

A Diagnosis and Treatment Plan for Clinical Medical Coverage

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Editorial responsibility is a really daunting subject. I'm a specialist editor, the Global Editorial Director of *Medpage today* (<http://www.medpagetoday.com>) which is for physicians, nurses, nurse-practitioners etc. All we do is health and medicine and policy.

I'll be covering some threads here which will probably be useful for discussion about some differences between the USA and the rest of the world. I certainly don't mean to say that the USA has it figured out but I do think that in a lot of newsrooms where I know people some of the issues the I hear – subediting, headlines being re-written and stories being re-written – would be considered really bad practice in many newsrooms in the USA, though maybe not all.

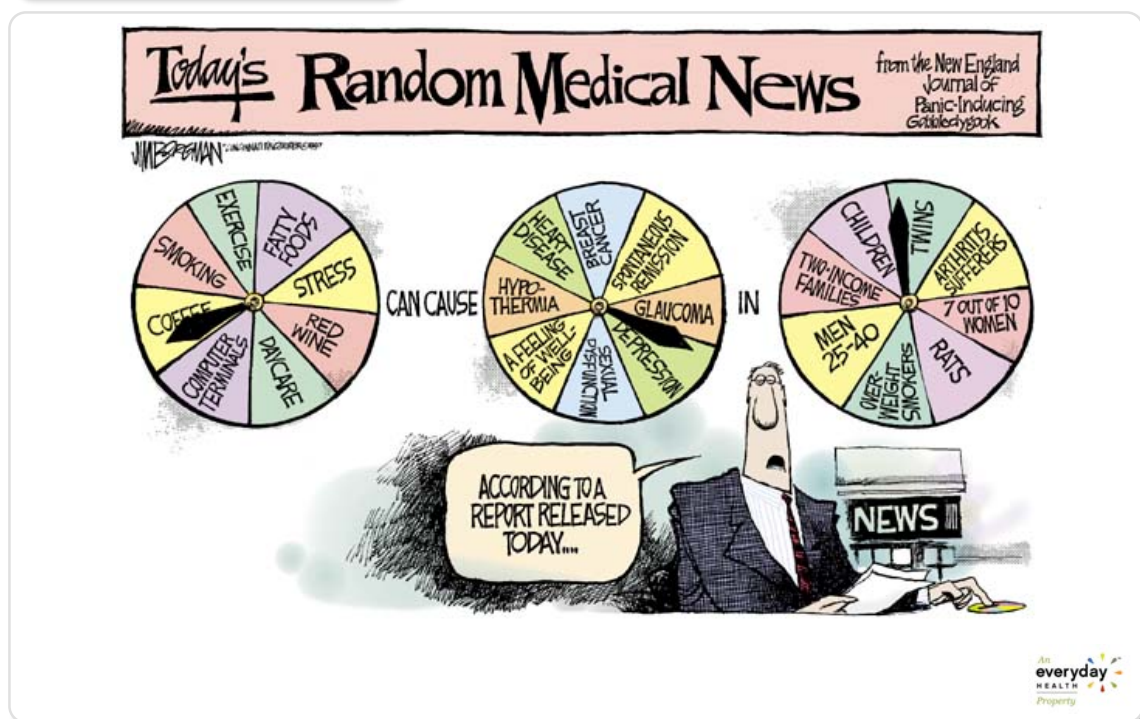


Figure 1

Figure 1 is one of my favourites. This is today's random medical news from the *New England Journal of Panic-inducing Gobbledygook!* 'Coffee can cause depression in twins'. This is obviously making fun of the predilection of a lot of in this case TV news. TV news is certainly guilty of that. That's another important distinction that I think should be made, which is that in the USA there is a much richer culture of local television. This is something that obviously we're a bigger country geographically. You see a lot of TV doctors. A lot more people are getting their health news from local television. Also it's true that they are getting their news from their local newspapers etc but

that's where a lot of these issues are. This is also making fun of the fact that there are so many observational studies that journalists choose to cover, in fact using language that's inappropriate, cause-and-effect language.

How are the media actually doing this?

