

Conversation Piece – The medical publisher

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DR P.D. WELSBY: Medical publishing appears to offer a different career, both in outlook and content, from medical journalism. Is this true?

MR PETER RICHARDSON: I suppose you could say that medical journalism is for the general public who require education about medical matters, whereas medical publishing is specifically targeted at medical students or medically qualified doctors. The medical journalist must be able to respond rapidly to current public concerns, and have the ability to write clearly about complicated subjects for an interested, but untrained audience. Typically this material appears in newspapers, magazines or in books on popular health.

The medical publisher, on the other hand, is producing textbooks, reference books, monographs, journals and so on for a professionally qualified readership – or one that is studying for such a qualification. Churchill Livingstone is, of course, very much involved in serving this market. We do not aim to publish for the general reader, although a few of our titles do have a wider sale, for example John Guillebaud's *Contraception: your questions answered*.

PDW: How should a doctor who is interested in publishing enter the profession?

PR: Interestingly, the vast majority of people involved in medical publishing in the United Kingdom (myself included) have no formal medical training. The situation is very different in Germany, for example, possibly because they have 10,000 unemployed doctors!

There are three main functional departments in any publisher: editorial, production and design, and sales and marketing, plus of course the vital support services of personnel, accounts, warehousing and distribution. The subject knowledge that doctors have would certainly make them valuable on both the editorial and sales sides. I know of at least one UK medical publisher that employs a qualified doctor as an acquisitions editor – someone who is responsible for spotting opportunities for new books (or journals), and finding (and persuading!) the right person to write or edit them.

In practical terms, publishing jobs are advertised every Monday in the 'Guardian', and every Friday in the publishing weekly 'The Bookseller'. Alternatively, I'm sure that medical publishers would always be interested in speculative enquiries from doctors.

PDW: What skills would be needed?

PR: First and foremost, I would say commercial awareness and a willingness to be market-orientated. Publishing has become increasingly commercial and competitive in recent years, to the benefit, I believe, of the market we serve. We exist to provide teaching and reference material that is of value to the medical profession and, in so doing, to make a profit. We need profits to remain in business and crucially, to be able to invest for the future – in next year's major textbook, journal or whatever.

Secondly, publishing is about people, so good interpersonal skills are needed. Some doctors have these in abundance, others to a lesser extent . . . ! For example, a good acquisitions editor must be especially good at *listening* to what the market is saying it wants – the skills required in taking a history. He or she must also be able to persuade and cajole the best people to write.

Finally, I think a measure of what one could call 'creativity' is required. By this I mean the ability to generate and manipulate ideas, and then to imagine how they will work in practice, on the printed page of the final book or journal.

PDW: What are the career prospects?

PR: Excellent for the right person. Obviously management skills in addition to technical knowledge become increasingly important the higher up the organization you get, but this is also true in medicine.

PDW: Are doctors good authors? Do we write well? Do we deliver on time? What do you do to reduce such problems, especially in multi-author books when the speed of the convoy is that of the slowest ship?

PR: I am constantly impressed that doctors manage to be authors at all! In medical publishing we certainly realize that almost all writing is done in a doctor's spare time – evenings, week-ends and (not infrequently) holidays. This is a tremendous sacrifice which must, at the end of the day, work through to benefit patients. At the same time, the author receives a benefit in terms of career advancement and peer recognition. I realize I'm treading on dangerously thin ice here, but some authors of successful books even admit to making some money! Others see an increase in their practice.

Do doctors write well? Some write very well, and overall the standard is high. Sheer writing ability is obviously more important at the undergraduate textbook level than in a specialized monograph.

Do doctors deliver on time? I'm afraid the answer here is 'hardly ever!' (There are notable exceptions – quite often relatively junior doctors.) The problems are particularly acute on multi-author books. Publishers are not blameless when it comes to delays, but the vast majority of delays on large multi-author books are caused by late contributors. I appreciate the many demands on a doctor's time, and I know that some contributors feel under-rewarded, but it would save everyone – editors, fellow contributors, publishers, frustrated customers – a lot of trouble if contributors took deadlines more seriously. Alternatively, they could always say no in the first place.

Having said that, I believe that publishers could and should do more to keep multi-author books on the road during the writing phase. Our own management of these at Churchill Livingstone has been dramatically improved by electronic record-keeping. The FAX, too, has revolutionized communication overseas. I have one author in Melbourne who keeps in far better contact than most of my authors in London!

PDW: Because medical information has to be updated so quickly these days most books are out of date by

publication. (I know there are one or two exceptions.) Every book on AIDS that I have read has been out of date in certain aspects. Are books going to be redundant in future and be replaced by review journals?

