



Q – *How do I convey to clients that knowledge of a given topic is useful, but the ability to put thoughts into writing is more important?*

A – This is one of the biggest conundrums I see consistently with clients as they are contracting freelance work. Almost universally I am asked if I have very specific experience with a drug or topic. Almost universally, they really need a person with a specific writing talent, **not** expertise in the therapeutic area. First, we need to constantly tell clients that writers are very “quick studies” and remind them they want us to review the latest research on the topic regardless. When queried this way, I begin to question what it is they really intend to do with the writing. When I ferret out more information, I then match my talents, not my expertise, to their project. I try to avoid discussing my abilities as a writer who can easily read and regurgitate therapeutic knowledge; rather, I stress that I can provide targeted writing in the style needed. For instance: Client X asks if I have samples of writing for kidney cancer immunotherapy. I might say yes and send them a journal article on a phase II trial. Wrong. After a bit of questioning, I find out they need gaming questions for an exhibit for a pharmaceutical company that is launching a new indication for a cancer immunotherapy. Knowing this, I can discuss my promotional writing abilities, my past exhibit experience, my knowledge of physician face time at exhibits, and send them a spot-on sample of this type of medical communication, even if it is in cardiology. Bottom line—spend a bit more time discussing project objectives, not touting product knowledge.

—Barbara Rinehart

A – This is one of my pet peeves. I generally respond that as a professional freelance with 30 years’ experience in all types of writing on many diverse subjects, I am able to comprehend and convey accurate information on virtually any topic. I am honest in stating the fact when I do not have recent experience in a given topic, even if I have written on that topic years ago. However, I often can convince the client that I will do a good job for them. I am also willing to devote some unpaid hours to come up to speed on an unfamiliar topic (if it is a large project and one that I want to take on).

It is important to convey that you are the writer, not the expert. You will work in concert with industry experts to ensure that the writing is factual, relevant, accurate, and meets the needs of the intended audience(s).

Each of us has types of projects we enjoy and others that we do not. It is important that you find your own balance between the two. If you want to specialize in one area of medicine (ie, allergies and asthma) or one type of project (ie, sales training or regulatory writing), then only look for work within those specializations. On the other hand, if you enjoy writing about all types of medical conditions in all media, then you are in a strong position to work for many diverse clients.

—Elizabeth Smith

A – This issue is a difficult one to solve, and I suspect that those of us without science degrees probably face it more often than those who have degrees in science, medicine, or pharmacy. I’ve always believed that a good writer can write about anything as long as the information is available to him or her, but convincing a potential client that this is true can be difficult. What good is it to have expert knowledge on a specific topic if you don’t have the writing skills needed to translate that knowledge into a written document that is meaningful to the intended audience?

In truth, there is not a great deal you can say to a client who is convinced that knowledge of a topic is more important than writing skill. However, for those who seem willing to listen, the best approach is to remind them that you are an experienced writer who has successfully completed many writing assignments on a variety of topics. It might even be helpful to list some of the subject areas and, if you feel comfortable doing so, you might offer to send a sample of something you’ve written on a comparable topic. For example, if the client is looking for someone with specific knowledge about a topic you have never written about, such as ovarian cancer, you might share something you’ve written about another type of cancer (eg, breast or colon cancer). This will demonstrate your writing skills and your familiarity with the language of oncology. When sending a sample, I usually like to provide a “draft” copy rather than (or, in some cases, along with) the finished product. Providing a document that has not been edited by the client gives a potential new client a more accurate picture of the quality of writing you will provide them. Beyond that, there really is nothing more you can do without appearing to be “begging,” and that’s never a good idea. If the potential client is still not convinced, it’s their loss.

—Donna Miceli

A—When I am confronted with this challenge, which usually only occurs when I am speaking with a new client, I usually take one of 2 approaches, or both. The first approach is to explain that the information needed to write in a new therapeutic area, like the mechanics of writing itself, can be learned. In contrast, the ability to communicate information clearly and compellingly comes from talent, which cannot be learned but is inherent, nurtured, and perfected over time. The second approach is to offer that the person speak with my clients to inquire how quickly and well I am able to come up to speed. Of course, if it is an area in which I truly have no or little knowledge, the deadline is too tight for me to get up to speed, or the assignment must be written at a high level of understanding, I prefer to bring in a writer from my team with the requisite knowledge and experience. If that's not possible, I prefer to still be a part of the solution by relying on my AMWA contacts to help the client find a suitable writer for the job. This way, they will still come to me first the next time.

—Brian Bass

A—Show examples of your work in a variety of fields to demonstrate your communication skills. For medical writers who don't have such examples on hand, preparing articles and even client ads for special-interest publications, such as those distributed by your city, church, sports stores, hobbyists, etc, or even neighborhood newspapers, is a pleasurable way to build a portfolio rather quickly. Those organizations must fill their pages daily, weekly or monthly, so they need you. In your library or online, check *Writer's Market* (**WritersMarket.com**), a source containing thousands of publications for ideas and addresses. Additionally, see your Chamber of Commerce listings or even the *Yellow Pages* for other outlets for your services.

—Phyllis Minick

Conflict of Interest, Authorship, and Disclosures

The September 2009 issue of *Mayo Clinic Proceedings* featured a commentary and editorial on the topic of conflicts of interest, authorship, and disclosures. The commentary, "Conflicts of Interest, Authorship, and Disclosures in Industry-Related Scientific Publications: The Tort Bar and Editorial Oversight of Medical Journals," was written by Laurence J. Hirsch, MD, an AMWA member and former manager of the Medical Communications Department for clinical research publications at Merck & Co in 2001-2006. Accompanying the commentary is an editorial by the journal's Editor-in-Chief, William L. Lanier, MD, titled, "Bidirectional Conflicts of Interest Involving Industry and Medical Journals: Who Will Champion Integrity?" Both articles are available as free downloads at www.mayoclinicproceedings.com.



AMWA Responds to Media about Ghostwriting

In response to the article, "Ghost-writing is Called Rife in Medical Journals" (published in the September 11, 2009, edition of *The New York Times*), 2008-2009 AMWA President Cindy W. Hamilton, PharmD, ELS, wrote a letter to the editor, which was published in the September 21, 2009, edition of the newspaper. Hamilton's letter can be accessed at <http://tiny.cc/551RN>.

The New York Times has published several articles on the topic since August, including "Medical Papers by Ghostwriters Pushed Therapy" (August 5, 2009, edition), "Ghosts in the Journals" (August 19, 2009, edition), and "Medical Editors Push for Ghostwriting Crackdown" (September 18, 2009). All articles can be accessed at the newspaper's Web site (www.nytimes.com).

"Spin"

"Spin" is prevalent in published reports of negative randomized controlled trials, study results suggest. A team led by Dr Isabelle Boutron developed a system for scoring "spin" by evaluating word choice and looking for emphasis on secondary endpoints or references to "comparable effectiveness" or "equivalence." Two independent reviewers then rated 72 negative randomized controlled trials. They detected evidence of spin in 18% of study titles, 29% of results sections, 43% of discussions, and 50% of conclusions, as reported by Medscape from the 2009 International Congress on Peer Review and Biomedical Publication. One-third of abstracts contained a "high level" of spin, defined as "no acknowledgment of the negative primary outcome, no expression of uncertainty, and no recommendation to study the issue further." Boutron told Medscape that editors need to "think more critically about the discussion and conclusion sections of articles."