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978-0-521-85857-1 - Medical Writing: A Prescription for Clarity, Third Edition

Neville W. Goodman and Martin B. Edwards

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Medical Writing: a Prescription for Clarity

This is the third edition of a book that discusses style but is mostly about communication. Effective communication is the ultimate, but often daunting, purpose of any piece of medical research. This very helpful book provides practical information enabling first drafts to be turned into concise unambiguous text, without loss of individuality. Written by a consultant anaesthetist and an experienced medical editor, it is sympathetic to the problems and needs of medical writers. Like the preceding two editions, this expanded third edition deals with the basic craft of writing for publication, from spelling and grammar to choosing the best word or phrase.

Whether you are writing a simple clinical report or thesis, want to supervise others or just want to develop greater skill in effective writing, this book is the ideal guide and reference. Clear, simple and precise, and illustrated with apt cartoons, this is an invaluable handbook.

From Reviews of previous editions.

‘engagingly written’ *BMJ*.

‘This book is packed with little gems. It provides not only excellent advice but highly enjoyable bedtime reading. Indeed, it is one of the most enjoyable texts I have read in recent times’ *British Journal of Anaesthesia*.

‘Anyone who aspires to medical or scientific authorship should read this book’ *Journal of the Institution of Health Education*.

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Medical Writing

A Prescription for Clarity

THIRD EDITION

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This third edition is rededicated to the memory of

Bob Torrance

and

Brian Phythian

who between them are largely responsible for everything in it.

It is also, sadly, dedicated to the memory of my co-author Martin, who died during its production. Martin and I shared views on English, and never once had a disagreement about anything while preparing all three editions. Although the book was my idea, his talent for sanding down my sharp edges is the reason that the first edition was published, and that another two have followed. Thanks to everything. [NWG]

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We have frequent occasion to observe this tendency to neologism, and the avidity with which [writers] cover a certain crudity of reasoning and obscurity of thought, or endeavour to give weight to a shallow theory, by the selection of the very longest and most technical words which the medical vocabulary will supply. This is an error to be deplored and reprobated.

The *Lancet* 30 Sept 1885: quoted in the column 'From The Lancet' *Lancet* 1990; 336: 224.

It is remarkably easy not to say what you mean.

Appleton, D. R. Cross words. *Br. Med. J.* 1994; 309: 1737–8.

The first (and rarest) quality is brevity: short words, short sentences. Why is it that intelligent people (among whom I include doctors) become imbued with verbosity the moment they put pen to paper?

Paton, A. In *How to Do It: 1*. London: BMJ Publishing Group, 1985, pp. 207–11.

The more precisely we speak, the more effectively we are able to communicate our meaning to others. The English language has rules of grammar and individual words have definitions to facilitate effective communication.

Halperin, E. C. The right verb. *Int. J. Radiation Oncol. Biol. Phys.* 1987; 13: 143.

People who write obscurely are either unskilled in writing or up to some mischief.

Medawar, P. *The Threat and the Glory*, ed. Pyke D. Oxford: Oxford University Press, 1990, p. xv.

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Preface to the first edition

Doctors, nurses, paramedical workers and medical scientists need to communicate their ideas effectively. Writers in the field of medicine tend to use unfamiliar words in tortuous constructions, particularly when writing reports for submission to learned journals. Research can often be judged only by its final written report. A meticulous study can be let down by poor writing, which may lead a reviewer to wonder if lack of attention to detail in the writing indicates lack of attention to detail in the research. Certain usually superfluous words and phrases occur again and again in medical papers. Once able to recognize these, writers should be able to delete them or to find more appropriate constructions, guided by the suggestions made in this book.

Most of the examples are quotations from medical books and journals, though some, particularly those from more specialized texts, have been modified.

Words or phrases whose use in medical writing is discussed specifically in the text are in capitals:

- a where they occur as the 'heading' to a main entry, i.e. where the discussion takes place;
- b in cross-references to main entries, for example '(see REGIME)';
- c in the index.

Superscript numbers in the text refer to articles and books listed sequentially in the reference list at the end of the book. There is also a list of the standard texts to which we refer frequently, and these texts are identified by author's name or by an obvious shorthand: for instance, Greenbaum and Whitcut are the latest revisers of Sir Ernest Gowers' *The Complete Plain Words*, and this is referred to as *Gowers*. *COD* is the *Concise Oxford Dictionary*.

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Preface to the third edition

For the second edition, we included more examples and exercises, and a new chapter on that much abused diagram, the graph. For the third, there are new examples and fresh exercises. There are a number of new entries for words that we overlooked or have since and inadvisably become more prevalent. In the 15 years since the first edition, we have not detected any great change in the attitudes of medical writers to the way they write. For this reason, the introductory chapters, which attempt to explain the reasons for poor medical writing, remain much as they were in the previous two editions.

Some attitudes to higher education may make the book even more necessary in the future. Frank Furedi¹ quotes a professor of education who believes essay writing is elitist and that it is, therefore, unfair to ask university students to write them. Educationalists are having an increasing influence in undergraduate and postgraduate medical education in the United Kingdom; there is also the perceived preference of medical schools for ‘privileged’ students, which politicians want to prevent. These influences may make it even more difficult for future doctors to express themselves well on paper.

Frontline journals are receiving more papers now from authors whose first language is not English. We did not mention these EFL (English as a foreign language) authors in earlier editions, and it is not easy to cater for the different grammars that these authors carry mistakenly into their English. However, many of the faults in medical English are stereotyped and common: much of the effort of correcting them is in pattern recognition. Such authors should profit from reading this book rather than dipping into it. They will have picked up the bad habits of writing largely from reading the bad writing of others, rather than for the reasons given in

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our introductory chapters. They can, therefore, feel somewhat aggrieved to have been so corrupted, but we hope to uncorrupt them within our pages.

Some of our previously recommended texts are in new editions, but some are now out of print. Since our first edition appeared, other new books have also appeared, but these are listed only if they came to our attention for some reason; we do not intend to give a comprehensive list of books on writing English.

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Acknowledgements

Many people have helped with this book, wittingly or unwittingly. Most of the examples are quotations from medical books and journals and we thank the writers for them; while they may recognize their own words, we hope others will be unable to make an attribution.

Earlier versions of the first edition were seen by a number of assessors, usually reviewers reporting to publishers. Many of their comments were added to the text and again they may be recognized. Because the reviewers were anonymous, we can do no more than give a general thanks.