

DELAWRITER

The quarterly newsletter of AMWA-DVC

Delawriter Editors

Winter Edition, February 2020

2019 AMWA NATIONAL CONFERENCE

Aware: The Science and Practice of Presence 2019 AMWA Alvarez Award

By Dean Celia

One of the best feelings I get as a medical writer is the moment when I turn in an assignment. I'm relieved to have completed it on time, usually proud of the effort, and maybe a little exhausted, especially if I just finished a massive project. I usually allow myself a bit of an indulgence, which might include some pleasurable reading, listening to music while sitting in my favorite chair, or - if I am feeling especially deserving - a drive to Wawa for a cup of their incredible coffee!

Then it's onto the next project. Rinse. Repeat. I am not complaining, mind you. I love medical writing, and I suspect most of you love it as well. But I have to admit that last year while reviewing the meeting program for the 2019 American Medical Writers Association annual meeting in San Diego, I found myself drawn to the "softer" health- and wellness-related talks:

- Can Fitting in Fun Make Us Better Medical Writers?
- Career Burnout: We Didn't Start the Fire...or Did We?
- The ABCs of Stress Management
- It's YOUR Time: A Nonjudgmental Approach to Time Management
- Dealing with Life and Stress Using Emotional Granularity

There were other sessions in this vein as well. Many more, in fact, than were included in the 2018 meeting. Moreover, these sessions were well attended, leading me to conclude that just because we love what we do, that does not mean that we aren't looking for more.

More of what exactly? That's a question we have to answer individually. For me, it's maintaining the feeling of satisfaction that I get after turning in an assignment-even after I am knee-deep into the next job. Less stressed. More satisfied about the meaning of my work. Better connected to my existence beyond medical writing. But how on earth do I even begin to try to get there?

Daniel J. Siegel, MD, says he has the answer, and it involves guided meditation. The clinical professor of psychiatry at the UCLA School of Medicine and Executive Director of the Mindsight Institute has extensively explored the power of the mind to integrate the brain and promote well-being. He delivered the 2019 Alvarez Award Address entitled, "Aware: The Science and Practice of Presence."

"There's No Time for Tears!"

Dr Siegel's interest in this area was forged by an experience he had in medical school. One day while attending rounds he learned that one of his patients had died. "My resident came to get me and we went and sat with the nurse who had helped care for him, and we cried. Later on the attending physician asked me why I left rounds." After hearing Dr Siegel's explanation, this physician, the chief of oncology at Harvard Medical School, said, "There's no time for tears!"

"So, for the next 6 weeks of this very important rotation," explained Dr Siegel, "my emotional life disappeared

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QUICK NOTES

**AMWA-DVC
Freelance
Conference**
Saturday March 14
[Register HERE](#)

**AMWA-DVC
Princeton
Forum**
Saturday May 2, 2020
Registration coming soon

Join the DELAWRITER

The DELAWRITER needs contributing authors for the quarterly publication. *Have an idea for an article? Haven't used that byline recently? If so, please contact the [editorial team](#).*

Quarterly Quotes

"Words do two major things: they provide food for the mind and create light for understanding and awareness."
Jim Rohn

"Opportunities are presented to us each and every day, but do we see them? To see an opportunity we must be open to all

from my awareness. I learned how to be a robot like him. I received the highest mark in the rotation, which was useful for my resume and horrible for my psyche."

thoughts."
Catherine Pulsifer

Dr Siegel was mortified by the realization that the medical profession was largely built on the idea that a person should not be aware of their internal world of subjective experience, including emotion and meaning. He couldn't help but think this led to faster burnout, depression, anxiety, and suicidal tendencies. Over time, research confirmed his suspicions.

"Just remember, you can do anything you set your mind to, but it takes actions, perseverance, and facing your fears."
Gillian Anderson

"We have a serious problem," he said. "Not only is it bad for physicians, but think about how bad it is for their patients."

