

THEME ARTICLE

The Evolution of Medical Communication

Suzanne DeVandry, PhD, RN / Executive Director, Medical Writing, Merck & Co., Inc, Rahway, NJ

Speakers

Joan Affleck, MBA / Associate Vice President-Medical Writing, Merck & Co., Inc, Rahway, NJ

Dikran Toroser, PhD, CMPP / Senior Director, Publications, Merck & Co., Inc, Rahway, NJ

Genevieve Walker, PhD / Freelance Medical Writer, Bridge Health Communications, Portland, OR

ABSTRACT

Key thought leaders discuss their views of the evolution of medical communication focusing on their grand visions for medical communicators, what we learned from the pandemic, and what will be required in the future. Topics touch on the impact of developing technology, communicating with the public, managing social media, standardizing education requirements, and preparing the next generation of medical communicators.

INTRODUCTION

In this contribution to “crystal ball” musings, diverse thought leaders chimed in on their visions of medical communication and medical writing in 10, 15, and 20 years.

Three seasoned professionals from different areas of medical communication provided commentary:

- Ms Joan Affleck, Associate Vice President-Medical Writing, Merck & Co., Inc
- Dikran Toroser, PhD, CMPP, Senior Director, Publications, Merck & Co., Inc
- Genevieve Walker, PhD, Freelance Medical Writer, Bridge Health Communications

The moderator’s (Dr Suzanne DeVandry) prompt is provided for each topic, followed by the responses of panel participants. Each perspective offers insights on some of the vital questions of our day.

What is the grand vision for medical communicators? How do we become the people who can help humans around the globe understand what they need to do to be healthy and how to meet the challenges when certain life-changing events occur?

Genevieve Walker: My grand vision for medical communicators is that we continue to be facilitators in getting

health and science information to the people who need it. Regulatory bodies. The FDA. Members of the public. The “worried well”—people who aren’t sick but who really crave health information.

We should facilitate getting it to these audiences clearly, with as few frills as possible, and with as much need to know as possible.

Joan Affleck: Some factors need to be brought into consideration. We hear a lot about digitization in the press, and some people view digitization as the prioritization of data over words and messages.

That’s actually a piece of misinformation. Data support the messages. And we need the messages. If we learned nothing else from the pandemic, it was that too often people don’t understand the messages, and sometimes the messages aren’t clear.

It should be a real reminder to us that when we start thinking about prioritizing data, it means the messages are even more important. We need to be able to explain what those data say, how to interpret them. This will become more and more important—the creation and curation of messages. I think it is vital to the work of medical communicators today.

Dikran Toroser: Medical communicators are going to be the gatekeepers to make sure that our stuff is stamped with dependable, peer-reviewed credibility. The speed at which communications have been produced ... the speed at which things have reached the literature ... the involvement of medical writers ... the type of work that medical writers have been asked to do ... the type of output in which medical writers are involved ... all the changes are just staggering. And all of this is happening right now.

As medical communicators, we have to keep on top of this, because we hold the gate—the gate where authors

are involved with what is done ethically, with who gets the data. We are at the center of most things. So I think these are exciting times.

How do you see the evolution of medical communications through the next 10 to 20 years?

Joan Affleck: I've been thinking about this a lot actually. It's one of my preoccupations. When I think of medical writing 15 to 20 years from now, for me, that means anybody who is 55 years [old] or younger in medical communication has a major stake in this conversation and should be participating in it. I feel we're missing those voices. One of the things I think about is how to bring them into the conversation.

I am not planning to be working as a head of medical writing at Merck in 20 years. I may be doing something else, but I'm not going to be head of medical writing at Merck. I want someone else to do that job, and I want somebody else to be shaping the profession.

Genevieve Walker: Patient engagement has really skyrocketed since I entered medicine in 1990. We have much more available for patients to access. We have much greater need and a drive for people to be involved in their own health and health care, be it changes in insurance, clinical care, regulations, or whatever else.

People have a lot more responsibility and a lot more options than they once did. So I think that my sector of medical care—health education, patient education—is a growing part of the field.

Dikran Toroser: In the last few years, work in day-to-day jobs as well as the final output has become more electronic. The job has become pretty much paperless. During the pandemic, a lot of companies got caught unaware. Forms for clinical trials used to be paper ... and suddenly, you couldn't get from A to B.

Everything is searchable at a speed we had no awareness of a couple of years ago. I can find things in a database within minutes, look up congresses, find abstract requirements, touch base with medical communicators. So that's been a major development.

We'll be software dependent. It's going to be a long time before a Clinical Study Report will be written by a machine. We'll always need people, but things are going to get much faster because some of the routine aspects of our work will be handled by artificial intelligence.

Genevieve Walker: There was a time 10 or 15 years ago when we were concerned that medical communication would be outsourced to large content mills. But because medical communication is pretty high touch and the language is usually quite high level, it requires very careful handling. The outsourcing didn't happen the way that we thought it would.

My concern now is that we keep that hands-on high touch. Let's respect that very careful and compassionate way of working with the words around medicine and health while we are separated. In a big medical writing department, say at Merck or at the University of Texas, people may have worked together in an office for many, many years. There is a give and take, a flow, that goes on when humans are together.

