Comparing Lori De Milto’s Books on Marketing for Freelances:

**The Mighty Marketer: Your Guide to Making More Money as a Freelance Medical Writer**

**7 Steps to High-Income Freelancing: Get the Clients You Deserve**

In 2017, the AMWA Journal published original research by Monica Nicosia, PhD, who surveyed freelance medical communicators to learn about the tools that they used in their work. Nearly half of her respondents (48% of 307) did not have a business website, most (82%) were on LinkedIn, and many used various other social media platforms. If it were up to Lori DeMilto, every freelance would have at least a website and a LinkedIn profile, because she deems these to be 2 of the strongest marketing engines for freelances. She offered her advice on this issue and others in her 2014 book *The Mighty Marketer: Your Guide to Making More Money as a Freelance Medical Writer*. This advice appears again in her 2017 book *7 Steps to High-Income Freelancing: Get the Clients You Deserve*. Only this time, some aspects of her advice have been updated. The 3 years between publications might not appear to be significant, but in *7 Steps*, De Milto provides new strategies accounting for some of the changes in technology that have occurred. Also, one major difference is that *The Mighty Marketer* was written with freelance medical writers in mind, and *7 Steps* was written for a broad array of freelances.

In *The Mighty Marketer*, De Milto tells of her jump to a 6-figure income after 18 months of dedicated marketing. She recounts her story in *7 Steps* as well. The AMWA members who responded to the 2015 AMWA Salary Survey had income between $20,000 and $450,000 and undoubtedly varied in multiple ways—in years of experience, in years of education, in types of education, and more. One additional difference might be in marketing. De Milto does not provide a designated figure that can result from concentrated marketing efforts, but both of her books are guides to earning high incomes. With De Milto’s long-term presence as an AMWA member and volunteer, many members are familiar with *The Mighty Marketer*. Even for those who are not, the divergences and similarities between *The Mighty Marketer* and *7 Steps* will be summarized here.

In both books, De Milto discusses the components that should be considered in a marketing plan: a solid description of what the freelance offers, a description of the ideal client, methods for finding clients, developing a LinkedIn presence and strategy, and developing a website. One slight but important change is the use of the word “steps” in the second book. In *7 Steps*, De Milto drives each chapter without calling it a chapter at all. Those who find marketing to be overwhelming might appreciate the streamlining of the content in this way. Whereas *The Mighty Marketer* is organized around topics, *7 Steps* is akin to a well-annotated checklist that might be used to guide a freelance through the process of developing a marketing plan.

The benefits of LinkedIn are extolled in both books, but the suggested strategy evolves. For instance, in *The Mighty Marketer*, the author’s approach on LinkedIn is to connect only with people she knows. In *7 Steps*, she suggests that freelances should also connect with people they are “related to” in terms of common industries or being freelances. In the second book, LinkedIn gets its own chapter, with some discussion spilling into another chapter. The author explains how to develop a profile that draws potential clients, especially after the algorithm changes that were implemented when Microsoft purchased LinkedIn. Furthermore, more information on LinkedIn strategy and etiquette is included in *7 Steps*.

WYSIWYG website builders are embraced in *7 Steps* in a way that they are not in *The Mighty Marketer*. In the latter, the advice is that hiring a web designer is well worth the expense. In *7 Steps*, De Milto doesn’t retreat from this advice, but she does explain how using either a web designer or a DIY website builder might be advantageous under different circumstances. According to the author, regardless of the choice, the freelance should remember that the website is representing a freelance business and not a typical small business. As such, the freelance’s website will have some components that the small business’s website will not have and vice versa if the website is maximized for the greatest potential impact.

As noted, De Milto’s newer book lists 7 steps to achieving a high income through marketing. In this review, only 2 were
explored in depth. Taken together, all 7 steps guide the reader to complete a marketing plan. In the beginning pages of the book is an image of the 7 steps with a winding road as a backdrop. This image seems a fitting representation of Klitzman’s personal marketing journey as told in the book. The author also includes bonus content that she suggests will help the reader to navigate the marketing process.