Out of this concern, the Mindsight Institute was born. According to the organization's website, the educational center uses a scientific approach to the mind and well-being to promote "insight, compassion, and empathy" to "nurture a kinder society." Dr Siegel's approach involves guided meditation that employs a "Wheel of Awareness" (see accompanying graphic). The hub of the wheel represents our awareness. At the outer rim are four quadrants comprising the things we can be aware of, including:

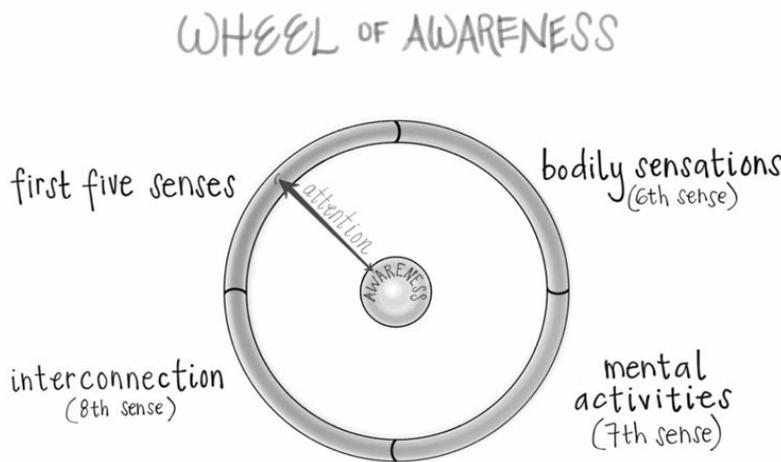
- the five senses
- bodily sensations
- mental activities
- interconnection with others

Connect to Your Inner Awareness

Dr Siegel found that individuals who regularly and purposefully connected their inner awareness with the senses that exist at the outer rim of the wheel experienced reduced anxiety and lower levels of mild to moderate depression. Moreover, issues related to their unresolved trauma were more easily resolved. "If you start doing this on a regular basis, like brushing your teeth, you will reduce stress, enhance immune function, and improve your cardiovascular risk factors." The cumulative effect, he noted, will be a slowing of the aging process. Dr. Siegel's findings are based on work with more than 10,000 individuals (references here).

If nothing else, explained Dr Siegel, employing guided meditation using the Wheel of Awareness will

- strengthen your capacity to focus attention
- open your awareness
- build kind attention



Dr Siegel takes you through his guided meditation approach here. The key is repetition: "The wheel is just one example of many forms of guided meditation. Whatever you decide to do, make a daily practice of it."

Dean Celia is a medical editor, writer, and product developer with specific expertise in CME publishing. He is based in Downingtown, PA.

AMWA honored Dr Paul A. Offit, MD, with AMWA's McGovern Award at the 2019 National Conference in San Diego, California. A powerful advocate for scientific fact with a distinguished career in medicine, Dr Offit is especially invested in debunking the claims of people who believe that personal and popular opinion should trump medical research. As a pediatrician specializing in infectious diseases and an expert on vaccines, immunology, and virology, Dr Offit does not remain silent in the face of celebrities and other individuals who have media platforms on which to widely promulgate distorted-sometimes gravely incorrect-health information. Dr Offit is the Maurice R. Hilleman Professor of Vaccinology and a professor of Pediatrics at the University of Pennsylvania Perelman School of Medicine. He is also the Director of the Vaccine Education Center at The Children's Hospital of Philadelphia, coinventor of a rotavirus vaccine, and a founding advisory board member of the Autism Science Foundation and the Foundation for Vaccine Research.

In his McGovern address to the nation's medical communicators, Dr Offit shared that he was initially a reluctant advocate who did not wish to be a public persona in the anti-vaccine movement. But in this age of social media, with inexpert laypeople spinning yarns that may affect the health of children and others, he believed he had to speak up. Dr Offit has sought to protect people from claims unsupported by medical evidence for nearly two decades, from his first book, published in 1999 (*Breaking the Antibiotic Habit: A Parent's Guide to Coughs, Colds, Ear Infections, and Sore Throats*) to his latest book, published in 2018 (*Bad Advice: Or Why Celebrities, Politicians, and Activists Aren't Your Best Source of Health Information*).

