Medical and health writers strive to write clear concise text. In the English language, some words and phrases have two opposite meanings: they are called contronyms (or contranyms). Sometimes the context can clarify the intended meanings, such as this example showing the two different meanings of the contronym "left." "After the party, two were left to clean up while most of us left for the safety meeting." Here's a second example: "We buckled the very obese patient to the operating table for a hip replacement, and after 10 minutes of creaks from the table, the table buckled."

However, the context does not always remove ambiguity. "The Executive Committee consulted with the project leaders, provided oversight to the project annually, and sanctioned the developed mutants." Did the authors mean that the Executive Committee (EC) provided advice to the project leaders, received advice from the project leaders, or both? As the EC oversaw the project annually and viewed its progress, did the EC approve the validity of its developed mutants? Alternatively, was the annual EC oversight too sparse, and the developed mutants did not have the proper controls so the project approvals (and final funding) were delayed until controls were developed or performed? Or did the annual EC oversight notice errors but overlooked the missed controls and still approved the validity of the mutants, with reservations? Note that the two or three peer-reviewers of a grant application may interpret the sentence differently, and thus their reviews may be very disparate.

Many contronyms are used in everyday conversations and thus can often be found in documents written in plain language. Some contronyms are used in our business practices as well. Identifying the intended meaning of a contronym can be challenging for anyone, especially people with English as a second language. Whether you are writing for the general public in plain language or a professional audience, use only one meaning of the contronym throughout a document. Check to ensure that the context supports the intended meaning of the contronym, or choose a different word with the intended meaning. The opposing meanings of 29 contronyms are listed below.

- **Bill**: an invoice for payment or a cash payment (paid with a $20 bill).
- **Buckle**: to connect (buckle the seat belt or fasten patient to table) or to break/collapse (as in a bridge, or equipment that failed under too much weight.) or to bend (The runner's knee buckled after finishing the race.)
- **Consult**: to provide advice (as a scientific consultant) or to obtain advice from subject matter experts (or AMWA Engage or business attorney).
- **Custom**: a common practice (The custom here is for...) or a personalized treatment (They developed a customized protocol for his set of uncommon symptoms.)
- **Execute**: to kill (A prisoner on death row will be executed) or to sign a document (Please send the executed document.)
- **Fast**: quick/rapid (move fast) or to be made stable (the clips held the assay plate fast despite the rocking motion.)
- **Finished**: ended (the race finished), or destroyed/exhausted (after the marathon, I was finished for the day), or completed (...finished the report).
- **First degree**: least severe (first degree burns cause redness but not blisters on the skin) or most severe (murder charge).
- **Fix**: to repair (fix a flat tire) or to inappropriately change the outcome (fix a ticket, race) or to remove male genitalia (castrate).
AMWA-DVC took a virtual summer break for 90 minutes of lively discussion on medical writing. Three AMWA-DVC volunteers led consecutive 15-minute discussions on new developments in writing publications, regulatory documents, and Continuing Medical Education (CME).

Kathy Molnar-Kimber, PhD, spoke about the strong interest in bite-size content for publications as it appears to be increasing article metrics. For example, the journal Cell publishes not only an abstract written in prose, but also an infographic abstract that highlights the main points of the article. A survey of healthcare practitioners (HCP) indicated that more than 3 of 4 participating physicians accessed the following information monthly: diagnostic tools, treatment guidelines, treatment strategies, CME content, drug data, and medical images (EPG Health media, Pharmaceutical Industry HCP Engagement 2015). In this same survey, more than half of the physicians desired more and better access for these same topics. In some cases, the authors use their social media account(s) to spread the news about the articles.

Dan Benau, PhD, mentioned several presentations on regulatory writing, regulatory writers, and their management at the virtual 2020 DIA meeting. Professional knowledge and confidence helps medical writers to motivate their colleagues to stay on schedule with their contributions.