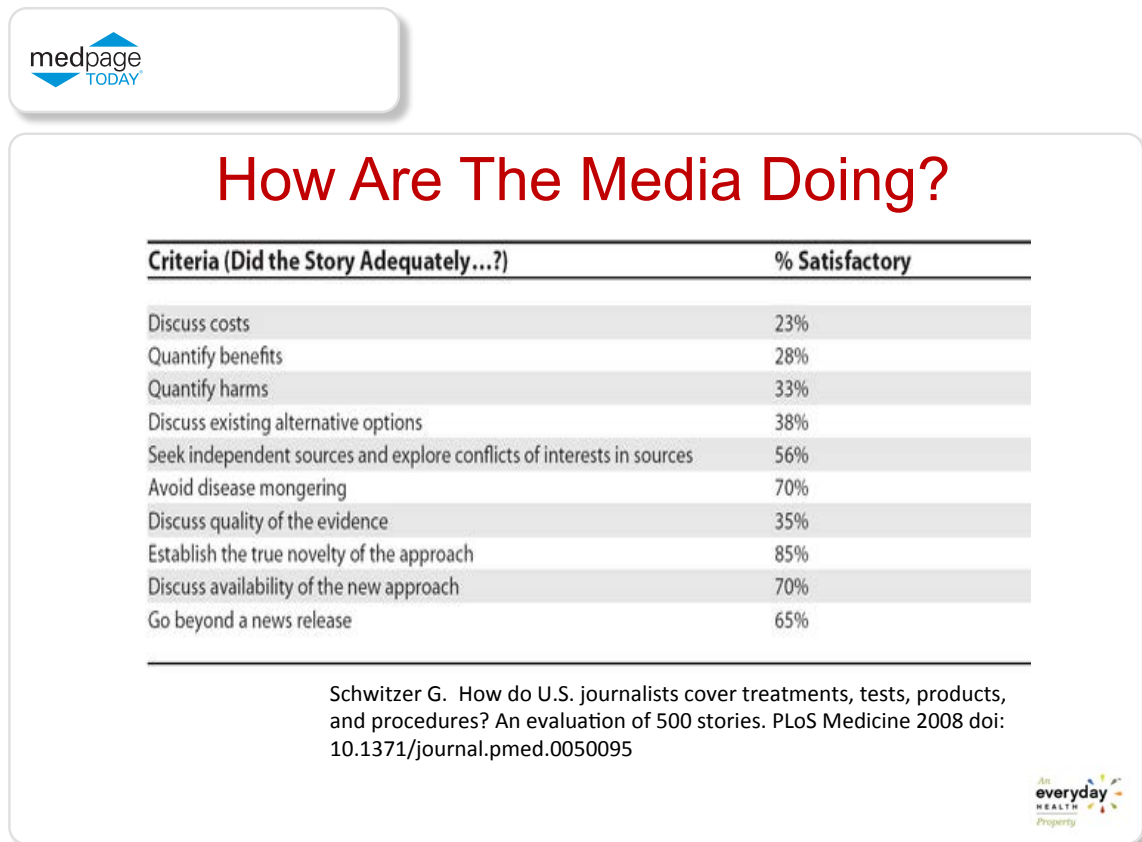


Figure 2

Figure 2 is a study Gary Schwitzer did on 500 stories. He later reviewed 1800 stories.

What do journalists do well? In the headline here, journalists are great at establishing novelty and saying what's new; 85% did really well with that but were really bad when it comes to discussing costs, less than a quarter put the costs.

Morning Sickness and IQ



Figure 3

Three years ago I was still working at Reuters as Executive Editor at Reuters Health. Figure 3 shows a story which illustrates what is problematic about story choices because I think we made an error here. But also what can be a quick solution. A study we covered in the journal was morning sickness being tied to higher child IQ. This is a troubling thing, it turns mothers into victims almost: they should want to have more morning sickness. In my own defence, the headline is accurate. It just doesn't necessarily reflect what's really true here. This is again an observational study. They did not induce morning sickness in 1,000 woman and then induce something that felt a lot like morning sickness but wasn't actually morning sickness but you couldn't really tell the difference in another 1,000 women and then test their children's IQ 10 years later. They asked how much morning sickness the mothers had and they looked at an IQ chart.

Think about that for a second. Think about what is a possible explanation for what you are seeing here other than this idea that maybe the morning sickness is affecting brain chemistry in your fetus. What is one of the things IQ measures? It measures memory. So if the mothers have more memories of the morning sickness, they are more likely have higher IQs themselves. We missed that (Figure 4). I don't think it's a terrible story but it wasn't great.

Morning Sickness and IQ

REUTERS EDITION: U.S. SIGN IN

HOME BUSINESS MARKETS WORLD POLITICS TECH OPINION BREAKINGVIEWS

THOMSON REUTERS SEEING IS BEL

“Limitations of this study include its retrospective component, **potential for recall bias, and cohort selectivity limited to the Motherisk database. Also, the use of different versions of the assessment instrument and broad age range of the children may be limiting factors.”**

NEW YORK (AP) — Children whose mothers had morning sickness during pregnancy may go on to have sharper minds than their peers, a small study suggests.