PR: Review journals have a major role to play but, no, I don't think they will make books in general redundant. I think to some extent they have already replaced the more ephemeral review-type books, but I see a continuing need for undergraduate and postgraduate textbooks, as well as authoritative professional reference works. This point about being up-to-date is often made. Not everyone *needs* their information right up-to-date with last week's discovery. Certainly the research scientist does, but does the average hospital doctor or GP? I think therefore that there will continue to be a demand for books which, while unable to be completely up-to-date on publication, nonetheless provide an authoritative and coherent account of settled knowledge in a given area. Review journals supplement rather than supplant these books.

PDW: Will electronic data systems replace books once every ward has their computer terminal?

PR: Electronic publishing has got further in the research area than in the pure clinical area. Only 4% of physicians in the United States subscribe to COLLEAGUE, an on-line database of medical books and journals. It is not profitable. Its use is probably confined mainly to those doing medical research.

On the other hand, DXplain, the AMA's dial-up diagnostic service claims 38,000 users, and can identify 2000 diseases by evaluating 4500 symptoms and laboratory findings. F.T. de Dombal's computer program for diagnosing the acute abdomen is also now widely available. So diagnosis may well be one area in which the terminal will supplant the book, especially given the rapid developments of expert systems.

But I think the traditional hard-copy versions of books and journals will continue for the foreseeable future. Why? Because that is what most people still want. Alongside these we will see electronic versions which have major advantages in terms of searching and indexing. This is true of the new CD-ROM version of the Oxford Textbook of Medicine. But this CD-ROM has no pictures, surely a major element in medical textbooks.

I see far more electronic applications in medical research. The use of MEDLINE and other bibliographic databases is now wholly established. Journals are increasingly available electronically – either on line or on CD-ROM.

We are in the business of medical information, and we will provide that information in the way that the market wants and is prepared to pay for.

PDW: What is the breakdown of a book's cost (writer's fee, editing, printing, binding, pictures [line, black and white pictures, colour pictures etc.]?)

PR: Take a book priced at £100 and sold through a bookseller in the UK. £30 of the £100 goes straightaway in discount to the bookseller; £15 goes on the production cost of the book and £35 on overheads (the cost of running the business – salaries, accommodation, telephone etc). Finally £10 goes to the author in royalties (on which of course he or she is taxed) and £10 is left over as net trading profit for the publisher (which is also subject to Corporation Tax!).

Some authors, who don't understand this cost structure, are convinced that they get a bad deal from

publishers. Often they are unaware of discounts to booksellers. But as you can see both parties get about the same out of the exercise at the end of the day. In addition of course the publisher bears the financial risk, and has to pay out money before a single copy has been sold.

The detailed break-down of a book's production cost depends on many factors, including the number and type of illustrations. The real cost of colour printing has come down, but it is still an expensive process. Commissioned line drawings are a feature of many of our books, and in a highly illustrated textbook the artwork cost can be a very significant part of the production budget.

PDW: Forgetting the tomes that need stiff spines why are there not more books in paperback format?

PR: I think this question is based on the belief that paperbacks are much cheaper to produce. They aren't. The only area in which you are saving is in the binding cost, which in turn is only one element in the production cost.

You could perhaps ask why more paperbacks are not produced in hardback! The main reason is that customers, especially students, have got it into their heads that hardbacks are expensive and paperbacks cheap. So if they see a hardback version, they won't buy it – they assume there must be (or will be) a cheaper paperback version available!

It is interesting that this consumer psychology is less apparent in the USA, where many more undergraduate textbooks are available only in hardback – and we have just reprinted Souhami and Moxham *Textbook of Medicine* in hardback for reasons of durability.

PDW: How do you price a new book by a new author? In other words how do you guess the sales?

PR: For any book, you have to price to the market and at a level which will give you a profit. If you cannot satisfy both criteria then you should probably not be publishing that book.

Setting print-runs and prices is notoriously difficult. Past sales history of similar titles is one guide. It is vital to get it right, because stock write-off (a charge in the accounts for copies you are never going to sell) can have a damaging effect on profitability.

PDW: Could you say a few words about the tendency to publish using printers outwith Britain? Why are they usually in Korea and Hong Kong?

PR: It is quite simply a question of cost. I have two production costings on my desk for a large £150 reference work. The cost of printing and binding that book in the UK is 83% more than in Hong Kong – and the quality is comparable. We don't use Korea, but we regularly use Hong Kong, Malaysia and Singapore. The books sometimes take a little longer, but we can price them more competitively. Also in an international market we can easily supply our companies in Australia and North America with copies direct from the Far East printer.

PDW: Could you say a few words about pirate publishers who defy copyright to undercut standard books?

PR: Words are one thing, but action is more important. Several successful legal actions have been brought in recent years by publishers against pirates, notably in Asia and the Far East. But obviously others spring up to take their place.

One thing that we and other publishers have done is to produce really low-priced editions for sale in territories in which pirates are most active. These editions are only

minimally profitable, but their existence does discourage piracy. Often however the pirates are able even to undercut these cheap editions. It is a very difficult

problem which will not go away and which costs the publishing industry (and its authors) millions of pounds in lost revenue each year.