Health Journalism: Why Does it Matter?

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Why does health journalism matter?

'Surveys continue to show that the **vast majority** of the public get most of their information about science from the mass media.'

Science and the Media Expert Group, January 2010

This quote is from a survey in 2010 in Britain by the science and media expert group that covers science and health. This is obviously an important point when we look at where the mass media get their information from. It's also important because if they are getting wrong information it can kill. A misleading report in the *Lancet* about MMR vaccine, which has subsequently withdrawn, persuaded a large number of people not to have their children vaccinated. Just a little while ago we had a major outbreak of measles in South Wales where the local paper continued to hold the line of warning about the possible dangers of MMR causing autism; yet clearly, measles is potentially a lethal disease. It can kill. It can cause all kinds of other problems.

In another example, a large campaign by the UK government seeking to rationalise and reconfigure hospital services, particularly in England argued that in fact we don't need full Accident & Emergency units or the equivalent to emergency rooms any more in a lot of areas because, the government claimed, up to 70% of people who attend an A&E could be equally well treated in an 'urgent care centre' separate from a hospital and some distance away.

Even if we accept that 70% is true, and I don't think there's anything to suggest it is, the problem is that in stressful moments when you've got a sick child or you're feeling pretty seriously ill yourself, do you know whether you are part of that 70% who can manage without a hospital nearby or are you actually one of the 30% who can potentially be put at risk by not going directly to a hospital where the proper facilities are available?

So misleading information, which can then be echoed quite often in an unthinking way in the media, can be something that does affect people's health.

Health affects everyone (Figure 1)

Figure 1

Health as an issue affects everyone. There's almost no other news topic that has such completely universal appeal. Everybody has concerns about their own health, their family's health, the people close to them, their workmates; there are all kinds of ways in which you are interested in health and about lifestyle and health and the issues around them. This draws a huge trade in literature promoting diets and various healthy regimes.

For example, I've just recently seen a big campaign in England that 5 a day is not enough! You have to eat 7 or 10 portions of servings of fruit and veg a day. Given that most people are languishing around the 1-2 mark, even after years and years of promotion, the idea of simply doubling up the number and saying you're got to eat even more seems rather dubious in effectiveness. It would be useful to see some rather more-informed debate about some of these questions and not just about whether the policies should simply be re-tailored as they are.

And of course, the question about new treatments, new drugs. Are they effective? Are they value for money? Are they affordable? And is this actually the way to go in terms of dealing with some health problems?

The Main Sources of Health News (Figure 2)