That may not be very visionary. On the other hand, it might be all that we need.

What has the pandemic taught us? What things have happened or what things have we learned from the pandemic that we will want to continue to move forward and develop?

Genevieve Walker: We have a couple of things going on with science medicine and the public that became very clear in the pandemic.

We have folks who are able to do their own research, who understand a concept like risk or a concept like relative risk. Then we have a vast number of people who have no idea what that means, who have no way to calculate their own risk.

We have people talking about disease and health care who are in no way related to disease and health care and really should not speak about it. It causes a lot of frustration. The pandemic highlighted that science can be politicized to serve the ends of almost anyone.

So one lesson I see is the repeated lesson. Science is hard to understand in patient education. The lesson for us is to present information simply. Not dumbing it down. Simplifying it: Clear. Short. Usable. Do this, not that. And communicating to people that you have rights, and you have some responsibility for yourself—those are important lessons for good or for ill that came out of the pandemic.

Joan Affleck: You know, the veil was pulled back, and we could see that most people in this country, in the United States, do not have a high level of health literacy or numeracy, and I'd be willing to bet that the competency is not that much better around the world. Maybe in a few countries it is, but in general that literacy and numeracy are poor.

This whole question of the competency of professionals and the quality of our work keeps me up at night. How do we continue to show the value of what we do? How do we convince others that ours is a special skill set?

—Joan Affleck

So we're going to have to think about real ways to be able to test information to know whether it's comprehensible to people and to figure out new ways of delivering that information. We just can't go on the way we've been doing things in the past. What we were doing before is not going to get us to where we want to be in the future.

Dikran Toroser: Because of the pandemic, the format of communication really morphed into various types of media—voice, video, and others. There's a lot more output and it's going to be available whether we like it or not, in lots of venues. It's not just going to be in PubMed. It's also going to be leaked out in social media.

Some of the [other] changes from the pandemic will stick. For example, I don't think we're going to be in the office 5 days a week anymore. We're wiser about how inefficient that is. At the same time, I don't think we're going to be remote 100% of the time. We just lose so much by being remote all the time.

And we need things like our congresses, where the medical communicator interacts with stakeholders, rubs shoulders with people doing analysis ... you know, being there at the inception of the concept. That stuff I think has to happen face to face.

What is the role of education and certification in establishing a consistent quality of practice in medical communication?

Joan Affleck: This whole question of the competency of professionals and the quality of our work keeps me up at night. How do we continue to show the value of what we do? How do we convince others that ours is a special skill set?

Are we going to look at academic education, apprenticeships, certification, continuing education requirements? These are some of the standard professional benchmarks. Or we could go to some totally new paradigm. The point is that we have to do something.

Again, this is where we need the voices of people who are mid-career to help steer the profession into the future. I challenge people under age 55 to step up and get involved. If you don't know how, call me. We'll talk about it.

Dikran Toroser: You've got to be familiar with your guidelines. I'm a CMPP-certified medical publication professional. I took the exam to be CMPP qualified, and I attend the meetings and have peer review.

Many of us are actually editors for journals. I interact with a number of clinical journals, and peer review is not just off the top of your head. Training will be required to make sure that you look at things in a nonbiased manner, that you view things appropriately. There's a lot of training to keep up with the field, and it's expected.

My recommendation is for new aspiring medical communicators to get in with the local AMWA chapter. I'm in Boston, and the Northeast chapter is brilliant. You have to make contact with people. That's the way it works.

Genevieve Walker: I don't feel there should be one standard for every type of medical communication.

I know that AMWA has made great strides in developing a medical writer certified designation with a test. However, what if we had a certification process that really reflected the differences among types of medical communications? I think it's really important, because folks who are generally good at regulatory writing often can't do writing for patient education and the public. Those are different skill sets, different mindsets. They're different backgrounds, and maybe even different imaginations.

I would love to see education and certification going more in a direction that mirrored what we do to certify physicians, where you pass a board exam in your specialty or related specialty. I think it would be preferable to have separate certifications.

What do the medical communicators of the future need to be successful?

Dikran Toroser: Cultural awareness. Many of our companies are global, but suddenly the medical writer is having to interact with someone in China, someone in Japan. There are cultural differences. There are certain ways to behave if you actually want to get done what you need to be done.

So cultural awareness is number one. Number two is that you can't drop basic things like grammar. Grammar is always

important. Finally, you need a simple awareness of what to do if you're contacted by a predatory journal. You need to recognize it. You need to recognize the URL address. If it's from somewhere that's suspicious, you need to warn your authors.

So, it's a diversity of skills.

Joan Affleck: Unfortunately, today we do a lot of templated work – agencies give us templates to fill in. Our future depends on having people who think a lot more freely outside of a template, beyond just plugging in information here and there. We want people who understand that.

Medical communication is at the intersection of data and messages, all the way from the protocol throughout the life cycle. Our work requires multiple points of view, and medical communicators really need to be thinking of the role holistically.

