

■ From the Editor's desk



Healthcare communications: A question of definition

by Mario Nacinovich and Elise Langdon-Neuner



Most EMWA members are employed directly or indirectly by the pharmaceutical industry and their main remit is to produce documents for the regulatory authorities or documents that inform the medical community about drug products, e.g. through papers published in biomedical journals. This issue of *TWS* introduces medical writers who work in industry to healthcare communications. When the words 'health' and 'communication' are associated in a definition, we are to my mind talking about a field that should cross paths with medical writers. But do medical writers work in healthcare communication? To answer this question we need to establish the precise definition of health communications and for this I enlisted Mario Nacinovich's help. Mario is the editor in chief of the *Journal of Communication in Healthcare*, Managing Director of AXON Communications, and adjunct faculty at Boston University and he explores the concept of health communications in the following paragraph.

Ongoing review and appraisal of health communications initiatives have confirmed the value of adopting specific communication strategies to promote health and ultimately facilitate the processes in the prevention and treatment of disease. Effective health communications strategies worldwide unite varied approaches, theories and frameworks from a range of disciplines, including but not limited to communication, public relations, behavioural sciences, social marketing, and health education. The definition and practical aspects of these disciplines can be considered empiric, while the definition of 'health communication' has not been universally accepted nor ingrained in its practitioners. According to the Office of Disease Prevention and Health Promotion in the United States, "Health communication is the study and use of communication strategies to inform and influence individual and community decisions that affect health. It links the fields of communication and health and is increasingly recognised as a necessary element of efforts to improve personal and public health" [1]. Health21, the 'health for all' policy framework by the World Health Organization (WHO) European Region, took this characterisation to another level in 1999 when it stated that it is a "public responsibility to ensure that citizens receive extensive, accurate and timely information on health and health care through various communication channels; information itself exerts a key influence on people's health and how they use health care services" [2]. These attempts to accurately capture and define health communication should be considered key milestones in thought-leadership as just a few years prior, in 1993, the U.S. Centers for Disease Control and Prevention (CDC) acknowledged that it

was "a term used by many, but it lacks a precise definition" [3]. In a somewhat dramatic shift in thinking, Maibach and Holtgrave later espoused that the term included the use of "communication techniques and technologies to (positively) influence individuals, populations, and organizations" [4]. More recently, Ishikawa and Kiuchi helped to simplify our understanding by stating, "Health communication consists of interpersonal or mass communication activities focused on improving the health of individuals and populations" [5]. For many in our emerging field, the following integrated definition has become the new gold-standard definition of health communication—it is a "multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policy-makers and the public to champion, introduce, adopt, or sustain a behaviour, practice, or policy that will ultimately improve health outcomes" [6].

Three feature articles in this issue of *TWS* illustrate the gold-standard definition of healthcare communications and highlight its diversity. Catherine Mary's article probes the elements necessary to engender public trust in healthcare messages issued by governmental authorities, healthcare professionals and journalists, by reference to the H1N1 influenza pandemic. Daniele La Barber and colleagues look in their article at how healthcare professionals can communicate more effectively with their patients. The third article, written by Matthew Doherty of Medicines for Malaria Venture, explains the role of Product Development Partnerships in developing drugs that are not profitable for the pharmaceutical industry, and the importance and different aspects of communication for such non-profit organisations.

Healthcare information can be disseminated to the public in different ways, e.g. by interpersonal communication, health journalism, TV and electronic communication. Electronic communication is the mode of communication which Karin Eichele explores in her Webscout column in this issue. She reviews websites that offer information on e-health¹ ranging from a report on the value of e-health

1 The term e-health has been used since 2000 but there is no universally agreed definition of the term. The European Commission defines e-health as "the use of modern information and communication technologies to meet needs of citizens, patients, healthcare professionals, healthcare providers, as well as policy makers." For a discussion of other definitions see: <http://www.openclinical.org/e-Health.html>

From the Editor's desk

tools for patients and the benefit of recipient participation in the communication process to the use of social media in health communication. The public's appetite for health information is evidenced by the increasing popularity of newspapers and magazines columns written by medical/healthcare/science journalists. It is apt that this issue of TWS introduces a new column on medical journalism edited by Diana Raffelsbauer. In her first article she tackles the hot topic of predictive genetic testing. Only after she had written the article did the German government vote to allow embryos to be tested for severe genetic disorders.

In a quest to discover opportunities for medical writers in healthcare communications, I telephoned Meet Recruitment who had advertised a job for a senior medical writer in healthcare communications. Hannah Donaldson, a director of the agency, told me that their agency handled jobs in healthcare communications. I was on the right track. But the jobs she described were in pharmaceutical companies and centred on communications relating to a particular product. This is exactly the area of engagement of most EMWA members and is an illustration of the loose definition of 'healthcare communications' mentioned by Mario. Asked which sort of agencies she thought would offer jobs within the gold-standard definition I presented, she replied, "Healthcare PR." Matthew Doherty, an author in this issue, is an external relations officer whose job is to coordinate the proposal and reporting processes between Medicines for Malaria Venture. He does not portray himself as a medical writer, but he does write and edit texts that often contain a lot of medical content. The WHO would seem to be an obvious employer of medical writers in healthcare communications; however, they told me they did not employ medical writers as such, but rather public health specialists and technical officers, who mainly write reports. They do hire writers to review and sometimes revise reports written by the technical experts to make them less 'technical', depending on the target audience.