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Figure 4

One of the points I'd like to make with respect to how difficult it is for a reporter to find time to do as good a job as he or she can given all the pressures we are all under is that the real story and the way to find what's really there is sitting right there in the paper.

I pulled Figure 4 from the conclusion of the paper. The potential for recall bias: it's sitting right there and had I read it much more carefully I would have picked it up. I didn't even have to make a phone call to do that, I just had to read the whole paper. I often say 'It is journalistic malpractice to write a story about a study without actually reading the study'. If you are relying purely on a press release, if you're relying purely on an abstract, even, you are really committing journalistic malpractice. So I have to consider myself guilty of that in this case.

Studies: They're There

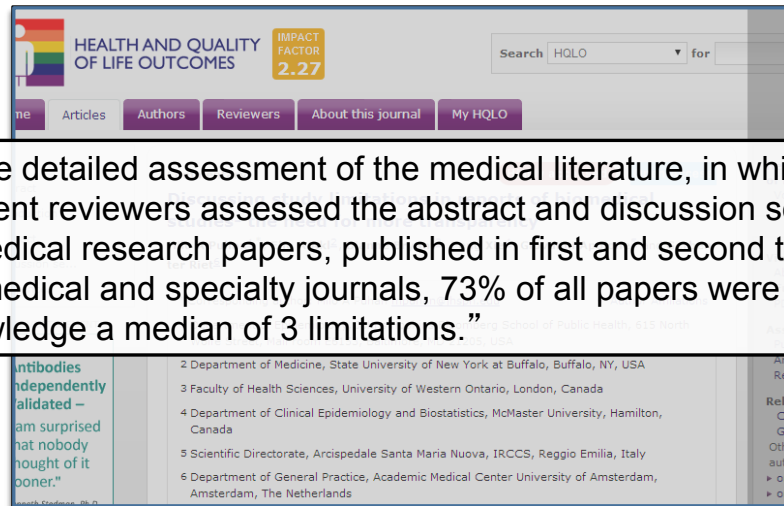


Figure 5

In one study, 73% of papers had immediate pre-limitations: they are there (Figure 5). The other quarter I probably wouldn't trust those journals very much. Because any journal that publishes a study and doesn't insist the author includes his limitations isn't very trustworthy. There is no study without limitations: that should be another red flag, they are there.

The limitations are also there in the abstract (Figure 6).

One Major Journal Knows It

REVIEW
Annals of Internal Medicine

Association of Dietary, Circulating, and Supplement Fatty Acids With Coronary Risk

A Systematic Review and Meta-analysis

Rajiv Chowdhury, MD, PhD; Samantha Warnakula, MPhil¹; Setor Kunutsor, MD, MSc¹; Francesca Crowe, PhD; Heather A. Ward, PhD; Laura Johnson, PhD; Oscar H. Franco, MD, PhD; Adam S. Butterworth, PhD; Nita G. Forouhi, MRCGP, PhD; Simon G. Thompson, FMedSci; Kay-Tee Khaw, FMedSci; Dariush Mozaffarian, MD, DrPH; John Danesh, FRCP²; and Emanuele Di Angelantonio, MD, PhD³

Background: Guidelines advocate changes in fatty acid consumption to promote cardiovascular health.

Purpose: To summarize evidence about associations between fatty acids and coronary disease.

Data Sources: MEDLINE, Science Citation Index, and Cochrane Central Register of Controlled Trials through July 2013.

Study Selection: Prospective, observational studies and randomized, controlled trials.

Data Extraction: Investigators extracted data about study characteristics and assessed study biases.

Data Synthesis: There were 32 observational studies (512 420 participants) of fatty acids from dietary intake; 17 observational studies (25 721 participants) of fatty acid biomarkers; and 27 randomized, controlled trials (105 085 participants) of fatty acid supplementation. In observational studies, relative risks for coronary

were 1.06 (CI, 0.86 to 1.30), 1.06 (CI, 0.97 to 1.17), 0.84 (CI, 0.63 to 1.11), 0.94 (CI, 0.84 to 1.06), and 1.05 (CI, 0.76 to 1.44), respectively. There was heterogeneity of the associations among individual circulating fatty acids and coronary disease. In randomized, controlled trials, relative risks for coronary disease were 0.97 (CI, 0.69 to 1.36) for α -linolenic, 0.94 (CI, 0.86 to 1.03) for long-chain ω -3 polyunsaturated, and 0.86 (CI, 0.69 to 1.07) for ω -6 polyunsaturated fatty acid supplementations.

