University of Kentucky, where he has been since 2004. A native of the United Kingdom, Dr. Gitlin earned a PhD in pharmacology at the National Heart and Lung Institute, part of Imperial College School of Medicine, in 2002. He completed a postdoctoral fellowship at the Scripps Research Institute, La Jolla, CA, investigating the role of macrophage trafficking in cardiovascular disease. In addition to his current research interests, Dr. Gitlin is a science writer for the technology Web site Ars Technica. The mission of the NPA is to advance the US research enterprise by maximizing the effectiveness of the research community and enhancing the quality of the postdoctoral experience for all participants.

Radio Program Produced by AMWA Member Earns National Award

Melanie Fridl Ross, MSJ, ELS (Florida Chapter), is senior producer of the consumer public radio program “Health in a Heartbeat,” which has won the Association of American Medical Colleges’ (AAMC’s) national Award of Excellence in the Electronic Communications, Non-Web Based category. The program features 2-minute segments on consumer health and the latest medical research findings, patient-care breakthroughs, and health care industry trends. The AAMC praised the program for its professionalism and the “thoughtful, considerate manner in which the stories were developed.”

Ross has been senior producer of “Health in a Heartbeat,” which launched in 2000, for the past 4 years. Each month, she works with a team of staff and freelance writers to select topics gleaned from recent scientific reports and news articles worldwide. Ross is also associate director of the University of Florida Health Science Center’s Office of News & Communications and a member of the adjunct faculty at UF’s College of Journalism and Communications. She currently is serving as the 2007-2008 administrator of publications on AMWA’s Executive Committee.

“Health in a Heartbeat” is a collaboration of the University of Florida Health Science Center, WUFT-Classic 89 and WJUF-Nature Coast 90, and Shands HealthCare. The goal is to entertain and educate, inform the public about health and wellness issues, and serve as a catalyst to inspire consumers to think about important health matters that affect their daily lives. It currently airs on public radio stations in 18 states and Washington, DC, with a listenership of more than 3 million.
MEMBER PROFILE:
Dominic De Bellis, PhD

By Bettijane Eisenpreis

Running a freelance medical writing business or an organization like AMWA always involves putting out fires. As his photo testifies, Dominic De Bellis, 2004-2005 AMWA president, is uniquely qualified for the job.

It was taken for granted that Dom would be a doctor. He loved science, did well in school, and started volunteering in the local ambulance corps in Queens, NY, when he was still in high school. He became a licensed emergency medical technician, and later a nationally certified volunteer firefighter and fire instructor.

But three-quarters of the way through the pre-med program at Fairfield University in Connecticut, De Bellis realized he didn't want to be a doctor. "My emergency work taught me that my personality would be destroyed if I became a physician," he said. "I had a very difficult time separating myself emotionally from the patients I dealt with."

With a bachelor's degree in biology, chemistry, and music, he entered New York Medical College, in Valhalla, NY, and earned a master's degree in biochemistry in 1987 and a PhD in biochemistry and molecular biology in 1991.

"I returned to New York Medical College to work on a cardiovascular gene transfer project," he said. "I worked on grants with an editor and soon realized that I had begun to like the bench work a little bit less and the writing a little bit more. I resigned my appointment in 1994 and by 1995 had started my career as a medical writer from absolute zero."

De Bellis read everything he could find on how to start a business. He joined AMWA's New York Chapter and met many members who not only shared their knowledge with him but gave referrals as well, which started coming and never stopped. By the end of his first year, he had completed more than 100 projects. Today, De Bellis is in his 14th year as an independent writer specializing in scientific and medical communications and working in a wide variety of media.

Past New York Chapter president Bob Kirsch says, "Dominic is an excellent medical writer and an acutely intelligent person with exacting standards for his work. A decent and caring person with a refined ethical sense and a helpful and generous nature, he has never given up on the battle to maintain his integrity and moral sense. He is successful both as a medical writer and as a human being."

As he continued learning from AMWA, De Bellis began giving back. He led workshops and roundtables at annual conferences. He became the treasurer of the New York Chapter and later its president. But it was as chapter delegate to the national board of directors, starting in 1997, that he became really involved in the national leadership. After holding various positions on the Executive Committee, he became president-elect in 2003 and served as president in 2004-2005.

