



# MEDICAL COMMUNICATION: A Branch *of the* Technical Communication Tree

BY LORI ALEXANDER AND LILI FOX VÉLEZ

“What exactly do you do?” As a technical communicator, you are probably asked this question often. Your answer, apt to be long as you try to capture all your functions and knowledge, typically prompts a quick nod, an “Oh,” and a glazed-over look in the questioner’s eyes. We medical communicators understand. An answer of “I’m a medical communicator” is usually greeted with “Oh, you’re in medical billing” or “My aunt Louise is that—she’s a medical transcriptionist.”

Having to explain ourselves is just one of many similarities between the careers of medical and technical communication. Officially, the Bureau of Labor Statistics considers a medical communicator to be one type of technical communicator (BLS, 2010). Although the Bureau thinks of us as one unit, medical and technical communicators might be more comfortable describing themselves as different branches on the same family tree. This article discusses some of the similarities in history and work contexts, along with some of the distinctive aspects of medical communication.

## Where We Come From

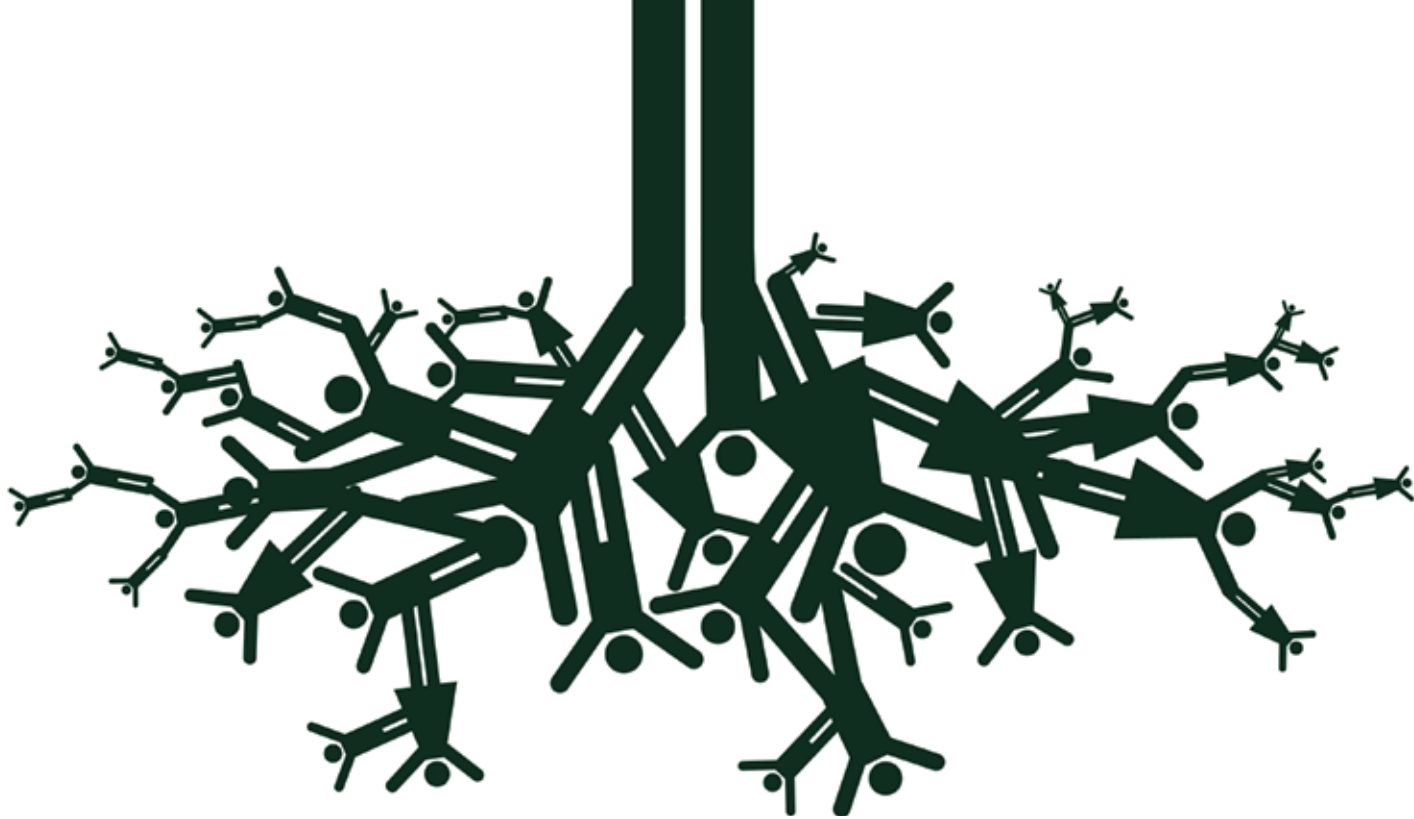
While STC is the home for technical communicators, the American Medical Writers Association (AMWA) is the pri-

mary home for medical communicators, although many other organizations appeal to medical communicators in specific settings. AMWA has fewer members than STC, but it has grown substantially over the years and now counts about 5,600 members. On the other hand, our branch of the family is older—AMWA celebrates its 70th anniversary this year.