Dr Offit described three incidents that contributed to the current climate of distrust of science and medicine among some citizens:

1. The RotaShield® vaccine was the first vaccine to prevent rotavirus gastroenteritis. It was approved for use in the US in 1998, but some vaccinated infants developed intussusception, a serious intestinal disorder leading to bowel obstruction. Two emergency investigations by the CDC confirmed that the vaccine caused intussusception in some healthy infants <12 months of age who normally would be at low risk for this condition. The manufacturer withdrew the vaccine from the market in 1999.(1)

2. The mercury-containing preservative thimerosal had been widely used since the 1930s as a preservative in some vaccines. Thimerosal metabolizes to ethylmercury and thiosalicylate. In 1999, the FDA determined that infants might be exposed to cumulative doses of ethylmercury that exceed some federal safety guidelines, and in the same year, the American Academy of Pediatrics and the US Public Health Service recommended the removal of thimerosal from vaccines as soon as possible.² The Institute of Medicine's (IOM) Immunization Safety Review Committee issued a report in 2001, which stated in part:

Although the hypothesis that exposure to thimerosal-containing vaccines could be associated with neurodevelopmental disorders is not established and rests on indirect and incomplete information, primarily from analogies with methylmercury and levels of maximum mercury exposure from vaccines given in children, the hypothesis is biologically plausible . . . the evidence is inadequate to accept or reject a causal relationship between thimerosal exposures from childhood vaccines and the neurodevelopmental disorders of autism, ADHD, and speech or language delay.(2)

3. The measles-mumps-rubella (MMR) vaccine was implicated in autism by Andrew Wakefield, FRCS, who in 1998 reported findings from 8 nonconsecutive patients with autism. This interpretation of the data was ultimately retracted by 10 of the study's 13 authors in 2004. Nevertheless, some parents stopped vaccinating their children. Clusters of measles outbreaks ensued, some resulting in fatalities. The CDC and independent groups in Canada and Europe analyzed large cohorts of patients and clearly demonstrated that MMR was safe and statistically not associated with autism.(3,4)

The language issued by the IOM regarding thimerosal (see #2 above) and similar explanations infuriated anti-vaccine groups. One of the difficulties in refuting bad health information, Dr Offit explained, is that scientists know that you can never prove "never." Therefore, correct statements such as "All the evidence to date doesn't support the hypothesis that the MMR vaccine causes autism" sound to the layperson as though the MMR vaccine could cause autism. But epidemiologic studies aren't mathematical theorems-there are no proofs, just associations at various levels of statistical power. The researcher cannot say, "The MMR vaccine does not cause autism," even when the evidence is stunningly, overwhelmingly supportive of that conclusion. These concepts can be difficult for laypeople-and, understandably, fearful parents-to comprehend.

The autism/MMR issue (see #3 above) in particular has gained long-term traction. According to Cal Gutkin, MD, Executive Director and Chief Executive Officer of the College of Family Physicians of Canada 1996-2012, "Celebrities such as Jenny McCarthy, Jim Carrey, and Bill Maher have used mass media to promote totally unsubstantiated claims about adverse effects of vaccines and provide misleading underestimates of the effects of the diseases that could be prevented by immunization."⁽⁵⁾ The cast of characters includes personal-injury attorneys dismissing the power of epidemiologic studies and continuing to fuel the vaccine/autism fire. In fact, some frantic parents have resorted to chelation to rid their autistic children of toxic substances, which has already resulted in one death due to hypocalcemia.(6)

Another difficulty lies in the scientists themselves. "Scientists are more comfortable sharing and analyzing data in

hopes of discerning central truths about natural processes," explained Dr. Offit. "They are generally uncomfortable when they are expected to be dramatic advocates for a particular position." However, while the anti-vaccination group is a small minority, their claims cannot be left unchallenged. Thus, he offered the following suggestions:

- Stand up for science (not easy),
- Remember that no venue is too small,
- Don't let bad information go unchallenged,
- Don't assume someone else will do it.

Certainly, as medical communicators we are in a position to use these suggestions and make a difference.