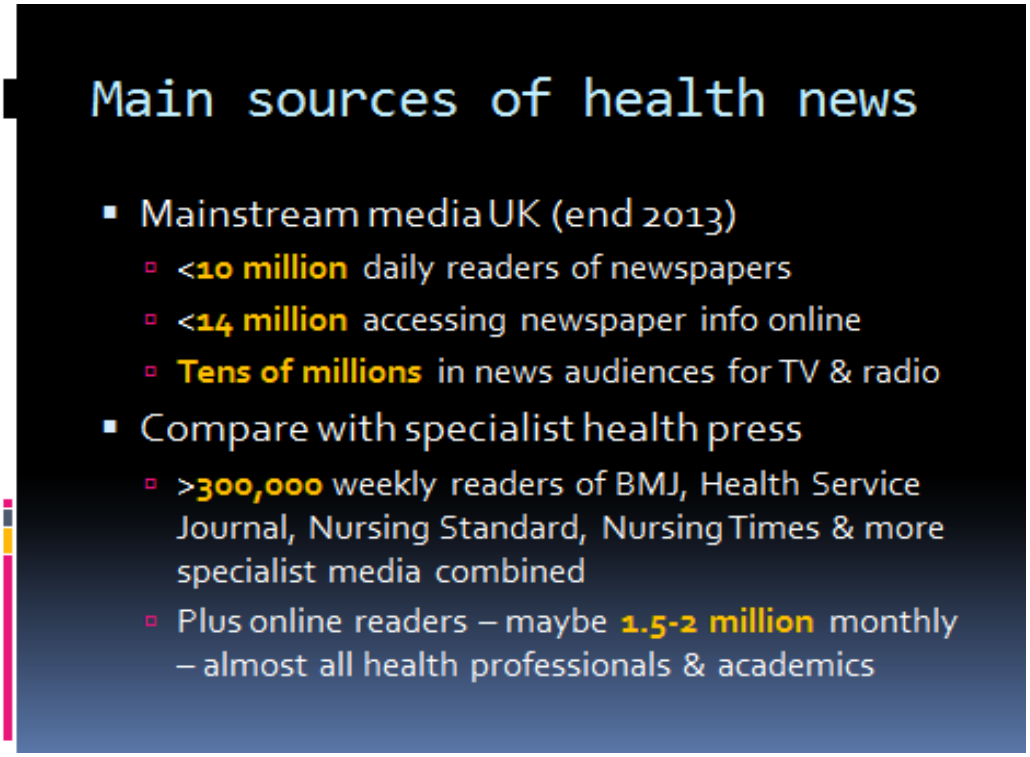

Figure 2

The main sources of health news for most people are the mainstream media. This is visibly true if we just look at the audiences. This is from the end of last year, from a National Readership survey and from other surveys, that we can see that the daily readership of newspapers, printed newspapers, the old-fashioned pre-internet printed newspapers, is still in excess of 10 million a day by most estimates. Fifty million people a week. And that's in Britain.

Figure 2 shows that the audience for health news is enormous and that means that virtually no news medium is running without some form of health story virtually every day and in many cases more than one health story per day.

That is what people are exposed to. They are exposed to it even if only glancing at headlines going to work on a billboard or on a stack of newspapers on the way to a bus station, This is what will stick in the mind, even though the article may have said something rather different from the headline. The headlines are what most people actually see, so it does has an impact.

Compare that with the audiences for the specialist health press in England. Fewer than 300,000 in total read this main specialist press in this country: the *British Medical Journal* (BMJ), the *Health Service Journal* (HSJ) which is the management journal, the *Nursing Standard* and *Nursing Times*, and a lot more specialist media that have even smaller circulations. These are weekly figures. Because the publications come out less often and so you are looking at a much, much lower number of people reading these specialists publications, most of which because they are specialist publications aren't actually news at all. They are actually composed of other articles of particular interest to the professional group reading them.

When you move on to the online readership, this goes up a lot. The BMJ claims 1.2 million readers a month on line, The HSJ claims about 120,000 a month on line. But these figures are vastly lower than for the mainstream press.

Who is Reporting on Health?

We did a survey as part of the European HeART project a couple of years ago about the same time the Reuters Institute also did a survey, both of them snapshot surveys. We found that most health reporters that responded had little if any specialist training as health reporters. In most cases they simply had a journalism qualification, possibly English or some arts course, few of them had science courses behind them. Most of them did claim to have a professional qualification, they had trained as health professionals and then become journalists later on rather than actually putting the two together in any kind of notion of health journalism.

Most of the specialists reporters we did find, for example the *Nursing Times* and the *BMJ*, both pointed out they wanted people with some specialists knowledge to be on their teams, and in particular the *Nursing Times* said they would not have anybody without a qualification but they were looking for *nursing* qualifications, they are not looking for anything in health journalism.

We also as part of the European project did a survey where we went out looking for the number of courses we could find in Europe teaching health journalism. There were hardly any. Most of them small, including our own course at Coventry University. There is a course in City University London which is not big, and there's not much else in Britain. These are really few and far between. There are some courses where you can do journalism 'and' – at BA level (first-degree level). These are relatively limited and they are parallel topics, they are not actually bringing the two together and creating the notion of health journalism.

