

EASE-Forum Digest: September to December 2012

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Crashes and clashes with Microsoft Word

Jane Mayes asked the forum for help as she had been having trouble with Microsoft Word hanging or quitting while she was using Track Changes. Karen Shashok had also found that switching between computers with different default languages could cause problems. She thought the following sites might be helpful to Jane: <http://answers.microsoft.com/en-us/mac/forum/macoffice2011-macword/track-changes-and-new-comment-crash/cf5e3c5e-1b53-4144-b0f1-f74778fd64c5> <https://groups.google.com/forum/?fromgroups#!topic/microsoft.public.mac.office.word/34kVLYIbj7Y> <http://office.microsoft.com/en-us/support/change-the-default-language-for-office-programs-HA010356057.aspx>. Karen also passed on some advice from Kathleen Lyle, an expert in editing with Word. She pointed out that modern versions of Word do not often crash. When they do it is usually due to a memory problem and Track Changes is memory-hungry. She recommended always ensuring that you use the latest version, adding that Word 2010 is better than Word 2007. She also noted that apart from saving files frequently it is good practice to close Word every hour to avoid leakage of memory.

And "an" again

Should we write "An EU programme" or "A EU programme"? Jaya Ramchandani asked. The general consensus both this and the last time the topic was discussed was that the best policy is to speak out the word/abbreviation and use "a" or "an" according to which is easier to say, in this case the first version. Elisabeth Heseltine also noted that "programme" was correct here rather than the American version "program" (except when referring to a computer when British English is also "program"). Carol Norris, an American English speaker, gave the example "a unique" as opposed to "an uncommon X", adding that while "a hat" was okay, "a hypothesis" was difficult to say. Stuart Handysides, a British English speaker, had never come across "an hypothesis". The debate that followed tackled the question of how difficulty in pronouncing words beginning with "h" proceeded by "a" or "an" varied according to the speaker's native language. Mary Ellen Kerans pointed out

the further difficulty for an editor of not knowing how the reader would read the text, e.g. some, on seeing FVC, will say "ef-vee-cee" while others will say "forced vital capacity." She thought it best to ask the author or just plump for "a" or "an" and hope.

Hyphens in strings

Insertion of hyphens in strings is fraught with uncertainty and Aleksandra Golebiowska was uncertain which was correct "personal computer-based games" or "personal-computer-based games". She favoured the former but queried if the games then became personal. Tricia Reichert explained that as "An en dash is used to join a compound modifier (two or more components) to a single word or to a phrase consisting of two or more components", an en dash should be used in "personal computer-based games" rather than a hyphen. Suggestions were also made as to how to "write away the problem", to use Mary Ellen's phrase. Norman Grossblatt advised that "personal" would usually be unambiguous and could be deleted if the text allowed or the text could be edited to "games based on a [or "the"] personal computer".

Colon colic

Aleksandra took the opportunity to present another problem she had encountered. She was concerned that text that contained several lists would be conceived as inconsistent if the rule that lists should only be preceded by a colon when introduced by a complete clause was applied—as some lists follow incomplete clauses. Mary Ellen came to the rescue stating that what mattered to a reader "literate" in colon usage was not consistency but the relation of the list to the last word before the colon. She explained that colons are used in lists in two cases: a) when the list items are "in apposition to the phrase before the colon" as in this list and b) when a "convenience verb phrase", which has become acceptable to save time, is used. She gave "as follows", as an example.

Mary Ellen had noticed, however, that some non-native speakers of English when reworking a sentence into the English word order would not notice that having successfully placed the noun before the verb, the verb lands up before the list. The "apposition" is lost, e.g. Cervicofacial actinomycosis is the most common form and several structures can be affected: pharynx, larynx, tear ducts, oral mucosa, paranasal sinuses, jaw, and scalp. She suggests the following revisions to this sentence: Cervicofacial actinomycosis, the most common form, can affect several structures: the pharynx,... or Cervicofacial actinomycosis, the most common form, can affect several structures, including the pharynx,...

Aleksandra pondered how many readers were "literate" in colon usage but concluded that the literature would only get worse if those of us who edit lose track.

Thou shalt not start a sentence with...