References

1. US Centers for Disease Control. Rotavirus Vaccine (RotaShield®) and Intussusception. April 22, 2011. Accessed January 13, 2020 at www.cdc.gov/vaccines/vpd-vac/rotavirus/vac-rotashield-historical.htm
2. Institute of Medicine (US) Immunization Safety Review Committee; Stratton K, Gable A, McCormick MC, editors. Immunization Safety Review: Thimerosal-Containing Vaccines and Neurodevelopmental Disorders. Washington (DC): National Academies Press (US); 2001.
3. Wakefield AJ, Murch SH, Anthony A, et al. RETRACTED: Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet*. 1998;351(9103):637-41.
4. Offit PA. *Autism's False Prophets: Bad Science, Risky Medicine, and the Search for a Cure*. New York, NY: Columbia University Press; 2010.
5. Gutkin C. Down with vaccines! Science be damned! Is evidence-based medicine out of step with the times? *Can Fam Physician*. 2011;57:632.
6. Kolls JK. Book review: Offit PA. *Autism's false prophets: Bad science, risky medicine, and the search for a cure*. *J Clin Invest*. 2009;119(4):677.

Jacqueline M. Mahon, MA, is principal of Acorn Freelance in Philadelphia and has been a medical writer and editor of pharmaceutical and hospital education and communications, journal articles, and medical textbooks for 24 years.

Spit Spreads Death: The Influenza Pandemic of 1918-19 Exhibit at the Mütter Museum

The 1918 global influenza pandemic (often called the "Spanish flu") killed 50 to 100 million people worldwide. The outbreak in Philadelphia marked the pinnacle of the epidemic in the US with over 20,000 fatalities. No memorial has existed to those who died in Philadelphia. To remember these victims, the Mütter Museum (19 S. 22nd Street, Philadelphia, PA 19103) marks the anniversary of the pandemic with an exhibit.

by Kelly Franklin, Alexa Gordon, and Dylan Lewis

On September 28, 2019, a glow from light installations and cell phones marched down Broad Street. As part of Mütter Museum's special exhibit, "Spit Spreads Death: The Influenza Pandemic of 1918-19", the procession marked the anniversary of the crisis in Philadelphia. Signs were displayed with the names of each individual Philadelphian who perished on October 12, 1918, the deadliest day of the pandemic. Original choral music (composed by David Lang and recorded by Philadelphia's Grammy award winning choir, The Crossing) accompanied the marchers, as they called out each victim's name in unison. A film of the parade is currently playing in the exhibit, in addition to stories of the victims and healthcare workers, historical records, and images.

While the origin of the worldwide outbreak is unknown, the damage in Philadelphia is well documented in the exhibit. As a major port city, Philadelphia was first hit by the virus in the summer of 1918, when sick soldiers were sent home, bringing the virus with them. The crowded trenches in WWI were ripe for disease, where the virus spread rampantly.

The disease then spread at Philadelphia's Fourth Liberty Loan Drive parade which promoted the sale of war bonds. Similar to the densely-packed trenches, the crowd of 200,000 on Broad Street allowed for the spread of the virus. Less than a week later, every bed was full in Philadelphia's 31 hospitals. After the parade, a spike in deaths of 4,600 Philadelphians occurred. By the time the infection subsided, the city reported more than 12,000 deaths in less than 6 weeks, and over 20,000 in 6 months.

The pandemic was caused by a strain of the H1N1 influenza virus, a family of RNA viruses with high mutation rates. Viruses typically infect more vulnerable populations like the very old and very young, while the remaining population are able to recover. After mutating, a more deadly variant of the virus caused a 'cytokine storm reaction' in otherwise healthy adults. During this reaction, the immune responses were overstimulated, causing further damage to body tissues. The immune response damaged the lungs, complicating the recovery of those infected and causing widespread death. Doctors and nurses had no treatment options.

The 1918-19 influenza did not discriminate and infected across a broad population in Philadelphia. It took parents from children, killed generations within families, and infected the old, young, and all those in between. The Mütter Museum compiled tens of thousands of documents and certificates to track the deaths across Philadelphia. In an interactive display, visitors can see the effects of virus across different neighborhoods and the city's response.

the city's response.

During the height of the epidemic, a quarantine was placed on the city and public spaces were shuttered. Normally bustling churches, schools, theaters, and pool halls were closed; though fearing for their lives, people would have stayed home. Neighbors isolated themselves not wanting to take chances of becoming ill. The emotional toll left behind by fear, guilt, and loss would scar survivors for the rest of their lives.

