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PRELIMINARIES OF HEALTHCARE WRITING

Chapter Objectives

In this chapter, you will learn to:

- ‣ Understand that effective writing begins with solid preparation
- ‣ Identify the input conditions of audience, purpose, and context
- ‣ Relate the output parameters of medium, content, and strategy
- ‣ Realize that healthcare writing has relevant ethical dimensions

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Thinking as Readers, Not Writers

Imagine yourself being in a foreign country where you don't speak the local language, and the local people don't speak yours. To make matters worse, what if you were injured or needed some sort of healthcare? How would you make your needs known to doctors and nurses in the local hospital? Even if you did, how would they inform you of your medical status, not to mention instruct you on how to treat your problem? How would you have found that hospital at all? Assuming that these vital communications somehow occurred through diagrams and gestures, just imagine walking into the billing office!

Fortunately, few of us should ever find ourselves in the situation just described. This scenario, though, does illustrate a key point about writing in today's complex world: We who communicate healthcare information must learn to think *less* as ourselves who possess the knowledge, and *more* as those who need that knowledge. In

other words, we must plan for effective communication that targets particular audiences. That planning initiates the dynamic process of writing.

Overview of the Writing Process

The writing process is both dynamic and simple. First, the process is dynamic because writers critically analyze and astutely adjust the flow of information; the process itself contributes to a more solid understanding of the topic. Second, the simplicity of the writing process belies the astuteness of its steps; careful effort in the early stages increases the efficiency of the overall process.

Essentially, writing as a process proceeds through three main phases:

1. *Prewriting*, when you plan your document and collect your information

2. *Writing*, when you draft your document and revise it for major changes

3. *Postwriting*, when you hone, polish, and finalize your completed document

Experienced writers have learned that the key to writing is emphasizing the first phase of prewriting. In fact, if you first carefully analyze your audience, you can then determine the level and types of information needed. For example, will readers expect statistics and literature references? Or will such complex information simply overwhelm your reader? Fundamental to this efficient process of writing is understanding how conditions of the healthcare situation determine parameters of the final document. In other words, the writing process has inputs that determine outputs.

Inputs and Outputs of Healthcare Writing

Audience + purpose + context = medium + content + strategy

This equation summarizes the fundamental elements of all types of professional writing—including communication pieces on healthcare topics. The left side of the equation identifies three key input conditions (*audience*, *purpose*, *context*) describing a writing assignment, whereas the right side identifies three key output parameters (*medium*, *content*, *strategy*) defining the resultant piece. Let's see how conditions on the left lead to parameters on the right. In other words, how do healthcare situations clue writers into crafting communication pieces that work?

The *audience* for healthcare information has diversified today: The traditional audiences of patients and physicians now encompass practitioners such as pharmacists, nurses, and therapists, as well as policy analysts, plan administrators, and others involved with the healthcare system. Healthcare documents have a *purpose* to achieve—to inform someone about a new surgery but not instruct that person how to perform it, for example. *Context*, the setting in which communication occurs, can be pivotal, especially when we consider emotionally charged emergency scenarios or end-of-life decisions.

These three input conditions identify for writers the three output parameters that inform them about how to construct the most suitable communication piece for that topic. First, the message is transferred through a chosen *medium*, be that a lengthy tome, a trifold pamphlet, or (increasingly) a web-based form of communication. The types and levels of information signal *content*, whereas *strategy* refers to the techniques used to organize and present the selected information.

Perhaps the opening mathematical equation should be expressed as a biochemical reaction: understanding the conditions (*audience*, *purpose*, *context*) points to determining the parameters (*medium*, *content*, *strategy*) for the resultant healthcare document. Or, more appropriately for this field, we are dealing with a diagnosis of the writing situation.

Typical Documents for Healthcare Writers

Embarking on new careers, healthcare writers (and students of healthcare writing) may encounter a wide variety of situations requiring communication pieces. Analyzing the conditions of these situations, as just explained, leads to determining the parameters for constructing the documents. Note that the term *document* in this sense loosely means some piece of communication: paper or online, short or long, print or audiovisual, and whatever new media may arise.

Later chapters explicate the typical healthcare documents, along with guidance and examples. The following non-exhaustive list offers a taste of what's to come:

‣ *Protocol*—a plan for conducting medical research (think of it as being like a procedure for a laboratory experiment in a science course)

‣ *Education Piece*—material intended to provide sufficient information for readers needing that level of detail (short or long textbooks, in essence)

‣ *Training Guide*—stepwise instructions for those who will actually perform that specific activity (oriented more for work than study)

▸ *Grant Proposal*—formal application to a governmental, corporate, or charitable organization for funding (persuasive case built from evidence)

▸ *Advocacy Piece*—persuasive argument on behalf of a patient group or medical condition (public health campaigns, as one example)

Other documents fall more into the researcher's realm: annotated bibliographies, literature reviews, and technical reports, for example. Although not covered in detail (as the researcher audience is not this book's focus), these document types are mentioned in relation to items in specific chapters.

