

The stethoscope is important to the cardiologist, as is the scalpel to the surgeon and the interview to the psychiatrist. Writing is essential for them all.

Writing is part of medicine

All doctors write. The GP writes down the patient history and the clinical findings on a PC and sends referrals to specialists or hospitals where needed. Hospital doctors make notes of their observations, assessments and actions in patient records, using a keyboard or a voice recorder. Through language, the condition of patients, treatments and prognoses are documented. Language communicates real life.

Good writing is essential for operating a hospital. Long strategy documents full of buzzwords and pompous phrases may be counterproductive. Abbreviated and sloppy referrals may make it difficult to assess the priority that should be assigned to the patient. Letters inviting patients to hospital for an examination are sometimes written in so complicated a manner that the patients fail to grasp the content (1). E-mails that are sent a little too hastily may give rise to misunderstandings and unfortunate situations. When communicating in writing, the words are there – on paper or on the screen – and cannot be retracted, explained or modified with the aid of facial expressions, eye contact, tone of voice or pauses, as can be done during lectures or meetings with patients. Writing is different from conversing or lecturing.

Medical students need writing practice, and submission of a written assignment is currently included in the studies of most medical schools. During specialisation, younger doctors ought to review admission notes and patient records with their supervisor or another senior consultant to receive feedback on content, form and language. These are learning opportunities that must be used.

Good writing skills are especially important for doctors who write scientific articles. Research consists as much of reasoning, interpretation and communication as of collection and analysis of data. Researchers need to master professional terminology and be able to write well, precisely and adequately. In practice, it is impossible to distinguish clearly between professional skills and writing skills: insight is expressed in words, and poor insight is revealed by words, and a good presentation alone will not salvage a poor study (2). Good professional writing consists in choosing the right words and adequate formulations – it goes far beyond spelling, grammar and the rules of the comma.

Writing sharpens the mind, and by writing we promote the ability to think critically. Many have experienced that by writing, they become more aware of the true meaning of clinical findings, research data or the issues they want to communicate. Insight follows as the writing proceeds. As an experienced writer once stated: It is only when you formulate the words to communicate to others that you discover what you are really thinking (3).

Writing well is all about having the reader in mind, it has been said. One does not write merely for the sake of writing, but to be read, understood and believed. Imprecise and awkward phrasing may cause the reader to doubt the skills and credibility of the writer. If so, it makes no difference if the message is appropriate and backed by the best of intentions. Unclear words come from unclear thoughts.

As a novice medical editor in this journal fifteen years ago, I was taken aback by the writing skills of Norwegian doctors. These skills varied considerably, and still do. Authors I know to be excellent lecturers are not invariably good writers. Well, we can live with that.

As editors, we edit by discretion – sometimes cautiously, sometimes more comprehensively, and we often rely on advice from external reviewers. Most authors are grateful for this help, and only a few are annoyed (4). We almost always arrive at solutions that are satisfactory to the author as well as the editors. This cooperation between the author, the editor and the reviewer is at its best when it helps us reach our goal – to convey the author's message to potential readers. The relationship between an author and an editor has many similarities with the doctor-patient relationship – it requires openness, respect and a shared understanding of the respective roles. In addition, an editor has a responsibility to the readers.

For those who wish to improve their writing of scientific articles there are many sources of learning available – both in Norwegian (5) and in English (6, 7). The basic rules are quite simple: If you have a lot of things to say, write about one at a time. First write what is simple and general in nature. Don't hesitate to punctuate. Do not press too much information into one and the same period. Delete unnecessary words. Avoid repetition. If you have trouble finding a good and adequate expression, ask yourself: How would I explain this to «the man in the street» or to my own grandmother? This may put you back on track. Ask experienced and inexperienced colleagues for advice and help, since what some may regard as linguistic nitpicking may in fact be essential to the meaning you want to convey.

Authors who contribute to this journal wish to document and communicate clinical experience and research results to Norwegian doctors. The objective of this journal is to promote medical knowledge and to maintain and develop a professional medical language in Norwegian (8, 9). It is therefore essential that the text is adapted to Norwegian doctors in general. Poor writing deflects attention from the content, while precise language enhances the message (9). The same applies to referrals, notes in patient records and patient histories. All of this makes writing an essential tool for all doctors.

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