Many personal stories are included in the display and allow visitors to see the impact of the flu. During the war, women took over many of the industrial jobs held by their drafted husbands. As a result, many women were exposed to the virus and became infected. Pregnant women fell ill, often losing their babies. With physicians away at the war, medical students with little experience performed the core duties of qualified physicians. Family members were forced to place their dead in packing crates, as coffins became sparse and the city collected the dead. Church parishioners and seminarians buried the dead.

The museum displayed the story of a local Philadelphian, Earl Tyson, who was one of the 340 orphaned boys admitted to the nearby College. Girard College had an upsurge of orphaned boys, as children lost their parents to the flu. Another exhibit showed Christmas gifts that were never received. Naomi Ford, a soon-to-be-mother from New Jersey, traveled to Philadelphia to purchase Christmas gifts and became sick. She and her unborn child died from the disease, and the wrapped gifts were discovered in an attic generations later. These stories memorialize the agony and grief of those afflicted by the disease, but also the resilience of a community that came together and survived.

It's difficult to imagine a disease that took the lives of more than 12,000 people in six weeks disappearing, and yet, just as quickly as it swept through Philadelphia, it was gone. On October 27, 1918, Philadelphia's quarantine was lifted. The city had its freedoms restored, and began to return to normal activity. The impact of the flu was difficult to ignore. After a third of its population became infected, more than 20,000 people in a city of 1.5 million that perished. In the aftermath, Philadelphia reorganized its public health department, appropriated funds to hire more medical workers, and invested in sanitation.

This period of Philadelphia's history reminds us of the challenges faced by our relatives, and recalls the immediate need that existed for advances in public health. Pandemics, like the influenza outbreak led to the development of the vaccines and medicines that we benefit from today. So much has been learned from this outbreak, but those who have not lived through the horror may have forgotten this dark time. The exhibit serves as both a tribute to those who lost their lives during this outbreak and the survivors who cared for others during the 1918 pandemic. Both informational and emotional, the exhibit captures the fear and panic that spread through the city along with the virus. Using photography, historical records, art, and theater, the exhibit depicts a volatile moment in our city's history. The exhibit should be witnessed by anyone interested in Philadelphia, public health, or our collective past - it will reconnect you with an important but often overshadowed historical event in an era of war and turmoil.

The Mütter Museum contains a vast collection of anatomical and pathological specimens, wax models, and antique medical equipment. As part of The College of Physicians of Philadelphia, the Mütter has transformed itself from a sleepy museum to a cultural force within the city. The museum hosts special events and lectures, book launches and concerts, and (sometimes) a beer garden in their medicinal plant garden.

Students from the "Communicating Science to a Broader Audience/Non-scientists" course in Temple University's Professional Science Master's Program in Scientific Writing attended the exhibit and authored this article.

Alexa Gordon and Dylan Lewis are enrolled in the Scientific Writing program at Temple University and are seeking summer internships in medical writing and scientific communication.

Kelly Franklin will receive her MS in Biology this Spring and is seeking writing opportunities on the effects of climate change on health and policy.

Upcoming Education and Networking Events for our Members

Philadelphia Public Health Grand Rounds: Climate Change and the Air We Breathe



Wednesday, February 19, 2020 - 5:30 pm to 7:00 pm
The College of Physicians of Philadelphia
19 South 22nd Street, Philadelphia, PA 19103

Moderator:

Marilyn V. Howarth, MD, FACOEM
Adjunct Associate Professor
Departments of Emergency Medicine and Systems
Pharmacology and Translational Therapeutics,
Perelman School of Medicine, University of Pennsylvania

Climate change is expected to increase outdoor air pollution due to a variety of reasons, including increased energy requirements. The health impacts of worsening air pollution are many: some of which already exist in our

energy requirements. The health impacts of worsening air pollution are many, some of which already exist in our area, and can disproportionately affect specific populations.

This Public Health Grand Rounds will engage local experts on air pollution science, health impacts, and air monitoring to better understand local exposures in neighborhoods and policy recommendations to improve air quality and health in Philadelphia. The session aims to provide attendees with an understanding of the air pollution problem in our region and tools and strategies to implement as individuals and on a community level.

Tickets are free, but [advance registration](#) is required.