Limitation: Potential biases from preferential publication and selective reporting.

Conclusion: Current evidence does not clearly support cardiovascular guidelines that encourage high consumption of polyunsaturated fatty acids and low consumption of total saturated fats.

Primary Funding Source: British Heart Foundation, Medical Research Council, Cambridge National Institute for Health Research Biomedical Research Centre, and Gates Cambridge.

Figure 6

Figure 7 shows the results of a survey done in 2008 in the USA. The punchline is the last bullet: 8% of those writing about health are life sciences majors. Meaning that more than 90% of those writing about health in college are not life science majors. I didn't realise how to be sceptical about studies until after medical school. In medical school I was too frightened to be sceptical of anything. My point is not to say that you have to have a life sciences degree to do health journalism, quite the opposite. But at some point you do need to learn how to do these things if you're going to analyse studies and they're not getting it in school.

Who Covers Health?

In a national survey of U.S. health and medical journalists:

- Nearly 70% had at least a bachelor's degree
- 19% reported having a master's degree;
- 4.5% had a doctorate; about 3% were M.D.s
- Almost half had a degree in journalism
- 13% had a degree in communications
- 8% were 'life sciences' majors

Viswanath K et al: Occupational practices and the making of health news: A national survey of U.S. health and medical science journalists. *Journal of Health Communication* 2008; 13:759–777.



Figure 7

A paper published in *Health and Expectations* concluded that:

- Fewer reporters are doing more stories, broadcasts, and blog posts.
- Sites chasing a smaller number of advertising dollars.
- Pressure to cover more and more, which places heavy reliance on journals and meetings.
- Doubles down on natural tendency to favor what's shiny and new.
- Many health reporters feel it's hard to find independent experts willing to assist journalists
- They think editors need education in critical appraisal of medical news
- Barriers to improving medical journalism included:
 - Lack of time, space and knowledge (the most common obstacles)
 - Competition for space and audience
 - Difficulties with terminology
 - Problems finding and using sources
 - Problems with editors and commercialism

(Larrson A. Medical messages in the media--barriers and solutions to improving medical journalism.

Health Expectations 2003;6:323-31.)

That's useful I suppose. But it isn't just journalists. There are problems with press releases.



But It's Not Just Journalists

Academic medical centers issue a mean of 49 press releases/year

Among 200 randomly selected releases

- 87 (44%) promoted animal or laboratory research, of which 64 (74%) explicitly claimed relevance to human health
- Among 95 releases about clinical research, 22 (23%) omitted study size and 32 (34%) failed to quantify results
- 113 releases promoted human research
 - 17% promoted randomized trials or meta-analyses
 - 40% reported on uncontrolled interventions, small samples (<30 participants), surrogate primary outcomes, or unpublished data—yet 58% lacked the relevant cautions

Woloshin S et al. Press releases by academic medical centers: not so academic?
Ann Intern Med 2009;150:613-618



Figure 8

Figure 8 summarises a study which was published in the *Annals of Internal Medicine* 5 years ago now, they looked at press releases not from companies but academic press releases because they are supposed to be a little more balanced but in fact they were not. The right studies were not being selected in terms of human health and they were being really hyped quite a lot.

A Challenging Time

The screenshot shows an article on Medpage Today. The main title is "Embargo Watch" and the sub-headline is "FDA back to its old tricks, trying to turn reporters into stenographers". The article text discusses the FDA's return to old tricks and mentions a quote from a *New York Times* column. A blue FDA logo is also visible in the article.

Figure 9

There are other challenges as well. Figure 9 is from May 2014. The US FDA is trying to turn reporters into stenographers. They were putting out embargoed material and they were saying you are not allowed to talk to anyone about this until the embargo lifts. So what comes out when the embargo lifts is going to be the party line unless a reporter feels confident enough to say something which they may or may not.

The AHJ is pushing back on this. They reversed their decision when the AHJ came out about embargo watches. There are challenges. These strong-arm PR tactics are less than welcome.

A Challenging Time: How Medpage Today Rises to Meet it

Are we chasing traffic? Are we getting value? I argue that the two are not mutually exclusive.

