



David Kerr
Editor

More emphasis on the first two Rs, less on the third please!

'There are some that only employ words for the purpose of disguising their thoughts' – Voltaire

The ability to view one's name as an author in the black and white of a journal is irresistible for some, almost a necessity for career progression for a medic and often associated with financial reward. Nevertheless, Richard Asher's aphorism from many years ago – 'why are medical journals so dull'? – is still appropriate in this day and age (Asher, 1958). Compared with newspapers and (some) magazines, reading a medical journal is rarely pleasurable, often turgid and invariably hypnotic, especially sections on statistical methods. Yet the risk remains that nuggets of new knowledge may go unnoticed – hence the need for journals such as this one. There are few, if any, high-impact journals that are geared toward the complete multidisciplinary team – a quick look around my own department invariably finds piles of unopened medical glossies, the product of often environmentally unfriendly practices. Perhaps one should ask why scientific writing has to be dull to be accepted?

If the aim of writing is to educate, inform and enlighten the prose should be understandable or readable. Readability is the quality of written communication that makes it easy for any given class of persons to understand its meaning or that induces them to continue reading (McLaughlin, 1968). Although formulae exist to assess readability, they are often impossible to apply to medical texts. Assessing the readability of written information for patients is another matter.

With an ever increasing emphasis on patient education, the provision of written 'advice' has become very important. Unfortunately, literacy levels in the UK lag significantly behind other parts of Europe. In 2003, 16% of 16–65 year olds had literacy skills at or below those expected of an 11-year-old and 29% of adults could not even understand the instructions on a packet of seeds! It has been estimated that 20% of adults are functionally illiterate (The Literacy Trust, 2006). A readability assessment of 15 Internet-based information sites providing general information for people with diabetes reported an average reading age of 14 years compared with the UK national average of 9 years, with NHS Direct being the worst offender in this respect (Boulos, 2005).

Recently, we at *Diabetes Digest* randomly selected a sample of information related to patient education and drug treatments from the Diabetes UK website and assessed it for readability compared with random pieces of text taken from three national newspapers on the same day. We found that with the exception of information on Viagra, the readability indices for information on structured education, glitazones and other drugs would exclude a significant proportion of the Great British Public (unpublished observation). The most 'inclusive' text came from *The Sun* newspaper which coincidentally is the largest mass-circulation newspaper in the UK.

As Robert Tattersall pointed out to me, the sad fact is that trained writers write better than untrained ones. Reducing written information to the level of *The Sun* is an art although many people don't realise this. Perhaps the failure of some people with diabetes to benefit from education or even take up the offer of participating in a structured programme is more about the fact that they haven't got a clue what it is all about in the first place!

Asher R (1958) Why are medical journals so dull. *BMJ* **2**(5094): 502–3

Boulos MN (2005) British internet-derived patient information on diabetes mellitus: is it readable? *Diabetes Technology and Therapeutics* **7**(3): 528–35

Literacy Trust, The (2006) *Literacy Levels Among Adults*. Available at <http://www.literacytrust.org.uk/Database/stats/keystatsadult.html> (accessed 30.10.2006)

McLaughlin HG (1968) Proposals for British readability measures. In: Downing J, Brown AL, eds. *The Third International Reading Symposium*. Cassell, London