We also found that very few employers will invest anything in training. People are having to do these things themselves. They have to find their own way around, having to chart their own way through, and obviously learning it as they go along. This is obviously is a restriction.

So most of the journalists who are doing these jobs are self-taught. They are dealing with often quite complicated issues, hopefully gaining some experience of what they are doing so they will not then be making mistakes all of the time. Quite often they do manage to do quite a reasonable job.

But they are also under pressure in newsrooms. We hear, for that journalists on the *Guardian* no longer routinely go out of the newsroom to follow up stories. They have to specially negotiate to go out of the newsroom to follow up a story. They are just getting stuff in on the web and on e-mail, doing stuff on the telephone: and this is a national paper that's regarded in many ways as one of the more quality newspapers. This is happening on a much greater scale to the local press, very few of whom now have staff who go out and report on events on the ground.

This is now thinning out the newsrooms to an impossible level. There was a recent example in one provincial town where a local newspaper reporter on health, a designated health reporter, could spend only two days a week on health. The other three days a week he has to report on two fairly

remote small towns elsewhere in the county – a job which has nothing to do with health and obviously is going to take a lot of time. In this climate, there is very little chance that people are going to develop the expertise that they need to be good health reporters.

News Values Versus Balance

The mainstream press has an agenda which is not primarily to investigate things from a scientific or a balanced point of view. Most of the press is looking for stuff they can make into news, which they can sell to a public who have been acclimatised to celebrity-based news. They are not actually looking for stories in which you can explain more complicated things. That's not what they do, and you have to really battle to get more complicated stories into the mainstream media as a result.

Nuances don't really fit in this framework. They are not very easy to do, if you consider the traditional idea of news values as we teach journalism students:

Relevance – How the idea relates to a particular target audience. That's also underpinned by the fact that it's got to be new – *timeliness*. Newsrooms are not interested in something that's been around for some time; what is needed is a different take, new stuff all the time to relate to their specific audience. They want it to be immediate, they want it to be happening now. In other words, if you get a report out on a new drug, you don't have time to wait for a scientific debate to continue about the merits or de-merits. There is a pressure to write the story up and get it into the paper *now* while people are interested in it and while the story is still new, and before they can read it somewhere else. This acts against developing a more balanced or scientific critique.

Simplification – This was a huge problem around the reporting of the Health and Social Care Act in England. An immensely complicated 400-page piece of legislation written in parliamentary language modifying other legislation. It was very, very difficult even for those of us that did make the effort and plough through it to actually put it all together and understand it, let alone to explain it in a few sentences. So that meant most of that Act, most of the key elements of the reforms, were never discussed in the press at all. Most people have remained completely unaware as to what was actually proposed in that legislation. After it was passed people were still wondering when it was going to be implemented and what actually was going to happen with it.

Elites – Can a story be linked to a famous person? Not many people in the health field are that famous outside of the health field. So there are real limits there. You can occasionally get rows on health issues between MPs, or political rows about what one organisation is doing when they are challenged. But if you can't translate it in that way, there is a good chance that the story might not actually make any coverage at all.

Negativity – Bad news sells. There has been a lot bad news pumped out systematically over a period of time about the National Health Service in Britain and in England in particular. Some of us would point to the fact that this is actually part of an agenda the government has in relation to the National Health Service. But clearly some of our press relate to a National Health Service from a particular political point of view: the fact it's a publicly funded service doesn't fit with their ideological approach. So they are quite happy to find bad news about it and publicise it.

Good news also sells: “Alzheimer’s cure in sight”, or whatever the headline might be. The latest wonder drug is a stock story, whether or not it’s years and years away, whether it’s been tested on mice or tested on humans. If there’s a good news story there’s a chance that will actually get in there. But again, it will be simplified, it will be scaled down.

All of these are reasons why it’s more difficult to get balanced, proper news coverage into the mainstream media, even where the journalist has gone out of their way to check and research their stories and put them together in the first place.