AMWA was founded in 1940 by a small group of physicians who were editors of local medical journals. Initially, membership was restricted to physicians, although it was later expanded to include others who wrote or edited documents about medicine. It wasn’t until 1970 that a

nonphysician held the presidency of the organization. Currently, the largest portion of the membership (32 percent) consists of individuals with a degree in biology or chemistry, and about 30 percent have an educational background in English or the humanities, including journalism, communication, and technical writing (Hudson and Vivirito, 2008).

The split in the educational backgrounds of AMWA members has stirred a debate among members about which background yields a better medical communicator (Hudson, Gelderloos, and Vivirito, 2005). The scientists will tell you it’s best to have a background in experimental design and interpretation of scientific data. The writers will say it’s best to have a background in communication and comprehension theories. We believe that



education in technical writing offers a solid foundation for a career in medical communication, but only about two percent of AMWA members list that as their training.

Just as some—but not all—technical communicators were originally engineers or product designers, some medical communicators start out as physicians, nurses, or pharmacists. So, for both careers, the path is often indirect. In fact, nearly 63 percent of AMWA members have said they entered medical communication through “career exploration” (Hudson, 2005).

While numerous programs offer degrees in technical communication, few educational programs offer instruction specifically tailored to medical communication. There are currently no undergraduate degrees labeled “medical communication,” and graduate work is offered at only a few colleges and universities. A few technical communication programs offer tracks in medical communication, and a few institutions have developed certificate programs. As a result, most medical communicators compensate for educational gaps by enrolling in courses that complement their original background. As new educational options open, they are eagerly adopted; of 464 AMWA members who are working on an additional degree/certificate, more than half are in a medical communication program (Hudson, 2005). AMWA itself offers a wide range of workshops through its educational program, which offers the opportunity to earn certificates in several areas (see [www.amwa.org](http://www.amwa.org) for more information).

### **Where We Work and What We Do**

On its website, AMWA’s working definition of medical communicators is, “Medical communicators write, edit, or develop materials about medicine and health. They do this by gathering, organizing, interpreting, and

presenting information in a manner appropriate for the target audience.” It’s not easy to find a resource outside of AMWA that describes what a medical communicator does. Enter “medical writer” in the search field under “Research Careers” on Monster.com, and the first hit is “medical writer,” but what follows is not—subsequent titles include travel writer, law clerk, and automotive service writer. If you enter “technical writer” into the search field, your first hit is “technical writer,” your last hit is “technical writing, other,” and most of the hits in between actually pertain to technical writing. This represents a significant difference between our fields; although each career has struggled to define itself, technical communication appears to be ahead in making itself known and accepted.

There are many types of employers for medical communicators, including:

- ▶ pharmaceutical and biotech companies
- ▶ medical education companies
- ▶ advertising or public relations companies
- ▶ health insurance companies
- ▶ university medical centers or managed care organizations

▶ nonprofit organizations, such as professional medical or health professional associations or health advocacy groups

- ▶ medical publishers or journals
- ▶ government agencies, such as the Centers for Disease Control and Prevention, National Institutes of Health, and the National Cancer Institute

Our job functions are as varied as our employers and clients. We are writers, author’s editors, copyeditors, proofreaders, video script writers, project managers, publications managers, multimedia producers, publishers,

educators, researchers, journalists, web writers and editors, and advertising/marketing writers. Medical communicators may report research, establish standard operating procedures and protocols, write sales and training materials, and develop medical education modules.

The challenge of quantifying the number of medical communicators may simply be an inability to find all the communicators who qualify. For example, many communicators in the biotech world self-identify as technical communicators, and those who develop patient educational materials or write for the public often self-identify as health communicators. AMWA has been exploring ways to quantify the true number of medical communicators by researching work environments to see if people with alternative job titles are actually working as medical communicators. Some of you may now be realizing you can call yourself a medical communicator even though your job description doesn't use that language. (If you replaced "about medicine and health" with "technology and science" in AMWA's working definition, we'd be back on the technical communication branch of the family tree.)