Ethical Responsibilities of Healthcare Writers

Social Contract of Professionals

All professionals are responsible to the individuals whom they serve. Contrary to loose modern usage, a "professional" role is one that is needed by society but that requires a specialized set of skills. Think of doctors, ministers, and lawyers. Because these roles mandate a specialized set of knowledge, professionals and society reciprocally enter a "social contract"—to balance the professionals' expertise, society grants them authority to conduct services on society's behalf. Key to this social contract, however, is that services provided by the professionals must always remain in the best interests of society and society's members.[1]

How do healthcare writers fit into this social contract? Healthcare writers provide a unique service that not everyone in society can: translating complex research information into forms understood by layperson, administrator, and practitioner audiences. With that recognition of professionals come responsibilities to fulfill the contract. The American Medical Writers Association (AMWA) encapsulates this ethical responsibility as the onus to "apply objectivity, scientific accuracy and rigor, and fair balance while conveying pertinent information in all media" and to "write, edit, or participate in the development of information that meets the highest professional standards."[2]

Ethics, Respect, and Sensitivity

When actively working on a healthcare document, writers fully immerse themselves into a complex task. As explained in the next chapter, writers often need to make calculated assumptions about their target audiences; these decisions depend not only on

pertinent information but also on respect for individuals and recognition of ethical dimensions. Unlike a user manual for a digital recorder, a self-assessment checklist for testicular cancer could place a man's health and life in jeopardy if the instructions are vague. That endangerment is much more serious, of course, than not recording the next installment of a favorite television show.

Remember, too, that calculated assumptions about a target audience are guidelines rather than absolutes: within the target group, individuals remain persons. Some men may be sensitive to candid wording about the testicular exam; explicit photos rather than stylized diagrams provide more details but may offend men from conservative cultures or religions; and locker-room humor could assuage trepidations for teens but alienate senior citizens. Many such issues may be obviated by thorough analysis in the prewriting stage, if the writer also considers respect for multicultural diversity.

A good rule of thumb is to run potentially sensitive issues past advocacy groups or support organizations. Would most members of a certain multicultural identity prefer one demographic term (such as *Latino*) over another (like *Hispanic*)? Moreover, respect is shown when recognizing the humanity of an ill person: a woman with gynecological problems, after all, is not *the hysterectomy down the hall*. An especially relevant issue in healthcare concerns persons with disabilities. The term *handicapped*, for instance, brings more negative connotations than *disabled*; more positive connotations may be associated with *differently abled*—or is that too politically correct?

Later chapters will return to issues such as these through specific examples and writing guidance. For now, remain aware of respecting the individuality of patients, caregivers, and family members. How would *you* feel in that situation? Also, take seriously the ethical dimensions of healthcare writing. The life of an individual may very well be at stake. The painstaking effort required for effective healthcare documents reaps rewards for the target audience.

Healthcare Writers as Advocates

As professionals, healthcare writers must work for the benefit of individuals who seek medical care. Much of this responsibility can be accomplished through diligently ensuring the accuracy and reliability of documents. Overt bias should be avoided at all times, even though some documents (e.g., materials from a drug company) almost always have their own slant. As long as information is presented clearly and fairly, the unavoidable instances of slant should not pose concerns. After all, even documents from a non-profit agency still reflect that group's agenda in terms of how they view and promote certain health issues.

Sometimes, however, the writer's position is more tenuous. Should writers take issue with a stance with which they do not fully agree? In many cases, writers work as full-time employees or contracted freelancers. While writers should be willing to raise "red flags" whenever undue biases or misrepresentations seem to be occurring, the final decision remains with the person or group in charge of the project. Only in rare situations will documents take unethical turns—at which times writers must be willing to stand up, even at financial risk. Professionals serve society.

Finally, some healthcare writers may find themselves in advocacy positions. For instance, after working on educational materials for a disadvantaged or disenfranchised group, writers may feel responsible for acting on that group's behalf. Reproductive rights provide such a touchstone. Should writers work on documents that, while unbiased, still conflict with their own ethical or religious viewpoints? For example, a media toolkit advocating for the availability of contraceptives, which has been produced under the aegis of the Johns Hopkins University, is obviously and understandably slanted in favor of contraceptive rights. Interestingly, that same toolkit contains excellent guidance for using the media for other advocacy issues (Figure 1.1).[3] Should a writer who is opposed to contraceptive use still take advantage of this media guidance?

Figure 1.1 Media Toolkit on Advocating for Contraceptives

V   Media Targeting and Assessment

No media advocacy campaign can be effective without first discerning what mediums your target audience most often consumes and which media outlets they use the most. Whom are you trying to reach and what do they watch, read or listen to? Outlets should be ranked in terms of priorities. This simple process can help you to ensure that your efforts are dedicated to those outlets that are the greatest priority.

- What is the medium (television, radio, newspapers, magazines, Web) most often consumed by your targeted population? And which outlets are most used by your targeted population?
- Which are most popular with the general public? Among those media outlets, whom or what should you contact to promote your agenda? A particular reporter, editor or producer? A particular columnist? TV news show? A particular newspaper? A radio station or show?
- Do you know those people or have you had previous contact with them? Do you have their contact information?
- What media outlets and sources influence members of the media? This will be an important forum.