In the CME genre, Don Harting, MA, MS, ELS, CHCP, mentioned that Outcomes Reports can vary widely among providers which makes comparisons among different providers difficult. Towards improving consistency of Outcomes Reports between different providers, Gilead and CE Outcomes developed a standardized evaluation tool (2 pages) which measured the participants’ key educational take-aways and learners’ satisfaction with relevance and accuracy of content and achievement of learning objectives for a specific topic. Furthermore the tool also assessed participants’ planned modifications to practices and anticipated challenges in implementation of the educational objectives. The standardization tool supported analyses of pooled data and comparative analyses of effectiveness of the CME hosted by the different CME providers.

Afterwards, the 30 participants were placed in their requested breakout rooms, which had lively discussions on current issues in writing publications, regulatory documents, or CME. We thank Don Harting, the AMWA-DVC Program Chair, for providing the Zoom platform and both Don and Helen Fosam for the smooth IT handling of the virtual meeting.
**Status of Legislation that affects Freelance and Independent Contractors**

The State of California passed AB5 in 2019, and it went into effect on January 1, 2020. The CA law places new regulations on companies wanting to hire freelances and independent contractors or start-ups. Many freelancers and independent contractors in CA have indicated major drops in income due to postponement or cancellation of numerous projects. For more background, AMWA.org published a position statement in Jan 2020 with the full statement here:


On Feb 6, 2020, the United States House of Representatives passed H.R. 2474 (https://www.congress.gov/bill/116th-congress/house-bill/2474/text), which is considered to mimic AB5 in most regulations. For H.R. 2474 to become law, the United States Senate would have to pass its companion bill, S.1306 - if passed, these bills would affect the business regulations between clients and freelances or independent contractors nationally. If you are interested, the vote of each US House of Representative on H.R. 2474 is listed in the roll call here: https://clerk.house.gov/Votes/202050. The companion bill, S.1306, was referred to the Senate Committee on Health, Education, Labor, and Pensions in February 2020. The 41 co-sponsors of the senate bill are listed here:


If you are a freelance or independent contractor, the passing of these bills, though well-intentioned, has the potential to impact your work. Likewise, if passes, the bill may impact the hiring options of clients and/or quantity of administrative tasks for clients hiring freelances and independent contractors. There is still time to request changes and voice your opinion of the bill or its Senate version, S. 1306.

**Friends of AMWA-DVC email list**

AMWA-DVC has launched a new email list called “Friends of AMWA-DVC.” In the past, several colleagues have asked to receive AMWA-DVC event announcements, despite not being members of our chapter of AMWA. Now they can join this Friends of AMWA-DVC email list and receive all AMWA-DVC event announcements. Sign up here: https://lp.constantcontactpages.com/su/bJQa0vc/FriendsofAMWADVC.

**UPCOMING EVENTS**

### October 1, 2020, The 2020 MAACME Annual Conference (8:25 am to 1:30 pm EDT).

This virtual conference is hosted by the local Mid-Atlantic Alliance of CME (MAACME) Chapter. The sessions include an update of ACCME processes and commendation criteria. Integrating Interprofessional CME/CE and Quality Improvement, Creating Online Materials on a Shoestring, The Amazing Race for Six Years, and The Future of Posters in CME. Cost is $15 for members and $50 for nonmembers. For more information, visit: https://maacme.clubexpress.com/content.aspx?page_id=22&club_id=144025&module_id=357761

### October 14, 2020, Fall 2020 CMEpalooza

Tune in to https://cmepalooza.com/fall-2020/ for a day full of continuing education for writers of Continuing Medical Education (CME). Sessions are virtual and free. Each session dissects and analyzes one topic that ranges from identifying the missing pieces in rejected grants requests to tips for project management to revamping the long-term planning amid the pandemic to the CME glossary to building long-term competencies, agility, and resilience.

### October 20 to October 22, 2020, The 2020 AMWA National Conference (Virtual)
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The schedule of roundtables will be coming shortly.

**Delawriter Editorial Team**

The Delawriter is published quarterly by the American Medical Writers Association-Delaware Valley Chapter

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