In addition to AMWA's 5,600 members, other medical communicators perch on different branches of the family tree:

- ▶ editors for medical journals flock to the Council of Science Editors and/or the Board of Editors in the Life Sciences
- ▶ people who write for popular magazines and newspapers belong to the National Association of Science Writers and/or the Association of Health Care Journalists
- ▶ writers in the pharmaceutical industry belong to the Drug Information Association, the International Publication Planning Association, the International Society for Medical Publication Professionals, and/or the Regulatory Affairs Professionals Association
- ▶ medical writers and editors in the area of public relations join the Health Academy of the Public Relations Society of America

## Our Relationship with the Medical/Technical Professions

The relationship between communicators and practitioners in any field needs to be a symbiotic one: the goal is to help each other develop accurate, reliable materials that meet the needs of target audiences in a timely fashion. That goal doesn't change if the field is technology, medicine, or public health. What does differ between technical and medical fields, however, is how the outsourcing of communication work to other professions is viewed or perceived.

In the technical communication world, it is accepted that engineers and product developers will focus on their work, with technical communicators seen as valuable intermediaries between R&D and end users. At many universities, future engineers/programmers/scientists

are encouraged to take communication-related courses alongside technical communication students.

The same cannot be said of the medical communication world. Certainly there are health care professionals who value the ability to write effectively—you see this reflected in surveys about the kinds of writing physicians need to do (patient histories, manuscripts, grant proposals), the many "how to get published" advice articles in specialty medical journals, and the plethora of books on how to publish in medical literature (Yanoff and Burg, 1988). However, writing is not an integral part of medical education: students need to show writing proficiency on MCATs, but explicit teaching of writing in medical school is rare. A search of PubMed showed only one article specifically addressing writing coursework for U.S. medical students, and it was published more than 25 years ago. Those researchers found that "lack of time, lack of interest on the part of those needing instruction, or lack of qualified faculty members" explained why such coursework was not required (Bjork and Oye, 1983).

Those reasons are exactly why medical communicators are so useful: health care professionals have many other things to do, so why wouldn't they outsource the communication of their efforts to people with the necessary interest and skills, people who would be paid to spend their time crafting effective documents?

But this leads to other problems: who pays for these services? And who gets credit for the final documents? While both technical and medical communicators act as intermediaries between experts and audiences, technical communicators may have better-defined roles that increase their visibility and credibility with the general public. For example, for many in-house technical communicators, the names of individual writers are less important than the products or services they represent; end users are more interested in clarity of communication than in who did the work creating the help system or product manual. Such documents don't necessarily result in a byline or credit for authorship and are sometimes considered work-for-hire. No one is surprised that a technical communicator's salary comes in part from the success of a product/service that his or her employer makes.

However, in medical communication, perhaps in part because writers and health professionals rarely cross-train together, the situation is much more complex. Medical communicators may be paid by a company who stands to profit from the drug or device discussed in a document they have written, rather than by the physicians whose work they are trying to transform into prose. These financial relationships have not always been clear, and that lack of transparency can lead people to believe that documents written with the help of medical communicators may be biased.

A second area of concern comes from the way authorship is defined by medical journals. The criteria for earning "author" status for medical journals gives credit

to the person(s) who designed or oversaw the study being reported, not to the writer who may have actually crafted the language of the document (International Committee of Medical Journal Editors, 2009). According to these criteria, medical communicators are usually not eligible for byline credit. But the unacknowledged use of medical writers has led to accusations of ghostwriting, which can undermine the integrity of the medical literature.

Calls for greater transparency and accountability in terms of both funding and authorship have led to more stringent guidelines for disclosure of these and other conflicts of interest. The goal is to give readers of medical materials sufficient information about the research, the funding, and the role of the various contributors to assess the credibility of what they are being told. AMWA considers the unacknowledged use of a medical writer to be unethical and urges medical communicators to comply with the association's "Position Statement on the Contribution of Medical Writers to Scientific Publications," which requires mention of the medical writer in an acknowledgment or as an author, whichever

is most appropriate, as well as disclosure of any pertinent professional or financial relationships. AMWA promotes its "Position Statement" and its "Code of Ethics" on the association's website and provides background and tools to facilitate adherence.

We hope two trends will help bring increased acceptance of the work medical communicators do:

increased transparency that clarifies our roles, and research about best practices that can show the value of our contributions.

## Sharing Our Strengths

Given the similarities in history and job functions, medical and technical communicators have ample opportunities to share expertise and strengths across branches. Medical communicators can share their expertise with medical content and working with health care professionals, while technical communicators can share their expertise with usability testing, knowledge management, and software platforms for delivering complex content. We can collaborate to create materials for expert and lay audiences: explaining genetic tests, documenting medical devices, and managing electronic health records. Together we can promote research into our varied workplaces, identify best practices, and use our knowledge to educate the next generation of communicators.

If you'd like to know more about your "cousins," visit the AMWA website ([www.amwa.org](http://www.amwa.org)). If you want to meet some of those cousins, look on the site for the chapter nearest you and contact a chapter officer about the next chapter event. Or make plans to attend the AMWA Annual Conference, to be held 11-13 November 2010, in Milwaukee. Collaboration between our members and our organizations can enrich the entire family.

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