Medical communicators need to be at the right tables, whatever those right tables are talking about. We need to be educated about the capabilities and limitations of our profession and be forward-thinking in terms of what we're going to need to help design programs, platforms and systems, their interoperability.

A big question is how do we control information, the way reputable newspapers and journals manage it? How do we lock down what the real message is? How do we win that credibility with the public? I don't know the answer to that, but it's a problem for us.

I think in regulatory medical writing we've had a small lens. We've been thinking our work is just for this company, not anything bigger. We need to blow that attitude apart. We need to acknowledge that we are a crucial part of a global public health network, and we need to participate in that.

Genevieve Walker: We are here to communicate. We are here to be great conduits and interpreters, not to promote specific findings or points of view. I actively discourage people from believing what they read on Twitter, Facebook, etc. As we've seen, those platforms aren't channels of communication per se. They have agendas behind them, no matter whose it may be. There are lots of channels, and each one is a business. Somebody's making money, and they're making money off you.

So I think we need to refresh people's memories. There's quality. And then there are junk sources of information. We need to be pretty clear about that. That would be a good stand for medical communicators to take.

Success is easier with an attitude of service, an eagerness to learn, and a spirit of willingness. We have an

enterprise centered on the patient—centered on the person who needs information.

And we are all in service of something greater, which is access to health.

Suzanne DeVandry: Thank you to our panelists for sharing your thoughts and vision of the evolving field of medical communication. In response to our questions, we heard several common themes about the benefits and challenges of working in a virtual environment, the need to extend the vision of medical communication to include global health literacy, the urgency of building trust with patients and providers, learning from the pandemic how information may be used and misused, and preparing the next generation of medical communicators.

Other questions still remain: How do the various specialties of medical communicators best work together to optimize information dissemination? How do we manage and improve the flow of information in the public sphere to ensure accuracy? What can we, as medical communicators, do to elevate global health literacy and positively impact global health? How do we overcome negative societal perceptions and gain the trust of the patients we serve?

The answers to these questions and others will shape the evolution of medical communication.

The authors would like to acknowledge and thank Charles McNair, who contributed to the initial draft of this article.

Author declaration and disclosures: *The authors note no commercial associations that may pose a conflict of interest in relation to this article.*

Author contact: *suzanne_devandry@merck.com*

BIOSUMMARIES

Joan Affleck is an Associate Vice President at Merck & Co., Inc, where she leads the Medical Writing Department. Throughout her 20 years in the pharmaceutical industry, her work has focused on solving information management challenges by learning from a variety of industries and developing novel approaches. Following university studies in science and literature, Joan moved to Paris to edit a peer-reviewed international medical journal. After several years in publications, she shifted to the pharmaceutical industry. She has created and developed medical writing teams in North and South America, Europe, and Asia. Joan holds an MBA from Columbia University, where she is a Lang Center Innovation Fellow and guest lecturer at Columbia Business School. She has served as an advisor to the

Healthcare Businesswomen's Association and TransCelerate BioPharma Inc and is a member of the University of Virginia Darden School of Business Leadership Communication Council. In 2020, she received the President's Award from the American Medical Writers Association. Find Ms Affleck at Merck Sharp & Dohme, LLC, at joan.affleck@merck.com.

Dikran Toroser is a Senior Director of Project Management in Global Scientific and Medical Publications at Merck Sharp & Dohme, LLC. He has a PhD in Biochemistry from Newcastle upon Tyne (UK). He did his post-doc at the Cambridge lab (UK) on genetics and then moved to the US to work as a senior biochemist/researcher for the USDA. Dikran has been in publications since 2004, working at large pharmaceutical companies as Publications Lead and most recently at Amgen and also Takeda as a Publications Group Lead. Dikran has an extensive background in publication planning as well as medical writing. Dikran is active in professional organizations (AMWA, ISMPP, ACSE) and is an author on guidelines for the publications profession (eg, AMWA/EMWA/ISMPP Joint Position Statement and "GPP4" ["GPP 2022"], the latest Good Publication Practice guide-

lines for industry that was published in September 2022). He is one of the founding faculty for the UC San Diego medical writing certificate and is a consulting director for the course. Find Dr Toroser at Merck Sharp & Dohme, LLC, at dikran.toroser@merck.com.

Genevieve Walker writes and edits patient education and consumer health materials in plain language. A medical communicator since 2002, she is a past president of the Northwest AMWA chapter, a new current member of the Southwest chapter, and the leader of the AMWA credit workshop Writing and Designing Materials for Patient Education. Dr Walker is also an instructor in the University of Chicago's Graham School Medical Writing & Editing Certificate program. Dr Walker holds a PhD in English from the University of Oregon. She has studied the principles of health literacy, readability, user-friendly design, and plain language since the mid-2000s. Her background includes courses in adult instruction and linguistics. Find Dr Walker at Bridge Health Communications at genevieve@bridgehealthcomm.com. To see her work, please visit www.bridgehealthcomm.com.

AMWA LIVE WEBINARS

Tools, tips, and tricks
for medical communicators.

Only
\$20
for
Members

Can't attend a live webinar? You won't miss out! All registrations for live webinars include access to the recorded video in AMWA Online Learning.

www.amwa.org/events