Medpagetoday.com is for healthcare providers. It's for doctors, nurses, etc. We have partnerships with all sorts of places on the business side. We offer continuing medical education and that's both of value for our registered users who need that in order to keep their licences and report certification, but it also means that a lot of our material is viewed by outside academic experts. They don't have anything to do with the journalism of it, they just checking facts, conclusions, they're writing questions so you can have a CME quiz. It also gives us quite a lot of credibility. It also means there is a lot of stuff on our site that can't have ads next to it because there are very strict rules

about CME. Again that gives a lot of people a lot of comfort because I've argued that we have the strongest firewall of any news organisation I've ever worked at.

We have lots of therapeutic categories. We do publish a lot of stories because I have a staff of 22 people. We cover all of these issues in addition to clinical medicine. So how do we choose them? By:

- Impact factor.
- Likelihood of changing behavior/clinical practice.
- Strength of evidence.
- Novelty.

To me, this is a solid recipe, the same one I used when I was at Reuters Health which had both a consumer and a physician audience. I will acknowledge that there are lots of ways impact factor can be misused. On the other hand, if you are looking at a particular clinical area, and trying to figure out which journals keep a light to publishing or which are the most competitive it's not a bad proxy for that.

I think the others are fairly obvious but I put novelty at the bottom. Novelty is not necessarily the most important thing. We're a news organisation, we like news. My deputy likes to say 'news rules' and she is right. But it isn't the major thing that we make choices based on.

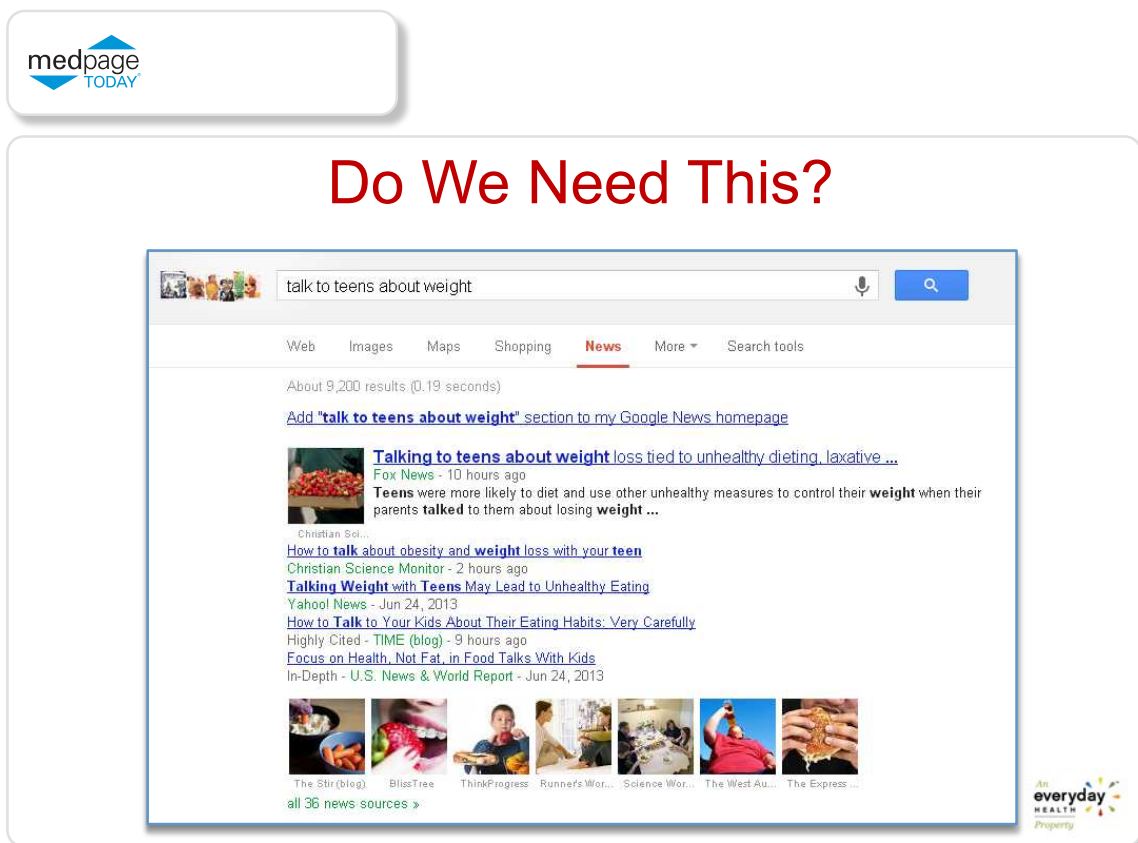


Figure 10

One question I would ask is do we need what Figure 10 shows? A straight graph of Google news about a particular study that came out last year. All 33 news sources. I would challenge you to think about them, not necessarily to have an answer right away. Think about whether or not we need 33 different places covering the same story. I am not trying to shut down and saying 'only Medpagetoday' should cover it. My point is some diversity is a good thing. We want several places following it. But do 33 different news organisations need to commit their reporters' time and producers' time to find go out and cover that same study everybody else is? Or should they actually be committing that reporter's or producer's time to something that is more enterprising, more original, that's bringing better value?