Emerging Therapies in a New Era of Care: Promises and Realities of Breakthrough Discoveries



Tuesday, March 3, 2020 - 6:00 pm to 7:30 pm

The Franklin Institute

222 North 20th Street, Philadelphia, PA 19103

Moderator: Dr. Jayatri Das, Chief Bioscientist, The Franklin Institute

Featured Guest: Steven Joffe, M.D., M.P.H.
Chief, Division of Medical Ethics
University of Pennsylvania Perelman School of Medicine

Philadelphia has long been a world leader in the development of innovative drug treatments and emerging therapies. Most recently, breakthroughs in cell and gene therapies for cancer from the University of Pennsylvania have focused headlines on our region as a global epicenter for life sciences research.

But as with all exciting medical advances, potentially life-saving treatments come with many challenges, from safety and side effects to cost and distribution. Penn Medicine bioethicist and pediatric oncologist Dr. Steven Joffe joins Franklin Institute's Dr. Jayatri Das for a dynamic discussion exploring the promise and the realities of these breakthrough therapies.

How do clinical trials ensure that new treatments are safe and effective? Who has access to these new treatments? Should terminally ill patients have access to experimental or unapproved drugs? What has been the impact of the recently passed Right-to-Try Act?

Tickets are free, but [advance registration](#) is required.

AMWA-DVC Networking Friday Night Dinner on March 13, 2020

Join us for an informal networking dinner, to be held at a local restaurant near Plymouth Meeting on Friday, March 13, 2020. Each person will pay his/her own dinner and beverages.

To sign up, email Nicole Walz at: nicolewalz@gmail.com and insert "AMWA-DVC Freelance Workshop Dinner" in the subject line. We will be in touch with details in early March.



AMWA-DVC 18th Annual Freelance Workshop on Saturday March 14, 2020

"Expanding Your Freelance Toolbox: Learn Today, Use Tomorrow"

is the theme for the AMWA-DVC Freelance Workshop on Saturday March 14, 2020 at DoubleTree Suites by Hilton Hotel Philadelphia West 640 Fountain Road, Plymouth Meeting. The day will be packed full of extraordinary useable tips and opportunity for networking for seasoned, new, and aspiring freelance medical writers. Come prepared to learn and apply everything you hear from these presentations:

- "Five Habits of Successful Freelancers"
- "Transform Your Marketing From Bland to BAM!"
- "Fact Checking and Annotating for Medical-Legal Review"

Select from 8 round table sessions, including:

- "From Benchtop to Desktop: How to Effectively Transition from a Scientist to a Medical Writer"
- "Defining Your Elevator Pitch"
- "How to Attract More Clients on LinkedIn"

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- "Examining Transferable Skillsets for Medical Writing"

And participate in concurrent panel discussions:

- "Insights on How Medical Communication Companies Choose Their Freelance or Contract Medical Writers and Editors."
- "Freelance Jam Session"

The full Workshop brochure is available [HERE](#) and registration is [OPEN](#).

CME Palooza on Wednesday, April 15, 2020



[CME Palooza](#) is a free series of webinars focused on various issues in writing Continuing Medical Education.

Princeton Forum on Saturday, May 2, 2020

Presentations at the Princeton Forum on Saturday May 2, 2020 will feature dual tracks of sessions on regulatory writing and Hot Topics in Medical Writing and Scientific Communication. Join us to hone your skills in efficiently writing regulatory documents, publications, and more. We will also host an AMWA-DVC Networking dinner so you may interact with fellow writers before and during the forum. Further details are coming soon.



AMWA-DVC Volunteer Opportunities

Consider joining your AMWA-DVC team and reaping the benefits of volunteering for AMWA-DVC such as visibility and recognition. Available volunteer positions beginning July 1, 2020 include Membership Chair, Publicity/Outreach chair, Volunteers coordinator, Programs NJ/PA Chair(s). Some positions require just a few hours per year whereas others are more involved. When interested, contact the nominating committee or Kathy Molnar-Kimber at kmolnarkimber297@hushmail.com or molnarkimber@verizon.net. Looking forward to volunteering with you on the AMWA-DVC team soon! Information on responsibilities for each position are available.

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