After you have determined which outlets are of the greatest importance to you, you should conduct some basic research to help you determine what obstacles you might face or what support can be amplified.

- Has the media covered contraceptive security/FP/contraception recently? Has it been supportive or hostile?
- Who covered the issue?
- If the media hasn't covered the issue, has it covered a similar health or women's issue?
- What reporter covered this issue?
- What other campaigns have been successful in engaging the media recently? What can you learn from them? What did they do and what was the result?
- Who does the media generally find compelling as a spokesperson?
- What can you practically apply to your campaign?

Lesson
Determine the media outlets and sources most important to your target audience. These outlets are the ones that you will try hardest to influence.

Media Advocacy Tool • 9
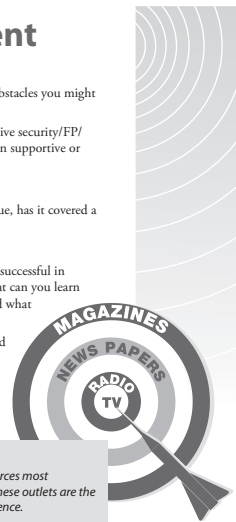
A book like this one cannot answer such ethical dilemmas. Rather, this book aims to increase awareness of our responsibilities as professionals. As appropriate, issues with ethical dimensions will be threaded throughout the book's examples, and that ethical thread is revisited in the final chapter.

Chapter Summary

‣ Emphasizing the prewriting stage allows healthcare writers to apply their time and effort efficiently by avoiding late-stage rewrites.

‣ Input conditions (*audience*, *purpose*, *context*) determine output parameters (*medium*, *content*, *strategy*) for healthcare documents.

‣ The same healthcare topic can be presented in various document types, depending on the input conditions for a particular situation.

‣ Although calculated assumptions can facilitate the writing process, writers always must remember that individuals must be respected.

‣ Because healthcare decisions can truly make the difference between life and death, healthcare writers must act within ethical dimensions.

Exercises for Practice

The exercises in this chapter refer to Figure 1.2 (p. 25), a document excerpt that includes both text and a visual related to the testicular self-examination (TSE).[4] Additional material accessible through the hyperlink includes a text version in Spanish and an audio version. Considering these materials, respond to the following questions.

1. How specifically can you describe the target audience—of course, they are men, but what other details can you surmise? What is the purpose of this document? Does the context make a difference? Would you suggest any modifications?

2. TSE information could appear in a number of different formats. Select at least two different types. Compare and contrast them for the input conditions of audience, purpose, and context. List ideas for the output parameters of medium, content, and strategy. How do your planned documents differ from the original excerpt?

3.   Sensitive materials, such as TSE guidelines, can be uncomfortable. How explicit should the material be? What approaches can be taken to interest but not offend the target audience? Consider these questions as you assess the excerpt.

4.   The additional excerpt of text (below) originates from the same document as the main excerpt in Figure 1.2. Why was this additional text written differently from the main excerpt? What are these differences?

> Although testicular cancer is rare in teenage guys, overall it is the most common cancer in males between the ages of 15 and 35. It's important to try to do a TSE every month so you can become familiar with the normal size and shape of your testicles, making it easier to tell if something feels different or abnormal in the future.... Lumps or swelling may not be cancer, but they should be checked by your doctor as soon as possible. Testicular cancer is almost always curable if it is caught and treated early.

5.   Despite communication about the TSE, too many men still face testicular cancer. Support is important at these vulnerable times. Groups like the American Cancer Society provide support opportunities, such as through the online WhatNext social network.[5] How can such support groups reach out to individuals perhaps more effectively than through formal documents?

Figure 1.2 Text Excerpt with Visual for the Testicular Self-Examination (TSE)

How to Perform a Testicular Self-Examination

The **testicular self-examination (TSE)** is an easy way for guys to check their own testicles to make sure there aren't any unusual lumps or bumps—which can be the first sign of testicular cancer.

Here's what to do:

- It's best to do a TSE during or right after a hot shower or bath. The scrotum (skin that covers the testicles) is most relaxed then, which makes it easier to examine the testicles.
- Examine one testicle at a time. Use both hands to gently roll each testicle (with slight pressure) between your fingers. Place your thumbs over the top of your testicle, with the index and middle fingers of each hand behind the testicle, and then roll it between your fingers.
- You should be able to feel the epididymis (the sperm-carrying tube), which feels soft, rope-like, and slightly tender to pressure, and is located at the top of the back part of each testicle. This is a normal lump.
- Remember that one testicle (usually the right one) is slightly larger than the other for most guys—this is also normal.
- When examining each testicle, feel for any lumps or bumps along the front or sides. Lumps may be as small as a piece of rice or a pea.
- If you notice any swelling, lumps, or changes in the size or color of a testicle, or if you have any pain or achy areas in your groin, let your doctor know right away.

Lumps or swelling may not be cancer, but they should be checked by your doctor as soon as possible. Testicular cancer is almost always curable if it is caught and treated early.

References

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