'Curate, curate, curate': I've made this a priority since I've been with Medpagetoday. In addition to the push towards enterprise we're also starting to curate. We're doing both so that we're taking lots of resources in the stories that a lot of other people are already covering. We'll comment on some of those stories and say will this actually quite good or actually this one missed the point here.

Jeff Jarvis is a Professor at City University of New York, says 'Do what you do best and link to the rest'. The web exists. There are other places on it. Some news organisations hate to admit that anyone else has done anything useful but that's not true.

One thing we launched in September is about *morning break*. It's 15-20 items every morning that we send out to all our registered users that are from other news organisations. So a number are quite competitive with us but I think that is letting our readers know we are plugged in. I shouldn't admit this but I like to be surprised by things. Most days of the week this is actually the best read item on our site. It's very popular. Our readers now know that we are really plugged in. Now we do that with some partners as well.

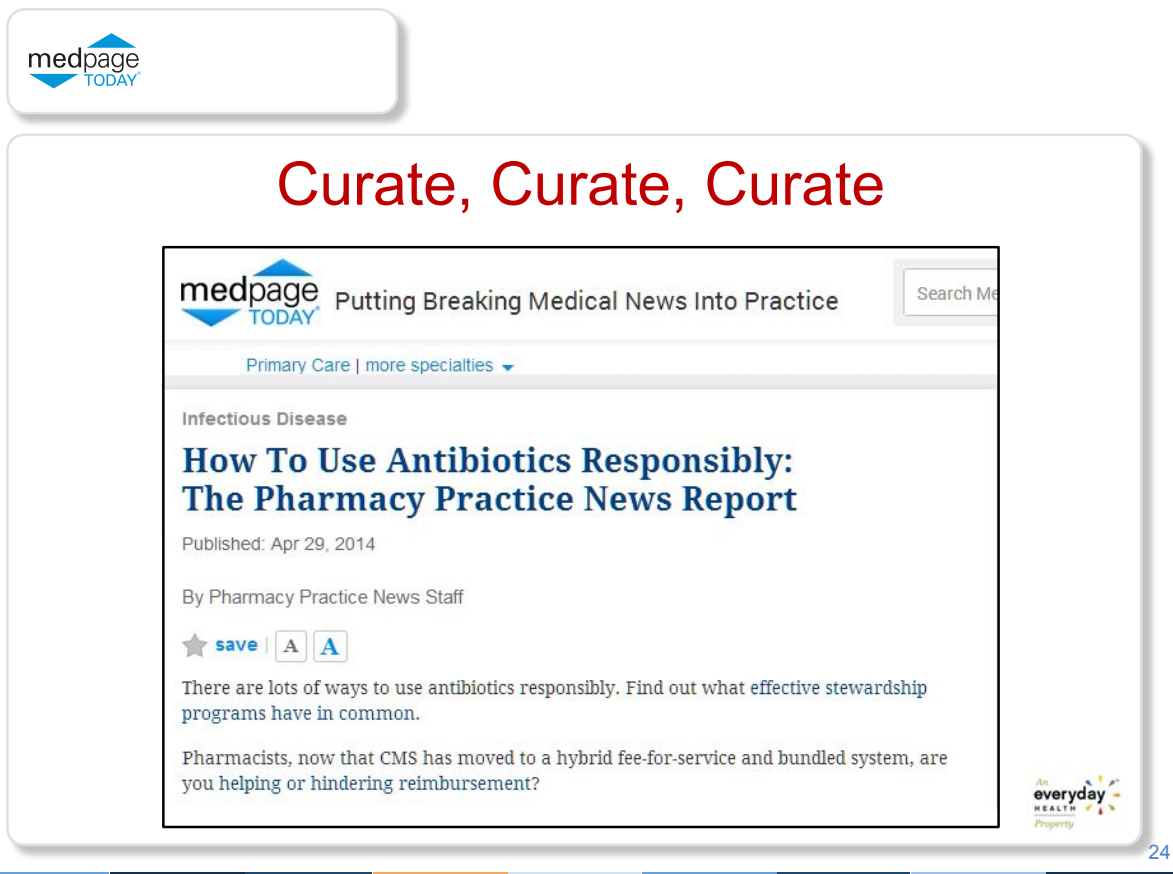


Figure 11

Partnerships are valuable (Figure 11). This is pro-publica in the States. This story is about Medicare prescribers and there's a big release of data of who was prescribing what and also who was spending the most money. This year they released all the data about who was getting reimbursed, for how much, and you can look up how much a doctor gets reimbursed for Medicare in a given year.