Bringing a list of commandments stating how not to start

a sentence down from the mountain would be quite a challenge. We could start the list with some old chestnuts such as “owing to” or a numeral, but a reviewer had wrapped Marcin Kozak over the knuckles for starting sentences with “Table 1 presents” or “Figure 1 presents”. Angela Turner saw the advantage of this construction as avoiding a longer passive sentence ending “... are present in Table 1” but thought citing the table in parentheses was a better option, eg “X was correlated with Y (Table 1). Also favouring the parentheses option,

- Clarinda Cerejo and Tom Lang thought putting “Table 1” in the subject position at the start of a sentence put unnecessary emphasis on the table rather than what was in it,
- Ravi Murugesan pointed out when Clarinda suggested the alternative of starting a sentence with “As shown in Table 1...” that the parentheses option saves words too by obviating “presents” or “as shown in”, and
- Elisabeth Heseltine said that as a table like a study is an inanimate object it cannot “do” anything and equated starting a sentence with “Table 1 presents” to starting with “The study aims” rather than “The aim of the study was to”.

The cat got amongst the pigeons when Sylwia Ufnalska lifted her head above the parapet to say where to put Table 1 is a matter of personal preference. She quoted Maeve O’Connor and Margaret Cooter, who state that copy editors should “leave well enough alone — if authors write correctly, their own wording should be kept” (*Science Editor’s Handbook*, 1-2.3, p. 2).

Ravi Murugesan thought the same applied to “however”. Some editors who find it at the start of a sentence will move it to the middle but for Ravi this broke the line of thinking and made the sentence more difficult to understand. He thought these editors must be fans of the Americans Strunk and White, who believed that when “however” comes first in a sentence it means “in whatever way” or “to whatever extent” rather than “nevertheless”. Sylwia’s Oxford and Longman dictionaries attributed the meaning “nevertheless” to “however” and gave examples for the word having this meaning at the start of a sentence, indicating that Strunk and White were proffering a personal preference. No, proclaimed Tom Lang, rather it reflected a difference between British and American usage, although he as an American could see no reason why a sentence should not start with “however”. His theory was that “however” had fallen victim to Reverend Robert Loweth, who was an amateur grammarian. He wrote two influential grammar books in the 1700s, which were not accepted by the authorities at the time but became popular and have burdened us poor editors with idiosyncrasies ever since.

Elisabeth’s objection to starting a sentence with “however” was that it was a contrast to what preceded it, like starting a sentence with “And” (now acceptable according to the latest edition of the *Chicago Manual of Style*) and for clarity two contrasting ideas should appear in the same sentence interjected by “however” followed by a semicolon.

Sylwia asked about “results show” which is commonly

accepted although “results” are also inanimate. She felt we should focus on lack of clarity and grammatical errors rather than whether a sentence could start with “however” or “Table 1 shows” (which some would see as grammatical errors) and adhere to Maeve and Margaret’s advice of leaving well alone. (Some authors, like myself, are grateful to interfering editors who improve their style, bring other prospective errors to light, and point out elements that are not immediately clear to the editor/reader.)

A suitable term for people included in research

Andrew Davis asked for the answer to a question that has been bugging me for years: what to call people included in research? He felt using “subjects” or “proband” was at odds with the “respect for persons” principle required in medical research (US Office of Research Integrity and other sources).

“Subject” is considered to be depersonalising. I looked up the word in the Oxford Dictionary. It means “a person or thing that is being discussed, studied or dealt with”. In their book *Scientific Writing*, Peat, Elliott, Baur, and Keena advise authors that participants are people not “things” and the term “participant” rather than “subject” reflects their role in the research process.¹

In the late 1990s there was a debate in the *BMJ* in which it was proposed that the word “subject” should be banned as being disrespectful, and indeed the *BMJ* has discouraged its use ever since. A letter commenting on an editorial in the *Lancet* in 2001 stated that the US Food and Drug Administration (FDA) had dismayed physicians by suggesting in its guidelines that participants be called “subjects” rather than “patients”.² I contacted the FDA, who said they had no official position on an appropriate term; their rules do refer to “subjects” but they would not do anything to someone who writes “participant”.

