EDITORIAL

Good writing for better understanding

Òscar MIRÓ

Editor of EMERGENCIAS.

In our field, we in the medical profession do not write well. Some would say that good writing, in Medicine, is just the icing on the cake, adding nothing to the intrinsic value if the mass is good. At least this is what may be deduced from the general lack of care we take with our use of language, both verbal and, especially, written. As in everything, there are exceptions, but they represent a minority. Anyone reviewing the manuscripts submitted almost daily to the Editor's desk here at EMERGENCIAS would agree wholeheartedly with the first line of this editorial.

Poor writing is by no means endemic to Emergency Medicine, but rather a scourge found in reports from all fields of activity[1-5]. Personally, in line with other editors of biomedical journals[6,7], I believe the situation is unacceptable and every effort is required to correct it. With some justification, physicians are supposed to be learned people, to be emulated in certain ways. It is therefore incumbent on us to endeavour to improve the quality of our reporting: authors should pay special attention to the correct use of language when writing their texts and editors should jealously require that this has been done.

The work that Hernández and Bustabad publish in this issue[8], analyzing 7 articles in the field of Emergency Medicine (5 from our journal[9-13] and 2 from others[14,15]), gives an idea of the difficulties involved in achieving this objective. The errors detected are many and diverse, including lexical errors, grammatical mistakes and incorrect use of language, which the authors have sifted out with clearly didactic intentions. These mistakes are personally relevant, since four of the articles selected were signed by members of the Editorial Committee of EMERGENCIAS, which means that this editorial also contains a good deal of self criticism.

The authors must also be thanked for their insightful and accurate comments on the Spanish terms "urgencia, emergencia, urgenciología and urgenciólogo" which they develop to clarify their point of view on the correct use of these terms in the future.

There are probably many reasons for this less-than-ideal situation regarding the writing of scientific documents, which in my experience may not be the consequence of carelessness or laziness, although some of that also exists. I would divide them into three main categories. The first corresponds to insufficient mastery of Spanish grammar and syntax in general. The second may be categorized as "insider" linguistic quirks and jargon commonly used by medical professionals among themselves. Finally, there are those errors attributable to faulty conception and development of the ideas to be transmitted in a scientific paper. However, none of these justifies poor scientific writing. The mere fact that other colleagues are to read what we have written, which will be stored and may be consulted for ever more, should be reason enough to take extreme care in writing well.

Clearly, the solution to these problems differs according to the kind of error. General defects in the language used require time and effort to correct, drawing on knowledge acquired during the years of primary and secondary education when our teachers spent hours and hours coaching and explaining the intricacies and nuances of the Spanish language. There are texts[16] that may serve us well in this task, and certain articles in scientific journals[17,18] that elaborate on particular aspects of vocabulary, grammar and/or syntax of our language. Reading many such comments allows one to re-discover temporarily forgotten but simple rules; merely refreshing one's memory of all this may result in enormous improvement in the quality of our work.

Medical language suffers from its own vices as well as those previously mentioned. In Emergency

Correspondence: Dr. Òscar Miró. Área de Urgencias. Hospital Clínic. Villarroel 170. 08036 Barcelona. E-mail: omiro@clinic.ub.es

Date of receipt: 2-3-2009. **Date of acceptance:** 3-3-2009.

Conflict of interest: None

Medicine, these are essentially the same as those found amongst physicians in general. From my experience as editor of EMERGENCIAS, perhaps the most outstanding aspects include the use of even more direct, abbreviated terms than others, failing to elaborate sufficiently (in all probability a reflection of the vertiginous nature of our daily work), and the incorporation of barbarisms and Anglo-Saxon terms.

The solution involves frequent and careful reading of scientific articles published in Spanish, which is a worthwhile investment in terms of achieving a higher level of academic medical expression.

Thus, the importance of linguistic rigor in scientific and technical fields is highlighted, particularly for editorial teams of journals such as EMERGENCIAS; our journal should aspire to being a reference publication for investigators in the field of Emergency Medicine.

In an effort to achieve lexical and grammatical uniformity, EMERGENCIAS will devote a special article to this topic, highlighting the main errors and clarifying the most frequent doubts, to establish our own style and facilitate the writing of scientific manuscripts.