Of the two books, *7 Steps* is more directly presented than *The Mighty Marketer*. Because of the “step” wording and the support built around that structure, *7 Steps* can more easily serve as the guide that it is intended to be. The latter book also captures from *The Mighty Marketer* valuable marketing content for medical writers and presents it as valuable for freelancers in general. Lori De Milto’s book *7 Steps to High-Income Freelancing: Get the Clients You Deserve* is a simple guide to creating a marketing plan whether one is a medical writer or a freelance professional from a different field.

**Reviewer: Sharese Terrell Willis, PhD**

*Sharese Terrell Willis, PhD, is a medical editor and writing instructor for her company, Doc’s Editing Shop in Phoenix, Arizona.*

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**The Ethics Police? The Struggle to Make Human Research Safe**

Robert L. Klitzman

New York, NY: Oxford University Press, 2015, Hardcover, 422 pages, $36.95

The ethics and safety of clinical trials receive much attention, yet institutional review boards (IRBs) have received surprisingly little. *The Ethics Police? The Struggle to Make Human Research Safe*, by Robert L. Klitzman, attempts to address this gap. Although published several years ago, this book remains timely, and the issues it raises are by no means resolved.

Briefly, IRBs approve research protocols involving human subjects. They are composed of clinicians, scientists, and lay people from the community. Most IRBs are based at academic medical centers or hospitals and thus provide local perspectives on proposed research at those sites. However, some IRBs are commercial entities and may be thousands of miles away from sites of proposed research. Regardless, an IRB’s approval and surveillance of ongoing human subject research is required by institutions, funders of research grants, and various accreditation bodies.

The author interviewed 46 IRB chairs, members, and staff from across the United States. Quotes from these individuals (all given pseudonyms) are scattered throughout the book, adding a welcome human-interest touch to the policy and ethics discussions that some readers may find a bit dry. These voices effectively convey the human side of research. That said, one must be cautious in drawing conclusions about a complex system based on the opinions of only 46 people.

The author, a physician, begins by describing his father’s death from leukemia and how that experience affected his views about the ethics of experimental treatments, patient safety, and the rights of patients. This vignette provides a context for the rest of the book, in which IRB members discuss their perceptions of risk, the highly subjective federal guidelines that IRBs must follow, and how they try to do the right thing for participants even when they are uncertain about the effects of a proposed intervention. For example, the concept of “minimal risk” deservedly receives a lot of attention. But although risk to patients is a fundamental consideration for every protocol an IRB reviews, “minimal” does not mean the same thing to every IRB member, every IRB, or every oversight or accreditation agency.

Another concept that IRBs find difficult is appropriate payment of research participants. What amount is fair (ie, reflects invasiveness or inconvenience) and what is excessive or possibly coercive is often unclear. Coercion—the idea that people might do something not in their best interest solely for financial reasons—could undermine the bedrock concept of informed consent. A recent proposed framework for fair payments (Gelinas et al, *N Engl J Med*. 2018;378:766-771) illustrates the continuing lack of consensus in the research community.

The book’s title is a dismissive term sometimes used for IRBs. However, the author concludes that, instead, IRB members want to work with investigators to assure—as much as possible—that people do not suffer unintended consequences from participating in research.

Even if you have frequent interactions with IRBs, much in this book will be eye-opening. Because of the complexity of the research regulatory environment, it may not be the best introduction to those new to clinical research. However, for students of biomedical ethics (and IRB members), it will be thought-provoking.

One last point: I was disappointed by typographical and editing errors in the first chapters of this book. Perhaps they can be corrected in a future edition.

**Reviewer: Karen Potvin Klein, MA, ELS, GPC, MWC®**

*Karen (2014-2015 AMWA President) is Director of Grant Development and Medical Editing at Wake Forest University Health Sciences in Winston-Salem, North Carolina.*