only partly effective in improving how accurately and transparently the research is reported; as information transfer tools, journals are not always published in ways that facilitate access to the information in resource-challenged settings. To make journals more useful sources of information, editors and reviewers need more support in learning how to make their journals better. Smith’s book helps by educating gatekeepers, researchers, health care users, and ethics experts alike about the limitations of medical journals. In showing which processes are most vulnerable to abuse or incompetence, the author has done all users of medical journals a huge favour by suggesting how to avoid many of the pitfalls that arise from the human efforts needed to publish them.

References:
1. Derbyshire SWG. Medical journals: past their sell by date? BMJ 2007;334 (6 January): 45

Medical Writing for Managers


Taylor has made a career of advising medical information and medical affairs (MI/MA) managers on how to develop their staff’s collaborative writing skills and use them effectively to support pharmaceutical firms’ goals. In this book the author has set herself the ambitious task of using research in text readability and her knowledge of current European regulations aimed at protecting patients’ rights to explain why MI/MA managers need to develop medical writing teams that function as a “knowledge-creating community” within the company.

Healthywords goes part of the way toward explaining the processes road-mapped in book’s Summary and Outlook section:

• How data becomes information, becomes knowledge
• How issues of literacy have a bearing on the writing of texts by corporate scientists
• How these texts are to be fully understood and acted upon by their assumed audiences/readers
• How the same corporate scientists are to be trained as collaborative corporate rhetors
• How the company is itself constructed as a text to be ‘read’ in the competitive market.

To explicate how these different processes can be optimized, the author has combined research on text usability, commentary on postmodern research in text analysis, and discussions of the medical writers’ place within their corporate culture. The mixture of scholarly and applied information, and the frequent switches between knowledge-oriented and practice-oriented content, make Healthywords somewhat less effective as a handbook (which should provide specific guidance for decision-making and problem-solving) than it could be for managers. Readers must work hard to find the author’s useful advice about writing better documents that will satisfy patients’ needs and comply with current regulatory requirements.

The book is nicely printed and attractively laid out, apart from some gaps of white space after a few sections and tables. The Acknowledgements, Preface and General Introduction lead into four chapters that deal with working practices within the pharmaceutical industry, rhetorical considerations in the field of medical communication, collaborative environments in medical communication, and the role of pharmaceutical industry managers’ training, education, and social responsibility. The chapters and their sections are clearly sign-posted, and the book concludes with a Reference section and a Bibliography for those interested in further reading. The typesetting reflects a sometimes odd combination of English and non-English conventions, but most readers would probably not be too distracted by this.

Busy managers in highly competitive pharmaceutical and communications industry environments could benefit from the knowledge and insights compiled in this book—but their information retrieval task would be made much easier by a careful revision and restructuring of the text to highlight the elements of practical guidance. Perhaps a second, revised edition will allow Taylor’s valuable contributions to shine through the rest of the intriguing but less useful content on postmodern rhetorical analysis.

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Call for contributions

TWS welcomes articles (800-2800 words) or boxes (up to 800 words) on topics of interest to medical writers, particularly on the future themes: “perception vs proof” (where there is no evidence to support what is rightly or wrongly accepted as fact) and titles (article titles or academic titles). Ideas for future themes are very much appreciated as are letters commenting on anything you have read in TWS or would like to say to or about EMWA. Please submit to Elise at langdoe@baxter.com.