How to write in the active voice

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You can use active voice to write direct and clear sentences. Your readers may assume that your thoughts are clear when your manuscripts are clear.

Passive voice: Conventional cystoscopy under spinal anesthesia was performed to examine the ulcerative lesions by a urological specialist.

Active voice: A urological specialist performed conventional cystoscopy, under spinal anesthesia, to examine the ulcerative lesions.

The active voice helps the subject perform the action (in the above example, the urological specialist performs cystoscopy). In the passive voice, the subject receives the action of the verb rather than performing the action of the verb. Passive voice is common in scientific writing because authors in this discipline like to put more emphasis on facts (the research) than on subjects (who does the research). In passive voice, the subject, verb, and object are often placed away from each other, or in reverse order. Passive voice is fully acceptable, and often used in methods sections, but like many things in life, it is poisonous when it is done too much.

No one is expected to write manuscripts entirely in active or passive voice, but the regular use of active voice improves readability of your manuscripts. You can often recognize passive voice sentences from: was xxx-ed; will be; have been; had been; and by. Once you suspect a passive voice sentence, check to see if your subject is performing the action. If not, you most likely have a passive voice sentence that could be better worded in the active voice. Allow your subjects to perform actions if it is appropriate, but do not force it when it is inappropriate.

It can take time to train your recognition and editing of active and passive voice. A few reading suggestions at the end of this paper provide additional coverage of the topic.

Examples

1 Passive voice: Efficacy results of 30–50% have been reported from multiple retrospective series, with minimal morbidity.

Active voice: Multiple retrospective series have reported efficacy results of 30–50% with minimal morbidity.

2 Passive voice: Pathological findings and final outcome will be surveyed later by the Study Group.

Active voice: The Study Group will survey the pathological findings and final outcome at a later time.

3 Passive voice: The efficacy and morbidity following PVP were compared in groups classified according to the baseline prostate size.

Active voice: We compared the efficacy and morbidity following PVP in groups classified according to the baseline prostate size.

4 Passive voice: Each multi-detector CTA was then read by one radiologist and his results were compared prospectively with the actual intraoperative findings.

Active voice: A radiologist read each multi-detector CTA, and his results were compared prospectively with the actual intraoperative findings.

5 Passive voice: In this case, the relapse was defined by three consecutive rising PSA assays.

Active voice: In this case, three consecutive rising PSA assays defined the relapse.

6 Passive voice: Tuberous sclerosis had been diagnosed when she was 15 years old on the basis of adenoma sebaceum in the malar area.

Active voice: She was diagnosed with Tuberous sclerosis when she was 15 years old, on the basis of adenoma sebaceum in the malar area.

7 Passive voice: The protocol was approved by the Hospital Research Committee.

Active voice: The Hospital Research Committee approved the protocol.

Recommended resources


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