Reporting Frames Understanding and Limits Response

There is already recognition of weaknesses in reporting around clinical trials and new medical research. There are already campaigns about that. We recognise that misinformation of this type can be potentially dangerous.

I’m arguing it’s also important to have this as an attitude to be taken on reporting policy and broader health issues. Misinformation can also *disenfranchise* people. If you are left unaware of something you are unable to react to it, and to exercise your democratic rights to oppose – or support it.

If people are not aware of a piece of legislation they may be opposed to, they can’t lobby their MP about it. They can’t actually try to influence the decision-making process. If they are not aware that their local services are under threat, they are not in a position to join with others and try to prevent those services being scaled down or moved elsewhere.

These are big questions again in Britain, in England in particular. We’ve had the English health reforms, where this was a big issue for us. In the United States, this is also a huge factor. The media played a huge role in the misreporting and misrepresentation of Obamacare from both sides of the debate.

It also means that we can have some stories that achieve prominence, in particular headlines that are catchy headlines making points that turn out to be quite unfounded and quite without substance. These stories get around, and are taken up and echoed elsewhere in the press, it’s only later on that attempts can be made to rectify it.

One example: ‘13,000 excess deaths in failing hospitals’. This was a story last summer in the British press (first used by the *Daily Telegraph*). The headline was: ’13,000 excess deaths in 14 hospitals which were under investigation’ and it claimed to be “foreshadowing” a report that was going to be published the following week by Sir Bruce Keogh, who had been conducting an investigation into some Accident & Emergency units and their effectiveness.

It turns out the 13,000 figure didn’t appear in the report at all – nor did any figure about excess deaths. It was not there. But the same story was then echoed by other newspapers, quality newspapers as well as tabloids, and went right around the media, and it was picked up by the broadcasters, Sky News and Channel 4 (which is normally seen as a more quality provider of more

thoughtful news), echoing exactly the same story, right across the weekend and into the beginning of the following week.

When it was eventually challenged the story fell apart completely. Steve Walker, a blogger, first challenged it. He e-mailed Sir Bruce Keogh and said 'what's this figure, where did you get this figure from?' He got a response from Bruce Keogh saying "I agree with your sentiments entirely. These are not my calculations, not my views, don't believe everything you read, particularly in some newspapers."

The report not only did not include the figure: it said clearly that you *can't calculate a figure like that* and actually argued that this whole method of approach was unhelpful. The *Guardian* on the Monday carried a critical article, saying that talk of the 14 trusts with the highest mortality rates in the country was actually misleading and started to expose and unpick the story. The BBC eventually started to unpick the story and to show that these figures weren't actually what they appear to be.

The story clearly did not stand up. But it had got out there, and it had been picked up, not just in the newspapers but in the broadcast media. By the Tuesday, another paper –the *Daily Express* – went that little bit further. This is a right-wing Tory newspaper. It tied the unrelated 13,000 deaths to the Keogh Report: "Unacceptable. 13,000 needless deaths at NHS hospitals, claims Mid-Staffs inspired review". It again claimed the figure was in the review, but of course it wasn't there.

The figure was a version of figures that were drawn up by Sir Brian Jarman. He had been waging a long campaign about failures of care in hospitals arguing that you can measure premature mortality, and that way put a number on the number of people who may be dying unnecessarily. This is very controversial and is hugely disputed: but Jarman had been mounting this campaign for a long time.

Such stories once they are headlined in the mainstream press can gain immense spread and are accepted by a lot of people without actually being accurate. Any correction is likely to come too late, and to miss many of those who accepted the initial allegations.

Another example is from *Pulse*, which is a GP magazine produced for primary-care practitioners.

It was headlined that there was a 'rise in GP support for charging for GP appointments'. It claimed that 51% of GPs now supported charging for patients to see them. It turns out this was a survey of something over 400 GPs out of 40,000. In fact the 51% meant that it was 221 against 222; it was incredibly close. But *Pulse* only used the percentages.