As a doctor and translator James Herbert told the forum that he often came across the term “subjects” in medical research papers and saw no negative connotations. Andrew Herxheimer, emeritus fellow, UK Cochrane Centre, on the other hand tends to use “participants” because it encompasses active and passive participation. He referred forum participants to the *Journal of Participatory Medicine* (www.jopm.org) to, as he told me later, “draw attention to its basic message that we should regard medical practice and research as cooperative and participatory activities to which both the professionals and the people they study contribute as thinking and feeling persons.” The journal’s instructions to authors advise authors to “refer to a patient as a woman, man, girl, boy, child, persons, patients rather than “a male,” “a female,” or “subjects”.” Andrew feels that patients are not being adequately integrated into research and that harms would be recognized earlier if the people to whom they happen took an active part. His views on the imbalance between the ways in which benefits and harms are studied are explained further in his recent editorial in the *British Journal of General Practice*.³

So what is the answer to Andrew Davis’s question? Karen Shashok posted the following URLs, which further show that opinions differ:

- People are “participants” in research - <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1115535/>
- What’s in a name? Subjects, volunteers, participants and activists in clinical research - http://lancaster.academia.edu/RTutton/Papers/274951/Whats_In_a_Name_Subjects_Volunteers_Participants_and_Activists_In_Clinical_Research
- From the *APA Style Publication Manual* 2010 <http://www.apastyle.org/learn/faqs/subjects-and-participants.aspx>

The first URL is a letter by Iain Chalmers, which contributed to the debate in the *BMJ*. The APA Style manual is particularly unhelpful. It states that you should write about people in your study in a way that acknowledges their participation but is also consistent with traditions in the field of study, adding that for more than 100 years the term “subject” has been used in experimental psychology. Corrigan and Tutton’s article starts by affirming that there has been a shift away from the use of “research subject” in favour of “research participant” in recent years. They list the bodies that have adopted “participant”: National Institutes of Health, Medical Research Council, to which to my knowledge the National Bioethics Advisory Commission, Association for the Accreditation of Human Research Protection Programs, and National Centre for the Dissemination of Disability Research can be added. Corrigan and Tutton, however, are concerned that although there have been initiatives to involve “subjects” more in research these might stem from researchers’ needs to

recruit people to and retain them in the research cohort. They quote Cooke and Kothari, who have shown that participation practices can be manipulative or have harmed those they are intended to empower. Corrigan and Tutton propose using the terms “subject”, “participant”, or “patient activist” depending on which term reflects the actual involvement of people being studied. “Subject” would be appropriate when all that the people did was to give informed consent, “participant” where they have been involved in the design or use of the study, and “patient activist” where the study was instigated and managed by a patient group.

Elise Langdon-Neuner (compiler)

a.a.neuner@gmail.com

Discussion initiators

Jane Mayes: jane@janeruthven

Jaya Ramchandani: jayar@siriusinteractive.co

Aleksandra Golebiowska: algol@ciop.pl

Marcin Kozak: nyggus@gmail.com

Andrew Davis: English.Experience@mayalex.u-net.com

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- 2 Oxley DK. Subjects or people? *The Lancet* 2001; 358:1463-1464
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This Site I Like

The HONcode: How to judge the medical information on the web?

(<http://www.hon.ch/HONcode/>)

Thousands of websites offer health information. Of course not all these sites are reliable and up to date, and assessing the credibility of the publisher as well as the relevance and accuracy of the information is not always simple. That’s why the Health On the Net Foundation (HON) – a non-profit, non-governmental organization, founded in 1995 under the auspices of the Geneva Ministry of Health – issued in 1996 the HONcode, the first code of practice for medical and health online publishing.

The purpose of certification is to improve the quality and transparency of Internet-based medical and health information. Its mission is not only to help health consumers identify quality sites, but also to bring about awareness among site publishers, underlying the importance of specific guidelines and mobilizing them around the certification process of their site.

According to its website, the HONcode has been translated into 35 languages, covering 72 countries, and is currently used by over 7300 certified websites.

A question of principles

To be considered reliable, a health-related website must

make clear the sources used, and ensure that the information presented is appropriate, independent, and timely. It must identify who is most likely to visit the site and ensure that the information presented is as comprehensible and as easily accessible. Finally, relationships with possible sponsors should be clearly disclosed.

These aspects are summarized by the eight HONcode principles, which are the following: 1. Authoritative (the qualifications of authors of health information should be indicated); 2. Complementarity (the mission and target audience of the site have to be fully explained, and it should be clear that the websites aims at complementing and not replacing the doctor–patient relationship); 3. Privacy (privacy and confidentiality of personal data submitted to the site by the visitor should be respected); 4. Attribution (the sources of the health information and the dates of publication or last update on the pages should be provided); 5. Justifiability (the justifications for claims about the benefits and disadvantages of products, treatments, or services have to be disclosed); 6. Transparency (information should be accessible, with identification of the webmaster and the availability of at least one contact address); 7. Financial