Anyone can run this story so everyone took this one.

Consider Partnerships

The screenshot shows the NPR Shots website interface. At the top, there is a navigation bar with the NPR logo and links for 'news', 'arts & life', 'music', and 'listen'. Below this is the 'shots' logo with the tagline 'HEALTH NEWS FROM NPR'. A secondary navigation bar contains categories: 'your health', 'treatments & tests', 'health inc.', 'policy-ish', and 'public health'. The main content area features a 'health inc.' sub-header, followed by the article title 'Top Medicare Prescribers Rake In Speaking Fees From Drugmakers'. The byline reads 'by CHARLES ORNSTEIN, TRACY WEBER AND JENNIFER LAFLEUR, PROPUBLICA' and the date is 'June 25, 2013 12:02 AM'. A prominent blue play button is on the left, with the text 'Listen to the Story' and 'Morning Edition' next to it. To the right of the play button, it indicates a duration of '4 min 49 sec'. Further right are three icons with labels: 'Playlist', 'Download', and 'Transcript'. In the bottom right corner of the screenshot, there is a logo for 'everyday HEALTH Property'.

Figure 12

Figure 12 shows another example of a partnership, between us and the *Milwaukee Journal Sentinel*. This is a way to make better use of resources and do great journalism.

Specialize



Retraction Watch

Tracking retractions process

Data “irregularities” prompt retraction of palliative care papers

leave a comment »

A group of researchers in Singapore has lost two 2013 articles in *BMJ Supportive & Palliative Care* for problems with their data.

One of the articles was titled “Patients with Dysphagia: Encounters in Taking Medication;” the other, “Issues Associated with Delirium Severity Among Older Patients.” In both cases, the first and second authors were Rajaram S and Chua HC, of Khoo Teck Puat Hospital.

According to the [retraction notices](#):

[Read the rest of this entry »](#)

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Figure 13

I would urge a lot of you to think about specialising (Figure 13). This is my other hat. We run a blog called retraction watch. We have run this for 4 years. We are now getting on average 100,000 unique visitors a month. That’s 600,000 paid views, which is not putting us into selling massive advertising or anything like that but it suggests we’re touching something. All we do is cover retractions. If you specialise, you can really find your audience. That audience then become not only your ambassadors because they want to tell everybody about it, they also become your tipsters. We have so many more tips than we could ever possibly write, we’re actually hiring an intern. We have no office. We have a brand but we’re not the *New York Times*. By doing all these things you get noticed.

Crowd sourcing (Figure 14)