They then compared it to the percentage the previous year when the survey was of an even smaller number of GPs; if you did the sums you could work out it might be as few as 74 people who changed their minds – or 74 people voted this year who hadn't voted the previous year and it made the complete difference.

They could have headlined 'Only 220 GPs think that charges are a good idea'. 220 is just 1.1% of the GP numbers. That would have been a more accurate headline than '51% of GPs think this is a good idea'. Again, misleading figures form the basis of a story that was taken up throughout the media.

Time to Take Policy Seriously

There are policy guidelines that have developed about reporting clinical trials and medical reports. We've had the campaign waged by Ben Goldacre, we've got campaigns by the *British Medical Journal*, campaigns by the *Lancet*. They are all good, and I'm not criticising any of them. It's perfectly legitimate to demand much better standards of the way that this type of research and scientific reports are covered in the scientific press and in the media. Absolutely right.

Garry Schwitzer produces 10 key questions to ask which put all of these in context. I still recommend *Health News Review*, which is still surviving despite the odds as a website in the United States (http://www.healthnewsreview.org). They review the coverage of health issues in the mainstream media and critique stories from the point of view of whether they fits these various criteria. The Science Media Centre (http://www.sciencemediacentre.org) has got 10 slightly different points.

These are all good. But the problem is, the principle isn't applied to reporting of *health policy,* and we get false readings. What we need to do is apply similar methods, similar rigour and similar critiques to policy, and to the issues of policy.

Figure 3

Figure 3 was produced from a talk I gave last year, which I think sums it up a little bit. It asks key questions about a new health policy:

- Does it explain costs and identify funding?
- Does it question whether the policy is based on ideology or does it address a genuine problem?
- Does the story ask whether there is any concrete plan of timescale for implementing the policy or whether it's just a general statement?

We've had an incredible recent example of that: we had a Liberal-Democrat minister, who has got up on several occasions now and condemned the fact that budgets for mental health services are facing larger cuts in budget compared with acute services. He has argued that we need to ensure greater equality between the acute services and mental health care.

He says that in speeches: but at the very same time the government he is part of has set up the system that is now taking money out of mental health in order to prop up acute services. His answer to this situation is that the providers of mental health services should "go back and challenge those commissioning the services" to give them more money – rather than his government stepping in and

telling the commissioners that it is unacceptable that they discriminate against mental health. At what level can you take the policy announcements seriously?

Think Before You Report

None of this is about telling journalists what to say or think: my ambition is to get them to *think* about what they write, to *critique* the stories they cover, and to make sure that wherever possible questions are *explored* rather than simply repeating and recycling the PR-guided material and press releases.

Stories can be usefully put in *context*, whether that be political, social economic. Journalists can be encouraged to find news stories that might otherwise be missed, and find ways to make them into stories that make it into the media.

We need to help journalists to identify *angles* that let them explore stories, and tease out the issues and find ways to develop some of the depth behind the story. And as a minimum we need to find ways of bringing in *balancing voices*.

We need to make it more obvious to journalists who are working under pressure how they can more swiftly access suitable balancing voices, who they can contact for different types of comment; give them some ways in which this can more easily be done. These are the ways in which we want to move on.

The starting point and the centre of this whole discussion is the idea that the ethical journalist must be a critical journalist.

If you are not bringing some critique as a journalist to what you put together in what you broadcast or write or publish on the web, all you are doing is reflecting *somebody else's ethics*, you are not bringing any ethical values of your own, and that is extremely important. That's the starting point for the whole way forward in terms of developing a new and improved healthcare journalism. Better health journalism is more satisfying for the journalist, more newsworthy for the editor and the audience, and informs and benefits us all.

Remember the warning of American newspaper magnate William Randolph Hearst: he argued that "News is what people don't want you to know: everything else is advertising": let's have more news, more journalism, and less unwitting advertising.