Teaching is a passion. He has taught on a community, undergraduate, and graduate level since the 1980s and has conducted classes for the Red Cross and the New York State Fire Academy. Workshops on molecular biology that he developed have evolved into the basic molecular biology workshop in AMWA's new science fundamentals certificate program.

"Some AMWA members might be surprised to learn how much was accomplished during Dom's presidency," says current President-Elect Cindy Hamilton. "That's because his leadership style was to work quietly behind the scenes and empower others. Dom was an excellent listener and a good friend. He was also organized and deliberate, and networked extensively to achieve his goals of enhancing AMWA's use of technology and expanding the educational program by laying the foundation for the new science certificate."

Immediate Past President Jim Cozzarin, adds, "Dom's knowledge and experience and passion for his work are surpassed only by his gregarious and helpful nature. He is also a true renaissance man. An accomplished musician, he plays both upright (bass) and electric bass guitar and is in the process of crafting his own electric bass. A part-time firefighter and instructor, Dom shares his knowledge and experience with firefighter trainees at both the local and state levels. He is a credit to the association and a model for those new to the profession. I am proud to call him my friend."

"AMWA has been indispensable to me, particularly as an independent writer," says De Bellis. "The programs for professional education and development allowed me to add new skills and refine existing skills, while the many contacts I have made over the years have been my professional foundation. Yet, my accomplishments would not have been possible without the support of my wife Mary; with our 11-year old son, Victor, our family life here in Mahopac is what keeps me focused."

"As a scientist, I needed to learn about writing and editing from the ground up. AMWA's professionals openly shared their knowledge and experience, a key aspect of this association that I try to pass on to others whenever possible."
Slow Times and Superheroes

By Jennifer King

It is times like these when I reconsider being a freelance writer. I still enjoy writing and even the details of running a business, but right now there is little writing or running of the business to do. In the 3 years I have been on my own, this is the second major slow period, and I am nervous. What if the work never comes back? Did all those clients who said they liked my work change their minds? Do I need to be advertising more—where? Do I need different experience—a therapeutic area that's more in demand, or maybe more regulatory expertise? With no project to worry about, my mind has too much time to worry about what the absence of a project means.

As insecurities swirl in my mind, my son is practicing being a superhero. Actually, he would tell you that he is not practicing—he is a superhero. He just turned 3, and in his mind, he is Mr. Incredible, Spider-Man, and Buzz Lightyear rolled into one strong, smart guy. He helps wheel the trashcan down the driveway, he shoots an imaginary web, and he flies off the retaining wall in our front yard. He dresses the part with a "cape" that used to be my bathrobe. It is a half-bathrobe, made of pink silk and printed with red flowers. I received it as a wedding shower gift, and it was intended to be worn on romantic occasions. No matter to Erik. He strips down to his Spider-Man underwear, asks for help putting on the cape, and charges through the house. I have to tell him to watch where he is going, because he likes to look back and watch the cape billow behind him. Sometimes he insists on wearing the cape outside in our yard, where it sweeps up dried leaves and pine needles.

In some ways Erik is the farthest thing from a superhero—he is barely 3 feet tall, he sometimes puts his shoes on the wrong feet, and he runs around in a pink silk bathrobe. But he has one thing that all superheroes must possess: heart. He does not care about society's criteria for being a superhero, or how many people he has actually saved, or whether his powers are real. In his mind, believing is being. I could use some of his magical thinking and positive attitude right now. My rational mind knows that things go in cycles—all businesses have varying periods of productivity and profit—although I was hoping that my business would be the exception to the rule. When I left the security of a full-time job, my goals were modest—I wanted to replace the salary I was making, and because I worked in academia, where salaries are modest, the goal has not been very hard to meet. At least, it wasn't for the first 3 years. This year may be an exception. Or, maybe not. Either way, I am lucky: My husband earns a regular paycheck and benefits. More importantly, he tells me not to worry.

As work has dwindled, I have contacted all of my clients as well as prospects I might like to work with. So far, even my most faithful clients are slow to return e-mail messages. As I struggle with my confidence, my thoughts keep returning to my son and his silk cape. Maybe he is onto something. If you believe in your powers and put on a supersuit often enough, eventually someone will come along and ask for your help.
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Lori Alexander, MTPW, ELS
Editor, AMWA Journal
American Medical Writers Association
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