The only area in which the definitions of 'medical writer' and 'healthcare communications' cross paths would appear to be medical journalism—Catherine Mary and Diana Rafflesbauer, for instance, are medical journalists and members of EMWA. But this could change in future. Just as the mountain might come to Mohammed, so might health communications come to the traditional medical writer. Historically pharmaceutical companies have confined their communications to healthcare professionals and regulatory bodies. However, the public has a negative perception of the industry and with the increasing empowerment of the end user, the patient, much work is needed to reverse this perception.

Diageo, a manufacturer of alcoholic drinks, was faced with a similar problem, the public's negative perceptions of the alcohol industry. It undertook a proactive stakeholder and media programme on responsible drinking, thus positioning itself as part of the solution, rather than a contributor to the problem of alcohol abuse. The pharma industry

could perhaps redirect part of its US\$ 16 billion a year spending on marketing to physicians, which encourages over prescription of drugs, to programmes that encourage healthy life styles and discourage overmedicinalisation. If this tack were to be adopted, more medical writers would find themselves working in healthcare communications!

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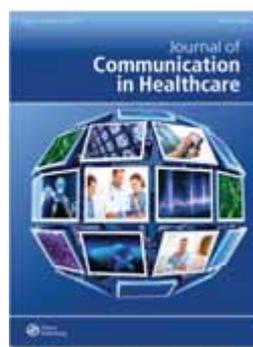
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Journal of Communication in Healthcare

(<http://www.maney.co.uk/index.php/journals/cih/>)



Journal of Communication in Healthcare is a peer-reviewed professional journal analysing pertinent topics and theories, pre-eminent practices, and emerging innovation in communication across the diverse multidisciplinary fields of healthcare. Articles within the journal actively examine and engage in both traditional and new media approaches, from interpersonal patient-provider dialogue and relationships, to mass communications with the public. The scope of the journal includes the latest topics in healthcare social media, mobile health, interpersonal behaviour and communications, health literacy, public relations and public advocacy, community or social mobilisation, professional medical communications and constituency relations and strategic partnerships.

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From the Editor's desk

An alternative editorial: The Swedish issue

On reflection, this issue of *TWS* could have been called the Swedish connection, with an article on how Swedish is being corrupted by English, two articles reflecting on Abba's grammar (and a bit more), a Swede's view of EMWA's Berlin conference in the Freelance section and a short piece about Alfred Nobel. Extending the Scandinavian flavour, Christina Johnsen—from Sweden's neighbour, Denmark—describes how she sprouted from a sedated state in academia into a go-getting medical writer. Julia Boese also gives an account of her route into medical writing, which will be interesting for anyone considering taking the MSc course in medical writing at Innsbruck University.

There's so much more in the issue too, including two new columns. The Medical journalism column, mentioned already, and Phil Leventhal's Manuscript writers' column catering for medical writers who prepare papers for biomedical journals. The Journal watch column will also be of special interest to these medical writers. Regulatory writers will be eager to read about the discussion relating

to European Medicines Agency's transparency and about active comparator trials. The Freelance section includes a debate on hourly rates and tips on writing stories compiled in the wake of a disastrous course on fiction writing. I have always wondered why so little fiction relates to the workplace but perhaps we don't need fiction when we can read about the cloak-and-dagger dramas among Pfizer's higher echelons (<http://features.blogs.fortune.cnn.com/2011/07/28/pfizer-jeff-kindler-shakeup/>). As for broadening your reading experience the Translation section's article on outsourcing tackles general issues in translation as well, and is a recommended read for translators who might not be interested in outsourcing, and likewise for those interested in outsourcing who might not be interested in translators. The article about how a Turkish journal was successful in going bilingual should not to be missed by anyone involved in bilingual journal translation.

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Announcing the 34th EMWA Conference

14-18 May 2012
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Cyprus

We are very pleased to announce that the venue for EMWA's 34th Conference will be in Pathos, Cyprus at the Coral Beach Hotel, which is located overlooking the sea and bordering Akamas National Park.

We will be offering an exciting selection of plenary lectures, a keynote speaker, seminars and discussion panels on the theme of **Paediatrics**. In addition, we will have an extensive educational programme with foundation and advanced level workshops to be applied towards the EMWA professional development certificates as well as many new workshops.



Come and take advantage of the opportunities to continue your training as a medical writer whilst networking with other writers from across Europe and the rest of the world.