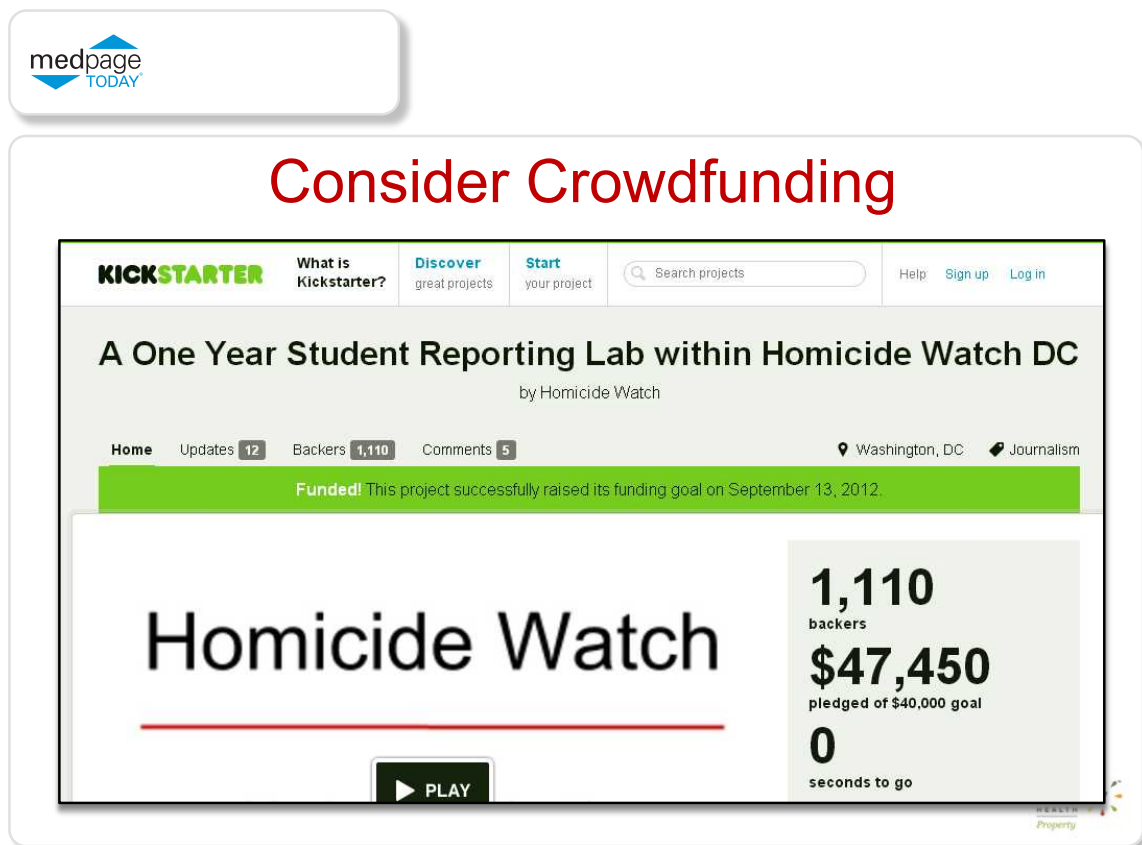


Figure 14

Homicide watch raised much more than they needed.

The Association of Healthcare Journalists (AHCJ) (Figure 15)

The image shows a screenshot of the Association of Healthcare Journalists (AHCJ) website. At the top left, there is a 'medpage TODAY' logo. The main heading of the page is 'Get to Know AHCJ' in red text. Below this, a red-bordered box contains the following information:

- >1,500 members in 49 U.S. states, >25 countries
- Strict membership guidelines: Journalists only
- Annual conference with workshops, newsmakers, more
- Website <http://www.healthjournalism.org> has reporting guides, blog, tipsheets, other resources

Below the red box, the website header shows the AHCJ logo and the text 'ASSOCIATION OF HEALTH CARE JOURNALISTS'. At the bottom of the screenshot, there is a navigation bar with the text 'FOR HEALTH JOURNALISM 2012' and a small 'everyday HEALTH Property' logo in the bottom right corner.

Figure 15

AHCJ has international memberships and offers training.

Let's work to avoid this (Figure 16)

medpage TODAY

Let's Work to Avoid This

Kill or Cure?

Help to make sense of the Daily Mail's ongoing effort to classify every inanimate object into those that cause cancer and those that prevent it.

A B C D E F G H I K L M N O P R S T U V W X Y Z

If any of these results seems incorrect, please report it using the link next to the article.

air pollution causes cancer #

- [Pollution peril 'worse at home'](#) [Incorrect?]

alcohol both causes and prevents cancer #

- [Binge drinking 'increases breast cancer risk'](#) [Incorrect?]
- [A drink a day increases risk of breast cancer](#) [Incorrect?]
- [Cancer alert: Don't eat, drink or tan too much](#) [Incorrect?]
- [Bowel cancer danger of just one glass of wine per day](#) [Incorrect?]
- [Shocking ignorance over cancer risks](#) [Incorrect?]
- [The cancer generation: how Britons' hedonistic lifestyles are taking a terrible toll](#) [Incorrect?]
- [Mouth cancer warning for binge drinkers](#) [Incorrect?]
- [Is anything safe to eat? Cancer report adds bacon, ham and drink to danger list](#) [Incorrect?]
- [Modern living to blame for cancer epidemic](#) [Incorrect?]
- [Cancer: foods to avoid?](#) [Incorrect?]

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Figure 16

The Kill or Cure site. Really fun, in a really dark way. Helping to make sense of the *Daily Mail's* ongoing effort to classify every inanimate object into those that cause cancer and those that prevent it. I particularly love the reductionism when in the *Daily Mail* one story says that it causes cancer the other says it prevents it. Let's work to avoid that.