Finally, poorly constructed research reports require specific treatment. We must be willing to analyze the development of the scientific method and the approach to our study topics, which must stem from a thorough knowledge of the matter under study. This should generate a working hypothesis in the form of a question to be answered (introduction), a detailed description of the method used to provide an answer to that question (method; sufficiently explicit to allow other authors to repeat the experiment), the results obtained literally and objectively describing only the direct findings of our study (results), and then an analysis and interpretation of these findings alone, within the relevant context; finally, personal evaluation as to the what these results signify or add to previously established knowledge on the topic (discussion). With this objective in mind, scientific writing workshops must be promoted, either as part of medical congress activities or as specific events.

One last observation: once the final draft is completely written, just before submission to a journal, the article should be re-read by the author and then read by a suitably qualified outsider. This should reveal any problems of reader comprehension of aspects the author had assumed were quite plainly expressed. This will often lead to the discovery of a surprising number of errors. Perhaps, if we had followed this procedure with the manuscripts revised by Hernández y Bustabad, we would not now have to publicly admit to our linguistic shortcomings.

References

1 Duque Amusco A. Lenguaje oral y escrito: ¿hemos mejorado los oncólogos? Clin Transl Oncol 2003;5:351-3.
2 Martínez-Ramos D. El lenguaje científico en cirugía. Una asignatura pendiente. Cir Esp 2006;79:83-8.
3 De Lorenzo-Cáceres Ascanio A. Faltas de ortografía, errores gramaticales y lenguaje médico. ¿Cuidamos nuestras presentaciones? Aten Primaria 2005;36:289.
4 Asensi-Pérez J, Villalba-Ferrer F, Roig-Vila JV. El lenguaje médico y quirúrgico. Cir Esp 2008;84:10-5.
5 Vilar Checa E, Vilar Sánchez E. ¿Por qué lo llaman literatura? Vicios y defectos del lenguaje en ginecología. Progresos de Obstetricia y Ginecología 2000;43:499-504.
6 Xaubet A. El lenguaje médico. Arch Bronchoneumol 1999; 35(Supl:1):47-50.
7 Ribera JM, Cardellach F, Selva A. Procesos de revisión y de edición en Medicina Clínica. Med Clin (Barc) 2005;125:3-7.
8 Hernández Hernández H, Bustabad Reyes S. Características lingüísticas de los trabajos científicos de la medicina de urgencias. Emergencias 2009;21:133-40.
9 Sánchez M. Importancia de las vías clínicas en la práctica clínica diaria. Emergencias 2008;20:4-6.
10 Miró O, Burillo-Putze G, Tomás Vecina S, Sánchez M, Pacheco A. La nueva imagen de EMERGENCIAS. Emergencias 2008;20:1-4.
11 Pintado Garrido R, Moya de la Calle M, Sánchez Ramón S, Castro Villamor MA, Plaza Loma S, Mendo González M. Indicación y utilidad de la ecografía urgente en la sospecha de apendicitis aguda. Emergencias 2008;20:81-6.
12 García-Castrillo Riesgo L, Mariné Blanco M, Martínez Ortiz de Zárate M, Piñera Salmerón P. Seguimiento de las vías clínicas en la infección por el virus varicela zóster. Emergencias 2008;20:87-92.
13 Paredes B, Sáiz PA, García-Portilla MP, Morales B, Patín M, Fernández I, et al. Asociación entre el polimorfismo A-1438G del gen del receptor de serotonina 2A (5-HT2A) e impulsividad del comportamiento suicida. Emergencias 2008;20:93-100.
14 Miró O, Salgado E, Tomás S, Espinosa G, Estrada C, Martí C, et al. Derivación sin visita desde los servicios de urgencias hospitalarios: cuantificación, riesgos y grado de satisfacción. Med Clin (Barc) 2006;126:88-93.
15 Salgado E, Antolín A, Rodríguez D, Bragulat E, Sánchez M, Miró O. Cuantificación de los efectos negativos de la sobrecarga invernal en urgencias y de la efectividad de las medidas extraordinarias invernales para paliarlos. Med Clin (Barc) 2008;130:286-91.
16 Caldeiro MA, Feliu E, Foz M, Gracia D, Herranz G, Lience E, et al. Medicina clínica. Manual de estilo. Publicaciones bibliométricas. Vilarroya O (editor). Ediciones Doyma SA 1993:3-468.
17 Aleixandre Benavent R, Amador Iscla A. Vicios del lenguaje médico y defectos de estilo en la escritura cientificomédica (I). Piel 2002;17:399-404.
18 Aleixandre Benavent R, Amador Iscla A.Vicios del lenguaje médico y defectos de estilo en la escritura científico-médica (II). Piel 2003;18:11-6.